

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





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

75m-2-30, No. 7997-a

1	PLACE OF DEATH	Suffolk (County)		Winthrop (City or Town)		No. 100 Marshall St., Ward {		Registered No. 1		To be filed for burial permit with Board of Health or its Agent.	
										(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Sarah MacDonald Holland (If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a) Residence. No.		100 Marshall St., Ward, (If nonresident, give city or town and state)									
Length of residence in city or town where death occurred		yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.									
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)							
Female		White		Widowed							
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)											
(or) WIFE of Thomas Holland (Husband's name in full)											
6 IF STILLBORN, enter that fact here.											
7 AGE		78		If less than 1 day							
		Years Months Days		Hours Minutes							
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife										
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home										
	10 Date deceased last worked at this occupation (month and year) December 29 1930 11 Total time (years) spent in this occupation 50										
12 BIRTHPLACE (City) (State or country) Nova Scotia											
PARENTS	13 NAME OF FATHER Angus MacDonald										
	14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia										
	15 MAIDEN NAME OF MOTHER Mary MacDonald										
	16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia										
17 Informant (Address) Mr. H. Holland 100 Marshall St.											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: M. D. Childress (Signature of Agent of Board of Health or other) H. O. (Official Designation) Jan. 2 - 1931 (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH		Jan 1 1931 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from Jan 28 1931 to Jan 1 1931, 1931. I last saw him alive on Jan 13 1931, death is said to have occurred on the date stated above, at 6:30 a.m.											
The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Hemorrhage 34y											
Contributory causes of importance not related to principal cause: Chronic Pulmonary Nephritis 9.											
Name of operation Date of											
What test confirmed diagnosis? Was there an autopsy?											
20 Was disease or injury in any way related to occupation of deceased?											
If so, specify (Signed) C. M. D. (Address) 11/1 1931											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)											
DATE OF BURIAL January 3 1931											
22 NAME OF UNDERTAKER John F. O'Malley (Address) Winthrop											
Received and filed Jan 9 1931											
Bernie L. Dodge (Registrar)											

David M. Holland
Jan. 1, 1931
Revised United States Standard Certificate of Death

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in the war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

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

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

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee, worker, operative, etc." Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store, factory, mill, etc." State the particular kind of store, factory, mill, etc., as *grocery store, saw factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

50M-11-29, No. 7180-b

1	PLACE OF DEATH	Suffolk (County)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston (City or town making return)
		Boston (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 50 2
No. The Infant's Hospital		St.	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Robert Peterson		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 14 Bates Ave		St.	Ward, Winthrop	(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single		(write the word)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE Years 5 Months 20 Days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year)				
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Duxbury (State or country)					
PARENTS	13 NAME OF FATHER Lucius Peterson				
	14 BIRTHPLACE OF FATHER (City) Duxbury (State or country)				
	15 MAIDEN NAME OF MOTHER Doris Brown				
	16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country)				
17 Informant (Address) Samuel A Brown 14 Bates Ave					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: H F Riley (Signature of Agent of Board of Health or other) Jan 4 1931 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan 3 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 8/18/30 - 12/8/30 19 to 1/3/31 19 last saw him alive on 12/21/30 1/3/31 death is said to have occurred on the date stated above, at 11:15am					
The principal cause of death and related causes of importance in order of onset were as follows: Streptococcus meningitis 12/30/30					
Contributory causes of importance not related to principal cause:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? yes					
20 Was disease or injury in any way related to occupation of deceased? If so, specify R H Swartz (Signed) 300 Longwood Ave (Address) Date 1/3/1931 M. D.					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL 1/5/31 19					
22 NAME OF UNDERTAKER Charles R Bennison ADDRESS Winthrop					
Received and filed Jan 6 1931 19 James J. Bennett (Registrar)					
A TRUE COPY, ATTEST:					

Jan. 3. 1931.

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

75m-2-30, No. 7997-a

PLACE OF DEATH		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22															
Suffolk (County)		Winthrop (City or Town)		No. Comm. Hospital St.,		Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)		2 FULL NAME Baby Duncan		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 45 Emerson Rd St.,		Ward,		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred — yrs. — mos. — days.		How long in U. S., if of foreign birth? yrs. mos. days.		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH		19 I HEREBY CERTIFY, That I attended deceased from		I last saw h..... alive on....., 19....., death is said		to have occurred on the date stated above, at.....m.		The principal cause of death and related causes of importance in order of onset were as follows:		Contributory causes of importance not related to principal cause:		Name of operation..... Date of.....		What test confirmed diagnosis?..... Was there an autopsy?.....		20 Was disease or injury in any way related to occupation of deceased?.....		If so, specify..... (Signed)....., M. D. (Address)..... Date 7/1 1931		21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)		DATE OF BURIAL January 7, 1931		22 NAME OF UNDERTAKER Frank E. Brown		ADDRESS 44 Winthrop St. Winthrop		Received and filed..... 19.....		Bessie L. Dodge (Registrar)	
3 SEX	4 COLOR OR RACE	5 SINGLE	(write the word)		18 DATE OF DEATH		19 I HEREBY CERTIFY, That I attended deceased from		I last saw h..... alive on....., 19....., death is said		to have occurred on the date stated above, at.....m.		The principal cause of death and related causes of importance in order of onset were as follows:		Contributory causes of importance not related to principal cause:		Name of operation..... Date of.....		What test confirmed diagnosis?..... Was there an autopsy?.....		20 Was disease or injury in any way related to occupation of deceased?.....		If so, specify..... (Signed)....., M. D. (Address)..... Date 7/1 1931		21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)		DATE OF BURIAL January 7, 1931		22 NAME OF UNDERTAKER Frank E. Brown		ADDRESS 44 Winthrop St. Winthrop		Received and filed..... 19.....		Bessie L. Dodge (Registrar)																								
Male	White	SINGLE	Single		1 (Month)		4 (Day)		31 (Year)		19....., to....., 19.....		I last saw h..... alive on....., 19....., death is said		to have occurred on the date stated above, at.....m.		The principal cause of death and related causes of importance in order of onset were as follows:		Contributory causes of importance not related to principal cause:		Name of operation..... Date of.....		What test confirmed diagnosis?..... Was there an autopsy?.....		20 Was disease or injury in any way related to occupation of deceased?.....		If so, specify..... (Signed)....., M. D. (Address)..... Date 7/1 1931		21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)		DATE OF BURIAL January 7, 1931		22 NAME OF UNDERTAKER Frank E. Brown		ADDRESS 44 Winthrop St. Winthrop		Received and filed..... 19.....		Bessie L. Dodge (Registrar)																				
5a If married, widowed, or divorced	HUSBAND of	(Give maiden name of wife in full)	(or) WIFE of		(Husband's name in full)		6 IF STILLBORN, enter that fact here. Still Born		7 AGE..... Years..... Months..... Days		If less than 1 day		Hours..... Minutes		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation		12 BIRTHPLACE (City) Winthrop (State or country) Mass		13 NAME OF FATHER Frederic Duncan		14 BIRTHPLACE OF FATHER (City) Somerville (State or country) Mass		15 MAIDEN NAME OF MOTHER Helen Connor		16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass		17 Informant Frederic Duncan (Address) 45 Emerson Rd. Boston		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		Wm. D. Chandler (Signature of Agent of Board of Health or other)		Health Officer (Official Designation)		1/7/31 (Date of Issue of Permit)																		

Revised United States Standard Certificate of Death

13 Wilson) 21 mean
Jan. 4 1931

Statement of occupation.—Precise statement of occupation is very important. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Coronary thrombosis

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another, or from the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

200M-11-29. No. 7180-a

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		(City or town making return)	
1 PLACE OF DEATH Suffolk County Hingham (City or Town)		No. 47 Crystal Cove Ave St.,		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME William James Cronin		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)		Registered No. 4	
(a) Residence. No. 47 Crystal Cove Ave St.,		Ward,		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred 2 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX M.	4 COLOR OR RACE Wh.	5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)					
5a If married, widowed, or divorced HUSBAND of Margaret Kearney (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE 74 Years Months Days				If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Retired carver					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Meyer James Co. of Boston					
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Ireland (State or country)							
13 NAME OF FATHER Patrick							
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)							
15 MAIDEN NAME OF MOTHER Bridget Foley							
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)							
17 Informant Margaret Kearney (Address)							
18 DATE OF DEATH Jan 8 1931 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from 1/8 1931 to 1/8 1931. I last saw him alive on Jan 8 1931, death is said to have occurred on the date stated above, at 8:15 a.m.							
The principal cause of death and related causes of importance in order of onset were as follows: Coronary thrombosis 1/8/31							
Contributory causes of importance not related to principal cause: Pulmonary emphysema 1929 Diabetes Mellitus 1927							
Name of operation Date of operation							
What test confirmed diagnosis? Was there an autopsy?							
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Michael H. Krich, M. D. (Address) 114 Shirley St. Boston Date 1/8 1931							
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cemetery (Cemetery) H. Roxbury (City or town)							
DATE OF BURIAL Jan 10 1931							
22 NAME OF UNDERTAKER Frank A. Murray ADDRESS 25 Sharn St. Boston							
Received and filed Jan 9 1931							
A TRUE COPY, ATTEST: (Registrar)							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 8/8 1/31 (Official Designation) (Date of Issue of Permit)							

William F. Brown
Jan. 8, 1931.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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

ten Laws Chap. 40, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from

of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from

Medical examiners shall make examination upon the view of

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July 5, 1927

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May 3, 1927

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and related

in either first

above examples

MARGIN RESERVED FOR BINDING

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

75m-2-30, No. 7997-a

1

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)
No. 265 River Road St.
Ward {

2

FULL NAME

Henry Lovett Simmons
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 265 River Road St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

3

SEX

Male

4

COLOR OR RACE

White

5

SINGLE
MARRIED
WIDOWED
OR DIVORCED

Married

5a

If married, widowed, or divorced

HUSBAND of Louise K. Rogers
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6

IF STILLBORN, enter that fact here.

7

AGE

61 Years X Months X Days
If less than 1 day
Hours Minutes

8

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mail carrier

9

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U.S. Postal Service

10

Date deceased last worked at this occupation (month and year)

Jan 8, 1931

11

Total time (years) spent in this occupation

12

BIRTHPLACE (City)
(State or country)

+ Frederickton
New Brunswick

13

NAME OF FATHER

Unable to obtain

14

BIRTHPLACE OF FATHER (City)
(State or country)

N. B.
Canada

15

MAIDEN NAME OF MOTHER

Margaret Clark

16

BIRTHPLACE OF MOTHER (City)
(State or country)

N. B.

17

Informant
(Address)

Louise K. Simmons
265 River Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
Health Officer
(Official Designation)
Signature of Agent of Board of Health or other
(Date of Issue of Permit) 1/10/31

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 5

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

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

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

18

DATE OF DEATH

Jan 8 1931
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from
19 to 19
I last saw h. alive on 19, death is said
to have occurred on the date stated above, at 5 P.
The principal cause of death and related causes of importance in order of
onset were as follows:
Natural Causes: Probably
Acute Myocarditis Jan 5, 1931
Contributory causes of importance not related to principal cause:
Chronic Myocarditis 1920
Chronic Industrial Nephrosis 1920

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy? No

20

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B. Parker
(Address) Wentworth Road & Heath St.
Date 1/10, 1931

21

PLACE OF BURIAL,
CREMATION OR REMOVAL

Wentworth
(Cemetery)
Wentworth
(City or town)
DATE OF BURIAL Jan 11 1931

22

NAME OF UNDERTAKER

Charles P. Beaman

ADDRESS

Wentworth Mass.

Received and filed Jan 13 1931
(Registrar)

Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sawd factory*, *colony mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *vital merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if they related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, stored and or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough as hereinafter provided, his certificate may be obtained from the board of health, or its agent, but a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith issue the permit. The person to whom it is to the clerk of the town for registration certifying the cause of death the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

50m-2-30. No. 7997-1

PLACE OF DEATH		Suffolk (County)		Chelsea (City or Town)		Chelsea (City or town making return)	
1		No. Soldiers' Home Hosp.		St.		Ward	
2 FULL NAME		John E. Wharton		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(H. U. S. War Veteran, specify WAR) Civil	
(a) Residence. No.		St.		Ward		Winthrop, Mass.	
Length of residence in city or town where death occurred		6 yrs. 8 mos. 14 days		How long in U. S., if of foreign birth?		yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)					
Male	White	Widower					
6a If married, widowed, or divorced HUSBAND of Unknown (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE	82	Years	8	Months	28	Days	If less than 1 day Hours Minutes
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipwright						
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10 Date deceased last worked at this occupation (month and year) Retired 11 Total time spent in this occupation						
12 BIRTHPLACE (City) Charlestown, (State or country) Mass.							
PARENTS	13 NAME OF FATHER John						
	14 BIRTHPLACE OF FATHER (City) Liverpool, (State or country) England						
	15 MAIDEN NAME OF MOTHER Mary A. Dunham						
	16 BIRTHPLACE OF MOTHER (City) Yarmouth (State or country) N.S.						
17 Informant (Address) Hosnital records							
A TRUE COPY. Richard G. Pike							
ATTEST: (Registrar of city or town where death occurred)							
DATE FILED Jan. 12, 1931 19							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH January 8, 1931 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1930 to Jan. 8, 1931. I last saw him alive on Jan. 8, 1931 death is said to have occurred on the date stated above, at 6.45 P.M.							
The principal cause of death and related causes of importance in order of onset were as follows:							
Arteriosclerosis ? years Date of onset							
Chronic Myocarditis " "							
Contributory causes of importance not related to principal cause:							
Bronchopneumonia Dec. 1930							
Name of operation none Date of							
What test confirmed diagnosis? Was there an autopsy?							
20 Was disease or injury in any way related to occupation of deceased? no							
If so, specify M.G. Odian M.D. (Signed) Soldiers' Home in Mass. 1931 (Address)							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, Everett (City or town) Cemetery 31							
DATE OF BURIAL Jan. 10, 1931							
22 NAME OF UNDERTAKER David Fudge & Son, Inc. ADDRESS Somerville, Mass.							
Received and filed Jan. 24, 1931 19							
(Registrar of City or Town where deceased resided)							

John E. Wharton

Jan. 8. 1931

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

MARGIN RESERVED FOR BINDING

5m-2-30. No. 7997-c

1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 162 Lincoln Road Ward {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18,010		To be filed for burial permit with Board of Health or its Agent. Registered No. 7	
2 FULL NAME Patrick Joseph Clancy (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 162 Lincoln Rd. St., 7 Ward, (Usual place of abode)		(If nonresident give city or town and state)		Length of residence in city or town where death occurred 21 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male		4 COLOR OR RACE White		5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married	
5a If married, widowed, or divorced HUSBAND of Alice M. Kelly (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 61 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dead Warden					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Essex					
10 Date deceased last worked at this occupation (month and year) 1925					
11 Total time (years) spent in this occupation 40 yrs					
12 BIRTHPLACE (City) (State or country) Ireland					
13 NAME OF FATHER Patrick J. Clancy					
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland					
15 MAIDEN NAME OF MOTHER Alice S. Smith					
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland					
17 Informant (Address) John Clancy Memorandum Co.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/12/31 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan 9-10-1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Poisoning by illum- inating gas, pre- sumably accidental (Lighting outlet on a gas burner fixture open and unguarded)					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) Dr. J. J. Murphy, M. D. (Address) 121 St. John St. Date 12 Jan 31					
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Benedict's (Cemetery) Boston (City or town)					
DATE OF BURIAL Jan 12, 1931					
22 NAME OF UNDERTAKER Dr. C. Kirby					
ADDRESS 121 St. John St. B.					
Received and filed Jan 13, 1931 (Registrar)					

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

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

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

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan 9-10, 1931
J. Clancy

MARGIN RESERVED FOR BINDING

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

75m-2-'30. No. 7997-a

PLACE OF DEATH		Suffolk County		Winthrop (City or Town)		No. 243 Winthrop		St., Ward		Registered No. 8	
2 FULL NAME <u>Marietta Hastings (Ladd) Knowles</u> (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) (a) Residence. No. <u>243 Winthrop</u> St., Ward, (If nonresident, give city or town and state) Length of residence in city or town where death occurred <u>2</u> yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.											
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX <u>Female</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE MARRIED WIDOWED or DIVORCED <u>Widowed</u> (write the word)							
5a If married, widowed, or divorced HUSBAND of <u>Henry T. Knowles</u> (Give maiden name of wife in full) (or) WIFE of <u>Henry T. Knowles</u> (Husband's name in full) 6 IF STILLBORN, enter that fact here. 7 AGE <u>82</u> Years <u>5</u> Months <u>16</u> Days If less than 1 day Hours Minutes											
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u> 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.									
12 BIRTHPLACE (City) <u>Boston.</u> (State or country) <u>Massachusetts.</u>											
13 NAME OF FATHER <u>Hastings Albert Ladd</u>											
14 BIRTHPLACE OF FATHER (City) <u>Unknown</u> (State or country)											
15 MAIDEN NAME OF MOTHER <u>Rebecca Haven.</u>											
16 BIRTHPLACE OF MOTHER (City) <u>Unknown</u> (State or country)											
17 <u>Albert Hastings Ladd.</u> Informant (Address) <u>3318 Washington St., Boston.</u>											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Sullivan</u> (Signature of Agent of Board of Health or other Health Officer) <u>1/13/31</u> (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH <u>January 11 1931</u> (Month) (Day) (Year) 19 I HEREBY CERTIFY, That I attended deceased from <u>January 5 1931</u>, to <u>January 11 1931</u>. I last saw <u>her</u> alive on <u>January 10 1931</u>, death is said to have occurred on the date stated above, at <u>0 a. m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Broncho pneumonia and emphysema</u> Date of onset <u>Jan 5/31</u> Contributory causes of importance not related to principal cause: <u>Deabetes. Many years duration</u>											
Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u> 20 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>Charles R. Bennison</u> M. D. (Address) <u>125 Winthrop St.</u> Date <u>Jan 13 1931</u>											
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Woodlawn, Everett.</u> (Cemetery) (City or town) DATE OF BURIAL <u>January 13, 1931</u>											
22 NAME OF UNDERTAKER <u>Charles R. Bennison</u> ADDRESS <u>Winthrop, Mass.</u>											
Received and filed <u>Jan. 20 1931</u> (Registrar)											

Revised United States Standard Certificate of Death

Jan. 11. 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atrophic gastritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

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

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

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

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

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

75m-2-530, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 51 Fremont St



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 92 FULL NAME Elizabeth Doherty Pease

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 51 Fremont

St., Ward,

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of George Pease
(Give maiden name of wife in full)(or) WIFE of George Pease
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year) March 1929 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Thomas Doherty

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

15 MAIDEN NAME OF MOTHER Mary Lawless

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Mary A. Walsh
(Address) 51 Fremont St.

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

V. M. S. Cullen
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/13/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 11 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

Nov 1 1930, to Jan 11 1931

I last saw him alive on Jan 1 1931, death is said to have occurred on the date stated above, at 7:10 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Priliminary TB

Date of onset

4/1/30

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? Shutun Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. Doherty, M. D.
(Address) Wintthrop, Mass. Date 1/13 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy cross Walden
(Cemetery) (City or town)

DATE OF BURIAL January 14 1931 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Wintthrop, Mass.

Received and filed Jan 13 1931

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of housewife, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asphyxiation, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-30, No. 7997-a

1 { PLACE OF DEATH
 Winthrop
 (City or Town)
 No. 69 Orlando Ave. St. Ward



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 10

2 FULL NAME Mary A. (Sullivan) McKenna

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 69 Orlando Ave. St. Ward,
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of Neil A. McKenna (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days If less than 1 day
 Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10 Date deceased last worked at this occupation 10 months 1931 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Charlestown
 (State or country) Massachusetts

13 NAME OF FATHER Patrick B Sullivan

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

15 MAIDEN NAME OF MOTHER McDermott

16 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

17 Informant Mrs. W. Marsh
 (Address) 69 Orlando Ave

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

Wm. D. Childress
 (Signature of Agent of Board of Health or other)
 Health Officer
 (Official Designation)
 1/13/31
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 1 31
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 1930 to January 1931

I last saw him alive on Jan 12, 1931 death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

arterial sclerosis
 two years

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

20 Was disease or injury in any way related to occupation of deceased?

If so, specify John A. Foley, M. D.
 (Signed) Date 1/12/31
 (Address) 100 Comm. St.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy cross Walden
 (Cemetery) (City or town)

DATE OF BURIAL January 14 1931 19

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS 100 Comm. St.

Received and filed Jan 13 1931

(Registrar)

Revised United States Standard Certificate of Death

Jan. 12. 1931

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of diseases, related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-130, No. 7997-a

MARGIN RESERVED FOR BINDING

PLACE OF DEATH		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23																																																																																																																																																													
Suffolk (County)		Winthrop (City or Town)		No. 350 Winthrop		St.,		Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. Spanish War, War Veteran, World War, specify WAR)		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 350 Winthrop		St.,		Ward,		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH		19 I HEREBY CERTIFY, That I attended deceased from		I last saw him alive on		to have occurred on the date stated above, at		The principal cause of death and related causes of importance in order of onset were as follows:		Contributory causes of importance not related to principal cause:		Name of operation		Date of		What test confirmed diagnosis?		Was there an autopsy?		20 Was disease or injury in any way related to occupation of deceased?		If so, specify		(Signed)		(Address)		21 PLACE OF BURIAL, CREMATION OR REMOVAL		(Cemetery)		(City or town)		DATE OF BURIAL		January 16.		1931.		22 NAME OF UNDERTAKER		Charles R. Bennison		ADDRESS		Winthrop, Mass.		Received and filed		Jan. 20, 1931		19		(Registrar)																																																																																																																							
Male		White		Married		Widowed or DIVORCED		Married.		5a If married, widowed, or divorced		HUSBAND of		Lena Louise Le Fare.		(Give maiden name of wife in full)		(or) WIFE of		(Husband's name in full)		6 IF STILLBORN, enter that fact here.		7 AGE 51 Years 9 Months 20 Days		If less than 1 day		Hours		Minutes		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Retired.		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Soldier U. S. A.		10 Date deceased last worked at this occupation (month and year)		yes.		11 Total time (years) spent in this occupation		?		12 BIRTHPLACE (City)		Somerville.		(State or country)		Massachusetts.		13 NAME OF FATHER		Stephen Slater Smith		14 BIRTHPLACE OF FATHER (City)		Slaterville.		(State or country)		Rhode Island.		15 MAIDEN NAME OF MOTHER		Fannie Augusta Curtis		16 BIRTHPLACE OF MOTHER (City)		Addison.		(State or country)		Maine.		17 Informant (Address)		Mrs. Lena L. Smith.		350 Winthrop St., Winthrop		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		Wm. L. Childress		(Signature of Agent of Board of Health or other)		Health Officer		(Official Designation)		1/15/31		(Date of Issue of Permit)		18 DATE OF DEATH		Jan 14 1931		(Month)		(Day)		(Year)		19 I HEREBY CERTIFY, That I attended deceased from		Jan 14 1931		1931		I last saw him alive on		Jan 14 1931		1931		to have occurred on the date stated above, at		6:00 a.m.		The principal cause of death and related causes of importance in order of onset were as follows:		Chronic Bronchitis, Dis		1929		Contributory causes of importance not related to principal cause:				Name of operation				Date of				What test confirmed diagnosis?				Was there an autopsy?				20 Was disease or injury in any way related to occupation of deceased?				If so, specify				(Signed)		C. Bennison		M. D.		(Address)		417		1931		21 PLACE OF BURIAL, CREMATION OR REMOVAL		Highland		Ipswich		(Cemetery)		(City or town)		DATE OF BURIAL		January 16.		1931.		22 NAME OF UNDERTAKER		Charles R. Bennison		ADDRESS		Winthrop, Mass.		Received and filed		Jan. 20, 1931		19		(Registrar)	

Jan. 14. 1931

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, or the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, joiner, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
.....	1915
<i>Atherosclerosis</i>	
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
Contributory causes of importance not related to principal cause:	
.....	
.....	

In a group of cases containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

75m-2-30, No. 7997-a

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 29 Ingle side Ave St.,		Ward {		Registered No. 12	
1		2 FULL NAME		Trances Elizabeth (Rockwell) Rockwell		(If deceased is married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No.		29 Ingle side Ave St.,		Ward,		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred		5 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)		18 DATE OF DEATH		16 1931	
female		White		Widowed				(Month)		(Day)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name or wife in full)											
(or) WIFE of Alfred Henry Rockwell (Husband's name in full)											
6 IF STILLBORN, enter that fact here.											
7 AGE		82 Years		9 Months		25 Days		If less than 1 day		Hours Minutes	
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		At home.		11 Total time (years) spent in this occupation.		19 I HEREBY CERTIFY, That I attended deceased from		June 23 1927, to Jan 16 1931	
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.						last saw him alive on Jan 15 1931, death is said		to have occurred on the date stated above, at 7 A. M.	
		10 Date deceased last worked at this occupation (month and year)						The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset	
								Chronic myocardiitis		1927	
								Diabetes insipidus		1927	
								Contributory causes of importance not related to principal cause:			
								Chronic interstitial Nephritis		1927	
								Name of operation none		Date of	
								What test confirmed diagnosis? Renal Abnormal		Was there an autopsy? No	
								20 Was disease or injury in any way related to occupation of deceased? No			
								If so, specify Raymond B. Parker		M. D.	
								(Signed) Winthrop Mass		Date 1/17 1931	
								21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Tomb-Winthrop		(City or town)	
								DATE OF BURIAL January 18		1931	
								22 NAME OF UNDERTAKER Charles T. Bennison			
								ADDRESS Winthrop, Mass.			
								Received and filed Jan 20		1931	
								(Registrar)			
								I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			
								Wm W. Childress		(Signature of Agent of Board of Health or other)	
								Agent		Jan 18th 1931	
								(Official Designation)		(Date of Issue of Permit)	

Revised United States Standard Certificate of Death

16. 1931
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 16. 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of *home housework*, write *housework*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchant*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

Revised United States Standard Certificate of Death

Jan. 18, 1931.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)
No. 39 Grimes Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 14

2 FULL NAME

Mary. Jane Grady Perring
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

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

(a) Residence. No.

(Usual place of abode)

39 Grimes Ave St., Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of James H. Derry (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 5 Months 9 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 7 days 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Elizabeth (State or country) N.Y.

13 NAME OF FATHER James. Grady

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant (Address) James H. Derry

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

Wm D. Childers (Signature of Agent of Board of Health or other) Health Officer 1/22/31 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 19, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from January 4, 1930, to January 19, 1931 last saw her alive on January 18, 1931, death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis Dec/1930

Contributory causes of importance not related to principal cause: Atherosclerosis 1925 Hypertension 1925 Mitral Stenosis 1915

Name of operation none Date of What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? If so, specify no (Signed) Jacob A. Hughes M. D. (Address) 502 Shirley St. Date Jan 19 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) Date of Burial Thursday 1/22/31 19

22 NAME OF UNDERTAKER Chas R. Perring ADDRESS Wentworth Mass

Received and filed 19 (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of illness, if the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Arteriosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is authorized by it or by the selection for the purpose, shall upon application make the certificate required for the purpose, physical. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
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- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

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

75m-2-30. No. 7997-a

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH Suffolk County Southrop (City or Town) No. 19 Elmwood Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)			To be filed for burial permit with Board of Health or its Agent. 15 Registered No. 2378.	
2 FULL NAME Mary M. Elwood (If deceased is a married, widowed or divorced woman, give also maiden name.)			(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 19 Elmwood Ave St., Ward, (Usual place of abode) Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.			(If nonresident, give city or town and state)	
3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)			18 DATE OF DEATH 1 20 31 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph Elwood (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from 1 1920, to Jan 20, 1921 I last saw her alive on Jan 20, 1921, death is said to have occurred on the date stated above, at 9:00 a.m. The principal cause of death and related causes of importance in order of onset were as follows: Chronic Indocentia Chronic Nephritis Date of onset 2	
6 IF STILLBORN, enter that fact here.			Contributory causes of importance not related to principal cause:	
7 AGE 70 Years 4 Months 13 Days If less than 1 day Hours Minutes			Name of operation none Date of 7 What test confirmed diagnosis? 2 Was there an autopsy? 20	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation			20 Was disease or injury in any way related to occupation of deceased? 20 If so, specify (Signed) Surgeon, U.S. Army, M. D. (Address) 200 East 19th St. Date 1921	
12 BIRTHPLACE (City) Gloucester. (State or country) Mass.			21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Hood Brookline (City or town)	
13 NAME OF FATHER Joseph A. Williams 14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.			DATE OF BURIAL Jan 22 1921	
15 MAIDEN NAME OF MOTHER Sarah Swift 16 BIRTHPLACE OF MOTHER (City) England (State or country)			22 NAME OF UNDERTAKER R. Kirby ADDRESS East Boston Mass.	
17 Informant Joseph Elwood. (Address) 19 Elmwood Ave.			Received and filed Jan 23 1921 (Registrar)	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: W. M. D. Childers (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/23/21 (Date of Issue of Permit)				

Revised United States Standard Certificate of Death

82-201931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove it from a town, or have it which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town on one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, nor if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

200M-11-29. No. 7180-a

1 PLACE OF DEATH

No.

(City or Town)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

20 yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Charlotte Kenney (deceased)

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

58

Years

5

Months

21

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Books etc

10 Date deceased last worked at this occupation (month and year)

July 14/31

11 Total time (years) spent in this occupation

20 years

12 BIRTHPLACE (City)

(State or country)

Charlotte

Maine

13 NAME OF FATHER

Chen Swan

14 BIRTHPLACE OF FATHER (City)

(State or country)

Charlotte

Maine

15 MAIDEN NAME OF MOTHER

Martha Swan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

New Brunswick

17

Informant (Address)

Wife - 230 Pleasant St Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 16

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

(H U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan

(Month)

21

(Day)

1931

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19....., to

19.....

I last saw him alive on....., 19....., death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes Probably -
Acute myocarditis
Chronic myocarditis.

Date of onset

1/15/31

1921

Contributory causes of importance not related to principal cause:

Name of operation

no

Date of

What test confirmed diagnosis?

Personal history

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Winthrop Board of Health

(Address) Date 1/21/1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Mass Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 23 - 1931

19

22 NAME OF UNDERTAKER

Walter White

ADDRESS

Winthrop Mass

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

MARGIN RESERVED FOR BINDING

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

50M-11-'29. No. 7180-5

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BROOKLINE (City or town making return)
		17
STANDARD CERTIFICATE OF DEATH		Registered No. <u>34</u>
1 PLACE OF DEATH NORFOLK (County) BROOKLINE (City or Town) No. <u>BROOKS</u> HOSPITAL ---St.--- Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME <u>DANIEL E. AHERN</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)
(a) Residence. No. <u>116</u> <u>QUINCY</u> <u>AVE</u> St., Ward, <u>WINTHROP</u> <u>MASS</u> - (Usual place of abode) (If nonresident, give city or town and state)		
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u> (write the word)
5a If married, widowed, or divorced HUSBAND of <u>Geneva Bolles</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE <u>64</u> Years Months Days If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cashier</u>	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Boston Globe</u>	
	10 Date deceased last worked at this occupation (month and year) <u>Jan/31</u> 11 Total time (years) spent in this occupation <u>42</u>	
12 BIRTHPLACE (City) (State or country) <u>Boston</u> <u>Massachusetts</u>		
PARENTS	13 NAME OF FATHER (Unknown) <u>Ahern</u>	
	14 BIRTHPLACE OF FATHER (City) (State or country) <u>Unknown</u>	
	15 MAIDEN NAME OF MOTHER <u>Unknown</u> <u>Cotting</u>	
	16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Boston</u> <u>Massachusetts</u>	
17 Informant <u>Wife</u> (Address) <u>#116 Quincy Ave. Winthrop</u>		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Pedro S. Richardson</u> (Signature of Agent of Board of Health or other) <u>Town Clerk</u> <u>January 23/1931</u> (Official Designation) (Date of Issue of Permit)		
MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH <u>JANUARY</u> <u>23</u> <u>1931</u> (Month) (Day) (Year)		
19 I HEREBY CERTIFY, That I attended deceased from <u>January 19</u> , 19 <u>31</u> , to <u>January 23</u> , 19 <u>31</u> I last saw him alive on <u>January 23</u> , 19 <u>31</u> , death is said to have occurred on the date stated above, at <u>4.05p</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Double Broncho Pneumonia</u> <u>1/18/31</u> <u>Diabetes</u> <u>?</u>		
Contributory causes of importance not related to principal cause:		
Name of operation <u>None</u> Date of <u>---</u> What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>		
20 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____		
(Signed) <u>George W. Morse</u> , M. D. (Address) <u>#175 Commonwealth Ave.</u> Date <u>1/23</u> 19 <u>31</u> <u>Boston</u>		
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Calvary</u> <u>Boston</u> (Cemetery) (City or town)		
DATE OF BURIAL <u>January</u> <u>26</u> 19 <u>31</u>		
22 NAME OF UNDERTAKER <u>John F. O'Maley</u> ADDRESS <u>#79 Atlantic St. Winthrop</u>		
Received and filed <u>January 23</u> 19 <u>31</u> <u>Pedro S. Richardson</u>		
A TRUE COPY, ATTEST: <u>7</u> (Registrar)		

James O. Whelan
Jan. 23, 1931.

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

75m-2-30. No. 7997-a

PLACE OF DEATH		1	
Suffolk (County)		Winthrop (City or Town)	
No. Community Hospital		Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Josephine Pelato (If deceased is married, widowed or divorced, give also maiden name)			
(a) Residence. No. 586 Washington St. Brookline (Usual place of abode)			
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Anthony P. Pelato (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 27 Years Months Days		If less than 1 day Hours Minutes	
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10 Date deceased last worked at this occupation (month and year)		
11 Total time (years) spent in this occupation 3 yrs			
12 BIRTHPLACE (City) (State or country) Italy			
PARENTS	13 NAME OF FATHER Salvatore Auditore		
	14 BIRTHPLACE OF FATHER (City) (State or country) Italy		
	15 MAIDEN NAME OF MOTHER Grace Penese		
	16 BIRTHPLACE OF MOTHER (City) (State or country) Italy		
17 Informant (Address) A. P. Pelato 586 Washington St. Brookline			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William W. Childress (Signature of Agent of Board of Health or other) Cegene (Official Designation) 1/25/31 (Date of Issue of Permit)			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH January 25 1931 (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from Jan. 22 1931, to Jan. 25 1931. I last saw h.e.v. alive on Jan. 24 1931, death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance in order of onset were as follows: Endocarditis 10 yrs mitral regurgitation 20 and Mitral Stenosis Contributory causes of importance not related to principal cause: Passive Congestion Name of operation none Date of operation What test confirmed diagnosis? Clinical signs Was there an autopsy? no 20 Was disease or injury in any way related to occupation of deceased? no If so, specify..... (Signed) A. J. O'Brien M.D. M. D. (Address) 78 Washington St. Brookline 1931 21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town) DATE OF BURIAL Jan. 27 1931 22 NAME OF UNDERTAKER Fred A. Magrath ADDRESS 64 Mendon St. South Boston Received and filed Jan. 27, 1931. Registrar			

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 18

Revised United States Standard Certificate of Death

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers, by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original internment, by a satisfactory certificate, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, to the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 140 Cottage Park Rd. St.,

Ward {

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

Registered No. 19

2 FULL NAME

Theodora Lyman Stowe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

140 Cottage Park Rd.

St.,

Ward,

Length of residence in city or town where death occurred

2 yrs.

mos.

days.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Julia Kelly
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

91

Years

11

Months

18

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Superintendent

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bath House

10 Date deceased last worked at this occupation (month and year)

1915

11 Total time (years) spent in this occupation

15

12 BIRTHPLACE (City)

South Boston,
Mass.

13 NAME OF FATHER

Cannot be learned

14 BIRTHPLACE OF FATHER (City)

(State or country)

Cannot be learned

15 MAIDEN NAME OF MOTHER

Rebecca Appleton

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Cannot be learned

17

Informant (Address)

Mrs. Theodora L. Kelly

813 Broadway South Boston, Mass.

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

William W. Childress

(Signature of Agent of Health or other)

Agent
(Official Designation)1/25/31
(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Ward {

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

Ward,

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

25

(Day)

31

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

1 - 1, 1930, to 1 - 25, 1931

I last saw him alive on 1 - 24, 1931, death is said

to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Edema of Lungs

2 d

Contributory causes of importance not related to principal cause:

Chronic Bronchitis

1929

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. W. Kelly

M. D.

(Address)

100 Pleasant St.

Date

1/25/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Forest Hills Crematory Boston
(Cemetery) (City or town)

DATE OF BURIAL

Jan. 28,

1931

22 NAME OF UNDERTAKER

S. M. Burroughs

ADDRESS 21 Virginia St. Dorchester, Mass.

Received and filed

Jan. 25, 1931

1931

(Registrar)

Jan. 25, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. *Children not faintly employed may be returned as at school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 320 Winthrop St., _____ Ward {

2 FULL NAME JOHN T. O'BRIEN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 320 Winthrop St., _____ Ward,

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years _____ Months _____ Days _____ If less than 1 day _____ Hours _____ Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Jan. 12, 1931 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Plymouth
(State or country) Massachusetts

13 NAME OF FATHER John

14 BIRTHPLACE OF FATHER (City) _____
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Ann Hackett

16 BIRTHPLACE OF MOTHER (City) _____
(State or country) Ireland

17 Informant Katherine O'Brien
(Address) 23 Nelson St. Plymouth

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

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 1/28/31
(Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 25 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 16 1931, to Jan 25 1931,
last saw him alive on Jan 25 1931, death is said
to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary fibrillation 10dy
Coronary A. fibrillation 7

Contributory causes of importance not related to principal cause:

Compensatory fibrillation 2dy

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

20 Was disease or injury in any way related to occupation of deceased?

If so, specify _____ M. D.
(Signed) C. Childress Date 1/26 1931
(Address) C. Childress

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Josephs Plymouth
(Cemetery) (City or town)

DATE OF BURIAL January 28 1931 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop Mass

Received and filed Feb. 2, 1931 19
Bessie L. Dodge
(Registrar)

Revised United States Standard Certificate of Death

Jan. 25, 1931

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

100m-o-30. No. 9054.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

PLACE OF DEATH 1 *Suffolk* (County)
Winthrop
No. *38 Centre*

FULL NAME 2 *Harold E. Goddard*
(If deceased a man, widowed or divorced woman, give also maiden name.)

(a) *Residence* *38 Centre* (Usual place of abode)
Length of residence in city or town where death occurred *29* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)
6a If married, widowed, or divorced, HUSBAND of *Larry Steward* (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE *37* Years *8* Months *16* Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Supt. Tele Co. (H.C.)*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) *Aug 1930* 11 Total time (years) spent in this occupation *30 yrs*

PARENTS

12 BIRTHPLACE (City) *Seagoville* (State or country) *Maine*
13 NAME OF FATHER *Frank A. Goddard*
14 BIRTHPLACE OF FATHER (City) *Bath* (State or country) *Maine*
15 MAIDEN NAME OF MOTHER *Sarah Heald*
16 BIRTHPLACE OF MOTHER (City) *Georgetown* (State or country) *Maine*
17 Informant (Address) *Mrs. Lucy Goddard*
55 Centre St

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan 28, 1931* (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from *Jan 12, 1925*, to *Jan 28, 1931*
I last saw him alive on *Jan 27, 1931*, death is said to have occurred on the date stated above, at *7 A.* m.
The principal cause of death and related causes of importance in order of onset were as follows:
Angina Pectoris 1925
Chronic Nephritis 1920
Contributory causes of importance not related to principal cause:
Name of operation *none* Date of *none*
What test confirmed diagnosis *Renal Exam* Was there an autopsy? *no*
20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *Raymond B. Parker* M. D.
(Signed) (Address) *Winthrop, Maine* Date *1/28 1931*
21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Winthrop* (Cemetery) (City or town)
DATE OF BURIAL *Jan 30, 1931*
22 NAME OF UNDERTAKER *W.C. Goodrich*
ADDRESS *128 Washington St Lynn*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
Health Officer *1/28/31*

Revised United States Standard Certificate of Death

Jan. 28 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbentia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *rectal* as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

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

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

28.1931
Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927.
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927.

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent storesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith confer it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

75m-2-'30. No. 7997-a

		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS			
		STANDARD		Registered No. 23	
		CERTIFICATE OF DEATH			
1	PLACE OF DEATH	Suffolk (County)			
		Winthrop (City or Town)			
		No. 52 - Washington Ave		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		George James Buchanan		{ (If U. S. War Veteran, specify WAR)	
		(If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No.		52 Washington Ave		Ward, (If nonresident, give city or town and state)	
		(Usual place of abode)			
Length of residence in city or town where death occurred		32 yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word)			
Male	White	Married			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	69 Years 4 Months 21 Days		If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year) Jan 28-30 11 Total time (years) spent in this occupation 40				
12 BIRTHPLACE (City) Toronto		(State or country) Canada			
PARENTS	13 NAME OF FATHER Unable to obtain.				
	14 BIRTHPLACE OF FATHER (City)				
	(State or country)				
15 MAIDEN NAME OF MOTHER		"			
16 BIRTHPLACE OF MOTHER (City)		"			
		(State or country)			
17 Informant (Address)		Wife, Lila B. Buchanan 52 Washington Ave. Winthrop			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other)					
Health Officer (Official Designation)					
(Date of Issue of Permit) 2/3/31					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH		Jan 31 1931 (Month) (Day) (Year)			
19 I HEREBY CERTIFY. That I attended deceased from Jan 31 1931, to Jan 31 1931, 1931. Last saw him alive on Jan 31 1931, death is said to have occurred on the date stated above, at 6:40 p.m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Date of onset					
Contributory causes of importance not related to principal cause:					
Name of operation					
Date of					
What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) M. D.					
(Address) 23 Ch. St. 87 Date 2-2-1931					
21 PLACE OF BURIAL, CREMATION OR REMOVAL		Winthrop Cemetery (City or town)			
DATE OF BURIAL		Feb 3 - 1931			
22 NAME OF UNDERTAKER		Chas. R. Bennison			
ADDRESS		Winthrop - MASS			
Received and filed		Feb 5 1931			
		(Registrar)			

Revised United States Standard Certificate of Death

Dec. 31, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

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

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Support
(County)
Wintthrop
(City or Town)
No. *126 Court Rd.* St., Ward {



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *24*

2 FULL NAME

John Toceman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR:

(a) Residence. No. *126 Court Rd.* St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

6a If married, widowed, or divorced

HUSBAND of

Elizabeth B Decker

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

86 Years *8* Months *28* Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House

10 Date deceased last worked at this occupation (month and year)

Sept 1915

11 Total time (years)

spent in this occupation

50

12 BIRTHPLACE (City)

(State or country)

Rockport Nova Scotia

13 NAME OF FATHER

John Toceman

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Elizabeth Decker

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant (Address)

*John Toceman
126 Court Rd Wintthrop*

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

H. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Feb. 3, 1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb 3

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw him alive on

1931

death is said

to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance in order of onset were as follows:

*Heart failure
secondary to
arteriosclerosis*

Date of onset

1931

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Date

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Wintthrop

(City or town)

DATE OF BURIAL

Feb 3

1931

22 NAME OF UNDERTAKER

John + Mary

ADDRESS

Wintthrop

Received and filed

19

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of disease, not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset
<i>Arteriosclerosis</i>		1915
<i>Chronic interstitial nephritis</i>		1921
<i>Cerebral hemorrhage</i>		July 5, 1927
Contributory causes of importance not related to principal cause:		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

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RULES OF PRACTICE

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

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

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

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)
No. *100 Court Rd.* St., *Ward*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. *25*

2 FULL NAME *Eucetia Lee (Decker) Doleman* (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. *106 Court Rd.* St., *Ward*, (Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Married* (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of *Wm. Doleman* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *77* Years *7* Months *8* Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Home* 10 Date deceased last worked at this occupation (month and year) *June 1927* 11 Total time (years) spent in this occupation *58*

12 BIRTHPLACE (City) (State or country) *Nova Scotia*

13 NAME OF FATHER *Andrew Decker*

14 BIRTHPLACE OF FATHER (City) (State or country) *Nova Scotia*

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country) *Lidia Matthews Nova Scotia*

17 Informant (Address) *Mrs. B. Y. Flye 323 Main St.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *2/3/31* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 1* 19*27* (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *July 1*, 19*27*, to *July 1*, 19*27*. I last saw him alive on *July 1*, 19*27*, death is said to have occurred on the date stated above, at *3:25* p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis of the heart and coronary arteries, with coronary thrombosis, resulting in myocardial infarction.

Name of operation Date of operation What test confirmed diagnosis? *Cerebral* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *C. Seville E. Johnson*, M. D. (Address) *125 Weymouth St.* Date *2-2-1931*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Wintthrop* (Cemetery) *Wintthrop* (City or town) DATE OF BURIAL *Feb 3* 19*31*

22 NAME OF UNDERTAKER *John J. Gray* ADDRESS *Wintthrop*

Received and filed *5* 19*31* (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or, if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

200M-11-29. No. 7180-a

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Winsted (City or town making return)	
1		STANDARD CERTIFICATE OF DEATH		Registered No. 26	
No. 142 Winsted St.		St. Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Emma, Damar Dorcas		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 142 Winsted St.		St. Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 10 yrs.		mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX female	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Edward W. Douglas (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 72 Years 9 Months 21 Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10 Date deceased last worked at this occupation (month and year) 4 weeks 11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Sudbury (State or country) Mass					
13 NAME OF FATHER unath & others					
14 BIRTHPLACE OF FATHER 7 2 7 (State or country) 7 2 7					
15 MAIDEN NAME OF MOTHER					
16 BIRTHPLACE OF MOTHER (City) (State or country)					
17 Informant (Address) Husband, Ed. W. Douglas, 142 Winsted St Winsted					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer 2/3/31 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH 7 4 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Oct 7 1923, to Feb 1 1931. I last saw her alive on Feb 1 1931, death is said to have occurred on the date stated above, at 2:45 P. m.					
The principal cause of death and related causes of importance in order of onset were as follows: Chronic Pyocarditis 1923 Acute Pericarditis Jan 21, 31					
Contributory causes of importance not related to principal cause:					
Name of operation none Date of					
What test confirmed diagnosis Pulmol Abs. Was there an autopsy? no.					
20 Was disease or injury in any way related to occupation of deceased? no. If so, specify (Signed) Bayman, B. Parker, M. D. (Address) Winsted Mass. Date 2/3 1931					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winsted Winsted (Cemetery) (City or town)					
DATE OF BURIAL 2/3/1931 19					
22 NAME OF UNDERTAKER Ches R. Egan ADDRESS Winsted Mass					
Received and filed 19					
A TRUE COPY, ATTEST: (Registrar)					

Revised United States Standard Certificate of Death

Feb. 1, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *washer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of *store*, *factory*, *mill*, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying. *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause, name the disease or injury causing death, as related causes, name earlier morbid condition, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Afterdiphtheria</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate as hereafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it, by the selection of the attending physician upon application made by the certificate required for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which he has been engaged such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician attending the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 48 Belcher



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 27

2 FULL NAME Edward H. Haley
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 48 Belcher St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed or divorced HUSBAND of Catherine Coyne Haley
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linotype
10 Date deceased last worked at this occupation (month and year) Jan 31, 1931 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) Swampscott (State or country) Massachusetts

13 NAME OF FATHER John Haley

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Julia Finn

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) Mrs. Catherine Haley 48 Belcher St. Winthrop

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

Wm. W. O'Leary
H. O. (Official Designation) Feb 6, 1931 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 4 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1931, to Feb. 4 1931
I last saw him alive on Feb. 3 1931, death is said

to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

uremia Date of onset Feb. 3
Contributory causes of importance not related to principal cause:
Chronic interstitial nephritis
arterio-sclerosis

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

20 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) C. H. Mahoney M. D.
(Address) 4 Washington St. Date 25 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Rym
(Cemetery) (City or town)
DATE OF BURIAL Feb 7 1931

22 NAME OF UNDERTAKER John F. O'Haley
ADDRESS Winthrop

Received and filed Feb 11 1931

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

50M-11-29. No. 7180-b

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston (City or town making return)	
1	PLACE OF DEATH	Boston		Registered No. 1352 28	
		(City or Town) 5 Louis St.			
		No.	St.,	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME William H. Comerford (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No.		Fort Banks		St.,	Ward, Winthrop, Mass.
		(Usual place of abode)		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Male	White	MARRIED WIDOWED or DIVORCED			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	Years 2 Months 28 Days	If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year)				
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Boston (State or country) Mass.					
PARENTS	13 NAME OF FATHER William H. Comerford				
	14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.				
	15 MAIDEN NAME OF MOTHER Agnes McDonnell				
	16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.				
17 Informant W K Comerford, (Address)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: C Sullivan (Signature of Agent of Board of Health or other) Feb. 8, 1931 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH February 5, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from December 30, 1930, to February 5, 1931 I last saw him alive on February 5, 1931, death is said to have occurred on the date stated above, at 5 P. m. The principal cause of death and related causes of importance in order of onset were as follows: Malnutrition 1/10/31 Contributory causes of importance not related to principal cause: Broncho Pneumonia 2/4/31 Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. W. Redmond, M. D. (Address) Boston, Mass. Date 2/6/ 19 31 21 PLACE OF BURIAL, Winthrop Winthrop CREMATION OR REMOVAL (Cemetery) (City or town) DATE OF BURIAL Feb. 9, 19 31 22 NAME OF UNDERTAKER C R Burns ADDRESS Winthrop, Mass. Feb. 10, 19 31 Received and filed A TRUE COPY, ATTEST: (Registrar)					

William W. Conover
Feb. 5, 1903

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

50M-11-29. No. 7180-b

1	PLACE OF DEATH	Suffolk (County) Boston (City or Town)	 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Boston (City or town making return)
		No. <u>St. Elizabeth's Hospital</u> St., <u>7.</u> Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)			Registered No. <u>1296 29</u>
2 FULL NAME <u>Peter Q. DeLorey</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. <u>34 Madison Ave.</u> St., <u>Winthrop, Mass.</u> (Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
yrs.		mos.	days.		
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)			
5a If married, widowed, or divorced HUSBAND of <u>Theresa A De Costa</u> (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <u>58</u> Years Months Days		If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>				
	10 Date deceased last worked at this occupation (month and year) <u>1/15/31</u>				
11 Total time (years) spent in this occupation <u>40 yrs.</u>					
12 BIRTHPLACE (City) (State or country) <u>Nova Scotia</u>					
PARENTS	13 NAME OF FATHER <u>Francis DeLorey</u>				
	14 BIRTHPLACE OF FATHER (City) (State or country) <u>Nova Scotia</u>				
	15 MAIDEN NAME OF MOTHER <u>Colett Alicorie</u>				
	16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Nova Scotia</u>				
17 Informant <u>Theresa DeLorey</u> (Address)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>A E C</u> (Signature of Agent of Board of Health or other) <u>February 7, 1931</u> (Official Designation) <u>February 14, 1931</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>February 7, 1931</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <u>February 2, 1931</u> to <u>February 7, 1931</u> I last saw him alive on <u>February 7, 1931</u> , death is said to have occurred on the date stated above, at <u>4:45A</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Lobar Pneumonia</u> <u>1/31/31</u> Contributory causes of importance not related to principal cause: Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____					
20 Was disease or injury in any way related to occupation of deceased? If so, specify <u>T E Brown</u> M. D. (Signed) <u>St. Eliz. Hosp.</u> (Address) Date <u>2/7/1931</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Joseph's</u> <u>Boston</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>February 9, 1931</u>					
22 NAME OF UNDERTAKER <u>C R Bennison</u> ADDRESS <u>Winthrop, Mass.</u>					
Received and filed <u>February 9, 1931</u>					
A TRUE COPY, ATTEST: _____ (Registrar)					

12000 D. 222 2000
Feb. 7, 1931

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

75m-2-30, No. 7997-a

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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 30

2 FULL NAME Dorothy E. Schreiber
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 136 Hemlock St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 20 Years 3 Months 9 Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wintthrop Trust
10 Date deceased last worked at this occupation (month and year) Jan. 1931 11 Total time (years) spent in this occupation 3

12 BIRTHPLACE (City) Colony (State or country) Mass.
13 NAME OF FATHER Benjamin F. Schreiber
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.
15 MAIDEN NAME OF MOTHER Alice E. Marcus
16 BIRTHPLACE OF MOTHER (City) San Francisco (State or country) California

17 Informant Benjamin F. Schreiber (Address) 136 Hemlock St., Wintthrop.

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

Wm. D. Childress (Signature of agent of Board of Health or other)
Health Officer (Official Designation) 2/9/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 9 1931
(Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from Jan. 24 1931 to Feb. 9 1931
I last saw him alive on Feb. 9 1931, death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:
Septic pneumonia
(2 B. T.) in 4th period Date of onset 1/10

Contributory causes of importance not related to principal cause:
in renal cirrhosis 1/10

Name of operation Ceasing Date of
What test confirmed diagnosis? Was there an autopsy?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.
(Address) Date 1/9 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cherry Knolls Montrose
(Cemetery) (City or town)
DATE OF BURIAL February 11 1931

22 NAME OF UNDERTAKER Benjamin F. Salomon
ADDRESS 24 Milled St., Dorchester

Received and filed Feb. 11 1931
(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. *Children not gainfully employed may be returned as at school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, assthemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

1915

1921

July 5, 1927

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

75m-2-30. No. 7997-a

PLACE OF DEATH

Suffolk
(County)
Wincton
(City or Town)
No. *200 Pauline*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *51*

2 FULL NAME

Rachel. Flye. Dodge

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *200 Pauline*

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* days. How long in U. S., if of foreign birth? *0* yrs. *0* mos. *0* days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *87* Years *6* Months *14* Days If less than 1 day Hours Minutes

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

12 BIRTHPLACE (City) *North-Edgcomb*
(State or country) *Me*

13 NAME OF FATHER *Abra. J. Dodge*

14 BIRTHPLACE OF FATHER (City) *North-Edgcomb*
(State or country) *Me*

15 MAIDEN NAME OF MOTHER *Louisa Davidson*

16 BIRTHPLACE OF MOTHER (City) *North-Edgcomb*
(State or country) *Me*

17 Informant *Wm. R. Dodge*
(Address) *200 Pauline St Wincton*

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *3/12/31*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 9* *1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *November* 19*30*, to *July 9*, 19*31*.
I last saw him alive on *July 8*, 19*31*, death is said to have occurred on the date stated above, at *2 a. m.*

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Valvular Heart Disease
many year duration
acute infection *July 11/31*
terminal Bronchitis *July 7/31*
arteriosclerosis

Contributory causes of importance not related to principal cause:

Name of operation *None* Date of *July*
What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *well & pleasant*
(Signed) *Wm. R. Dodge*, M. D.
(Address) *125 Church St* Date *July 19 31*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Wincton Tomb*
(Cemetery) (City or town)
DATE OF BURIAL *7/10/31* *19*

22 NAME OF UNDERTAKER *C R Barman*
ADDRESS *Wincton Mass*

Received and filed *July 20* 19*31*
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g. heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Superior
(County)
Wimthrop
(City or Town)
No. *138 Highland Ave* St., *4* Ward

2 FULL NAME

Harry F. Weir

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *138 Highland Ave* St., *4* Ward,
(Usual place of abode)

Length of residence in city or town where death occurred *15* yrs. - mos. - days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of *Ida C. Weir* (Give maiden name of wife in full) (or) WIFE of *Ida C. Weir* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *60* Years - Months - Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sales lady* 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *P. & White Bros.* 10 Date deceased last worked at this occupation (month and year) *Feb. 1, 1931* 11 Total time (years) spent in this occupation *24*

12 BIRTHPLACE (City) *Boston* (State or country) *Mass.*

13 NAME OF FATHER *Michael Weir*

14 BIRTHPLACE OF FATHER (City) *Fall River* (State or country) *Mass.*

15 MAIDEN NAME OF MOTHER *Elyabeth Weir*

16 BIRTHPLACE OF MOTHER (City) *Fall River* (State or country) *Mass.*

17 Informant (Address) *James S. Mahan 13 Highland Ave*

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

J. M. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) *3/11/31*
(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. *32*

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February 9* 31
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Jan 1* 19*31*, to *Feb 9* 19*31*.

I last saw him alive on *Feb 9* 19*31*, death is said to have occurred on the date stated above, at *1 A.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Endocarditis Date of onset *1920*

Contributory causes of importance not related to principal cause:

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *Edward J. Ganger* M. D. (Address) *474 Shirley St.* Date *Feb 11 1931*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *How Cross Mauden* (Cemetery) (City or town)

DATE OF BURIAL *Feb 12* 19*31*

22 NAME OF UNDERTAKER *James S. Mahan* ADDRESS *72 Banker St. Charlestown*

Received and filed *Feb 21* 19*31*

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits may be known. Make some entry in this action for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or lot to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 40, G. L., as amended.*

RULES OF PRACTICE

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

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

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

75m-2-30. No. 7997-a

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. *55 Winthrop*

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registered No. *33*

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

2 FULL NAME *Abbie Ann Dodge*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. *55 Winthrop* St., *Dodge* Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *1* yrs. *3* mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) *Widow of Charles H. Dodge*

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *78* Years Months Days If less than 1 day Hours Minutes

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

12 BIRTHPLACE (City) *North Edgecomb* (State or country) *Maine*

13 NAME OF FATHER *Washington Dodge*

14 BIRTHPLACE OF FATHER (City) *North Edgecomb* (State or country) *Maine*

15 MAIDEN NAME OF MOTHER *Ann Haqgett*

16 BIRTHPLACE OF MOTHER (City) *North Edgecomb* (State or country) *Maine*

17 Informant *Euse V. Dodge* (Address) *55 Winthrop St.*

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

Wm. S. Childress (Signature of Agent of Board of Health or other Health Officer) *2/12/13* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February 10, 1931* (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *7-20*, 19*30* to *February 10, 1931* I last saw her alive on *February 10, 1931*, death is said to have occurred on the date stated above, at *10:45* p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arterio Sclerosis
Chronic myocarditis

Contributory causes of importance not related to principal cause:

Name of operation *usual* Date of *2* What test confirmed diagnosis? *usual* Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? *no* If so, specify *Henry J. Kearney* (Signed) *385 Broadway, West* (Address) *2/12* 19*31* (Date)

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Land Winthrop* (Cemetery) (City or town)

DATE OF BURIAL *February 13* 19*31*

22 NAME OF UNDERTAKER *Charles P. Bennison*

ADDRESS *Winthrop Mass*

Received and filed *Feb 20* 19*31*

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed in account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be reported as of *school* or of *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *woman*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the heart causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a redial as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such redial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

50m-2-30. No. 7997-d

1 PLACE OF DEATH

Middlesex
(County)
Tewksbury, Mass.
(City or Town)
No. State Infirmary St., Ward



Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

State Infirmary

Tewksbury, Mass.
(City or town making return)

Registered No. 91 34

2 FULL NAME

Andrew Webster

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No.

St.

Ward,

inthron

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

21

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

Not learned

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

70

Years

2

Months

13

Days

If less than 1 day

Hour

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF FATHER

Andrew Webster

14 BIRTHPLACE OF FATHER (City)

Not learned

(State or country)

P.F. I.

15 MAIDEN NAME OF MOTHER

Suzan (Not learned)

16 BIRTHPLACE OF MOTHER (City)

Not learned

(State or country)

Scotland

17

Informant (Address)

Hospital Records

A TRUE COPY.

ATTEST:

John H. Nichols, Supt.

(Registrar of city or town where death occurred)

DATE FILED

February 14, 1931

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February

13

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from January 22, 1931 to February 13, 1931

I last saw him alive on February 13, 1931 death is said to have occurred on the date stated above, at 6.15 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis

Unknown

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Eugene L. Allen

M. D.

(Signed)

State Infirmary

Date 2/14 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn

Everett

(City or town)

DATE OF BURIAL

February 17, 1931

(City or town)

22 NAME OF UNDERTAKER

C. A. Rollins

ADDRESS

300 Meridian St. Boston

Received and filed February 14, 1931

John H. Nichols, Supt.

19

(Registrar of City or Town where deceased resided)

Feb. 27/31

Common Whiskers
Feb. 13, 1931

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from person to person, or from one grave or tomb to another, or from one cemetery to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal examination by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall interment human for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....
Chap. 114, Sec. 43, G. L., as amended.

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

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

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

200 M-11-29. No. 7180-3

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 36

PLACE OF DEATH

No. 47

St.,

Ward {

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

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 47

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

White

MARRIED

Married

5a If married, widowed, or divorced

HUSBAND of

Margaret Malone LeCours

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

72

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Metal Worker

10 Date deceased last worked at this occupation (month and year)

Oct 1925

11 Total time (years) spent in this occupation

50

12 BIRTHPLACE (City)

(State or country)

Canada

13 NAME OF FATHER

Cannot be learned

14 BIRTHPLACE OF FATHER (City)

(State or country)

France

15 MAIDEN NAME OF MOTHER

(State or country)

Mrs. M. Cann

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Margaret LeCours 47 Lincoln St.

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

Wm. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/17/31

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

Feb

15

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1931, to Feb 15, 1931

I last saw him alive on Feb 15, 1931, death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Aortic aneurysm
Chronic myocarditis
Acute myocarditis

Date of onset

1930

1939

1931

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis? Personal examination. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

Raymond B. Parker

(Signed)

Wm. S. Childress

M. D.

(Address)

Wm. S. Childress

Date Feb 16 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross

Malden

DATE OF BURIAL

Feb 16

1931

22 NAME OF UNDERTAKER

John H. Moley

ADDRESS

Wintthrop

Received and filed

Feb 17

1931

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Feb. 15, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *violin maker* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Acute infectious</i>	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original internment, by a satisfactory certificate of an attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient as a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a death, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to, whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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

MARGIN RESERVED FOR BINDING

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

200M-11-79. No. 7180-a

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Winthrop
 No. 53 Lewis Ave St. 3 Ward 3 (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Anna Marie Schilde
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) **Residence.** No. 53 Lewis Ave St. 3 Ward, (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 14 yrs. — mos. — days. — How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female **4 COLOR OR RACE** White **5 SINGLE MARRIED WIDOWED or DIVORCED** Widow (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
 (or) **WIFE of** Amiel Schilde (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 61 Years 9 Months 23 Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10 Date deceased last worked at this occupation (month and year) " **11 Total time (years) spent in this occupation** "
12 BIRTHPLACE (City) (State or country) Germany
13 NAME OF FATHER William Adler
14 BIRTHPLACE OF FATHER (City) (State or country) Germany
15 MAIDEN NAME OF MOTHER Not Known
16 BIRTHPLACE OF MOTHER (City) (State or country) " "
17 Informant (Address) Son Rudolph W. Schilde
53 Lewis Ave Winthrop

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH February 16, 1931
 (Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from January 10, 1930 to February 16, 1931
 I last saw her alive on February 15, 1931, death is said to have occurred on the date stated above, at 4 P.M.
 The principal cause of death and related causes of importance in order of onset were as follows:
Carcinoma of liver Date of onset 1929
 Contributory causes of importance not related to principal cause:
Carcinoma of stomach 1930
Several carcinomatous 1930
 Name of operation Explanatory laparotomy Date Jan 14, 1931
 What test confirmed diagnosis? Clinical Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
 If so, specify Jacob Apeanus M. D.
 (Signed) (Address) 562 Shirley St. Winthrop, Mass. Date 2/17/1931
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Mass. (Cemetery) (City or town)
DATE OF BURIAL Feb 18 1931
22 NAME OF UNDERTAKER Walter T. White
ADDRESS Winthrop, Mass.
 Received and filed 2/18/31 1931
 A TRUE COPY, ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/18/31 (Date of Issue of Permit)

Feb. 16, 1931 Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *barber*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any related to the principal cause, and any important complication of the principal cause. Under contrary but only causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

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

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

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

75m-2-30, No. 7997-a

PLACE OF DEATH		STANDARD		CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) No. 162 Circuit Rd St., Ward {					Registered No. 38	
2 FULL NAME		Phillips J. Tierney (If deceased was a married, widowed or divorced woman, give also maiden name.)				{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 162 Circuit Rd (Usual place of abode)		St., Ward,				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?	yrs.	mos.
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)		18 DATE OF DEATH			
Male	White	Widowed		February 18 1931 (Month) (Day) (Year)			
5a If married, widowed, or divorced HUSBAND of Margaret M. Carthy (Give maiden name of wife in full)				19 I HEREBY CERTIFY That I attended deceased from November 15 1930 to February 18 1931			
(or) WIFE of (Husband's name in full)				I last saw him alive on February 17 1931, death is said to have occurred on the date stated above, at 2 a. m.			
6 IF STILLBORN, enter that fact here.				The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of esophagus 1930			
7 AGE 60 Years Months Days		If less than 1 day Hours Minutes		Contributory causes of importance not related to principal cause: none			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Collector					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Law.					
10 Date deceased last worked at this occupation (month and year) Aug 1930		11 Total time (years) spent in this occupation 11					
12 BIRTHPLACE (City) Boston (State or country) Massachusetts							
13 NAME OF FATHER John Tierney				Name of operation none			
14 BIRTHPLACE OF FATHER (City) St. John (State or country) New Brunswick				What test confirmed diagnosis: Clinical & lab. an autopsy? No.			
15 MAIDEN NAME OF MOTHER Cannot be learned.				20 Was disease or injury in any way related to occupation of deceased? If so, specify: Jacob Abigano M.D. (Signed) 662 Shirley St., Winthrop 2/18/31 M. D. (Address) Mass.			
16 BIRTHPLACE OF MOTHER (City) England. (State or country)				21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town)			
17 Informant Mrs. J. Kable (Address) 162 Circuit Rd Winthrop				DATE OF BURIAL Feb 26 1931			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Sullivan (Signature of Agent of Board of Health or other) Health Officer (Official Designation)		2/18/31 (Date of Issue of Permit)		22 NAME OF UNDERTAKER John F. O'Malley ADDRESS Winthrop			
Received and filed				19 (Registrar)			

Revised United States Standard Certificate of Death

Feb. 18/1931

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "store," "factory," "mill," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	Date of onset
1915	
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-530, No. 7997-a

PLACE OF DEATH		STANDARD		REGISTERED NO.	
Suffolk. (County)		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
Winthrop (City or Town)		CITY OF THE SECRETARY		Registered No. 39	
No. 380 Shirley		St., Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Mary Bowen Mulligan		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 380 Shirley		St., Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Female	White	MARRIED WIDOWED or DIVORCED Widowed			
5a If married, widowed, or divorced					
HUSBAND of (Give maiden name in full)					
(or) WIFE of Francis Mulligan (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 70 Years Months Days		If less than 1 day Hours Minutes			
OCCUPATION		11 Total time (years) spent in this occupation			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Housewife			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Own Home			
10 Date deceased last worked at this occupation (month and year)					
12 BIRTHPLACE (City) (State or country)		Ireland			
13 NAME OF FATHER		Denis Bowen			
14 BIRTHPLACE OF FATHER (City) (State or country)		Ireland			
15 MAIDEN NAME OF MOTHER		Johanna Casey.			
16 BIRTHPLACE OF MOTHER (City) (State or country)		Ireland.			
17 Informant (Address)		Norah Bowen 380 Shirley St Winthrop			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
Wm. S. Childress (Signature of Agent of Board of Health or other)					
Health Officer (Official Designation) 2/21/31 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb. 19 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Feb 19 1931, last saw him alive on Feb 15 1931, death is said to have occurred on the date stated above, at 6 P. M.					
The principal cause of death and related causes of importance in order of onset were as follows: Anterior poliomyelitis Central neuritis					
Contributory causes of importance not related to principal cause: acute infection from bed sores Feb 10/31					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? L					
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. J. Mahoney, M. D. (Address) 4 Washington St Date 2/20/31					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston (Cemetery) (City or town)					
DATE OF BURIAL Feb 22 1931					
22 NAME OF UNDERTAKER John F. O'Malley					
ADDRESS Winthrop					
Received and filed Feb 21 1931					
(Registrar)					

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes name the earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of disease, related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Acute interstitial nephritis</i>	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon its permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

200M-11-29. No. 7180-a

PLACE OF DEATH		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23																																																																																									
Suffolk County		Winthrop		No. 52 Sargent St		St. 2		Ward 2		Registered No. 40		No. 52 Sargent St		St. 2		Ward 2		No. 52 Sargent St		St. 2		Ward 2		No. 52 Sargent St		St. 2		Ward 2		No. 52 Sargent St		St. 2		Ward 2		No. 52 Sargent St		St. 2		Ward 2		No. 52 Sargent St		St. 2		Ward 2																																																																																									
FULL NAME		Jennie L. Smith		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence		No. 52 Sargent St		St. 2		Ward 2		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)		Length of residence in city or town where death occurred		15 yrs.		mos.		days		How long in U. S., if of foreign birth?		yrs.		mos.		days		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH		Feb 20 1931		(Month) (Day) (Year)		19 I HEREBY CERTIFY, That I attended deceased from		19		to		19		I last saw h. alive on		Feb 20 1931		death is said to have occurred on the date stated above, at		7 P. m.		The principal cause of death and related causes of importance in order of onset were as follows:		natural causes		Date of onset		Feb 20/31		Contributory causes of importance not related to principal cause:				Name of operation		none		Date of				What test confirmed		Was there an autopsy?		no		20 Was disease or injury in any way related to occupation of deceased?		no		If so, specify		Raymond B. Parker		(Signed)		M. D.		(Address)		Whitcomb Board 1 Harts		Date		19		21 PLACE OF BURIAL, CREMATION OR REMOVAL		Winthrop		(Cemetery)		(City or town)		DATE OF BURIAL		Feb 22 1931		19		22 NAME OF UNDERTAKER		Walter J. White		ADDRESS		Winthrop Mass		Received and filed		19		A TRUE COPY, ATTEST:		(Registrar)	

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

Wm. S. Childress
(Signature of agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 2/23/31

Revised United States Standard Certificate of Death

226 2019 31

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker, operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.
- In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive title, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchant, salesman* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, e. g. heart failure, apoplexy, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, name any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	Date of onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a racial as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. "Primary"; if secondary, give primary cause. write the word

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

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

5m-2-30. No. 7997-c

1 PLACE OF DEATH
 Suffolk (County)
 Wintthrop (City or Town)
 No. 145 Bowdoin St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Higney Quinn
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 145 Bowdoin St., Ward, (If nonresident give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed or divorced HUSBAND of Minnie L. Sargent (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government
10 Date deceased last worked at this occupation (month and year) Feb 21 1931
11 Total time (years) spent in this occupation. 10

12 BIRTHPLACE (City) Fall River (State or country) Mass

13 NAME OF FATHER John

14 BIRTHPLACE OF FATHER (City) Fall River (State or country) Mass

15 MAIDEN NAME OF MOTHER Elizabeth Rigney

16 BIRTHPLACE OF MOTHER (City) Portsmouth N.H. (State or country)

17 Informant Minnie L. Quinn (Address) 145 Bowdoin St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm. D. Childress (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 2/24/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 21 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
 Asphyxiation by suffocation, suicidal

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
 (Signed) John E. O'Malley, M. D.
 (Address) 145 Bowdoin St. Date 21 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patrick's Fall River (Cemetery) (City or town)

DATE OF BURIAL Feb. 24 1931

22 NAME OF UNDERTAKER John F. O'Malley.
 ADDRESS Wintthrop.

Received and filed. Feb. 26, 1931 (Registrar)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 41

18,095

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

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

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

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Feb. 21, 1921
J. A. Shaw

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. *81 Lincoln* St., Ward {

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent. 42
Registered No. *2324*

2 FULL NAME

William H. Chidaren
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(U. S.
War Veteran,
specify War)

(a) Residence. No.

81 Lincoln St., Ward, *Winthrop*

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

Yrs.

mos.

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

Yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

Male
White

White

Married

Married

5a If married, widowed, or divorced

HUSBAND of

Charles H. Chidaren
(Give maiden name of wife in full)

(or) WIFE of

Charles H. Chidaren
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

54 Years

Months

Days

Hours

Minutes

If less than 1 day

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home

10 Date deceased last worked at this occupation (month and year)

Feb. 1931

11 Total time (years) spent in this occupation

27 yrs

12 BIRTHPLACE (City)

Winoth

(State or country)

Maine

13 NAME OF FATHER

James H. Chidaren

14 BIRTHPLACE OF FATHER (City)

Winoth

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Sarah Bease

16 BIRTHPLACE OF MOTHER (City)

Winoth

(State or country)

Maine

17

Informant (Address)

Chas. F. Chidaren
81 Lincoln St. Winthrop

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

William H. Chidaren

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

2/22/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February *21* *1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Jan. 16* *1931* to *Feb. 21* *1931*

I last saw him alive on *Feb. 20* *1931*, death is said to have occurred on the date stated above, at *8 A.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronch - Pneumonia

Date of onset

2/17/31

Contributory causes of importance not related to principal cause:

Influenza

2/5/31

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify

(Signed)

George H. Schwarz M. D.
(Address) *43 Princeton St.* Date *2/22/31* *1931*

21 PLACE OF BURIAL CREMATION OR REMOVAL

Greenwood (Cemetery) (City or town)

DATE OF BURIAL

Feb. 24 *1931*

22 NAME OF UNDERTAKER

Richard C. Fisher

ADDRESS

Remington St. East Boston

Received and filed

19

(Registrar)

7th. 21. 1893

GOVERNING THE

U.S. DEPARTMENT OF AGRICULTURE

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

... the date of his death...

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits.

or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human

body and remove it from a town, from one cemetery to another, or from one grave at a death to another.

same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original statement by a certified copy of the same.

original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the

Board or health, or employed by it or by the settlement for the purpose of making application make the certificate required of the attending practitioner. If death is caused by violence, the medical examiner shall be notified, and the death certificate contains a rectal, as required by section ten of the act. The certificate of the deceased, served in the army, navy or marine corps of the United States, on the war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counterissue it and transmit

it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

may require. — *Chry.* 117,

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, sec. 46, G. L. as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk County
(County)
Wintthrop
(City or Town)

No. *40* *Cutter St.* St. *Wintthrop*

2 FULL NAME

Matilda Lander
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *231* *Calendar St.* Ward, *W*

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of *Joseph Lander* (Give maiden name of wife in full)

(or) WIFE of *Joseph Lander* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *59* Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10 Date deceased last worked at this occupation (month and year) *Dec 20 1930* 11 Total time (years) spent in this occupation *38*

12 BIRTHPLACE (City) *Palau* (State or country)

13 NAME OF FATHER *Salomon Craft*

14 BIRTHPLACE OF FATHER (City) *Palau* (State or country)

15 MAIDEN NAME OF MOTHER *Famrie Steiner*

16 BIRTHPLACE OF MOTHER (City) *Palau* (State or country)

17 Informant (Address) *Jean Lander*
W. Wintthrop St. D. 23

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

William W. Children
(Signature of Agent of Board of Health or other)

Agent *Feb. 21/31*
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. *A3*

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

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

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February 21, 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *January 20* 1931, to *February 21* 1931.

I last saw her alive on *February 20*, 1931, death is said to have occurred on the date stated above, at *10:20* a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis Date of onset *1930*

Contributory causes of importance not related to principal cause: *Arteriosclerosis* *1930*

Name of operation *none* Date of *no*
What test confirmed diagnosis *Clinical & lab.* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify (Signed) *Jacob A. Adams M.D.* M. D.
(Address) *1322 Dudley St., Wintthrop, Mass.* Date *2/23/31*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Hadassah Israel* (Cemetery) (City or town)

DATE OF BURIAL *Feb 21/31* 19

22 NAME OF UNDERTAKER *B. J. Lander*

ADDRESS *256 Elm Hill Ave Rox*

Received and filed *Feb 21 1931*

(Registrar)

Feb. 21, 1893

FROM THE LAWS OF THE
HEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body

the board of health, or its agent appointed to issue such permits,

person died; and no undertaker or other person shall exhumate a human

body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, the penalty is death.

from one grave or tomb owner to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body

delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending

physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the

shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a death as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith convalidate it and transmit

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

No undertaker or other person shall bury a human body or the

he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

directly or indirectly by cyanide (including resins, septicides, and by the action of chemical drugs or poisons), chemical, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

75m-2-30, No. 7997-A

1

PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 29 Sunnyside Ave St., Ward



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 44

2 FULL NAME Amelia M. Heffley Hall
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 29 Sunnyside Ave St., Ward,
(Usual place of abode) Winthrop, Mass.
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Woodbury E. Hall (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE 69 Years Months Days If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10 Date deceased last worked at this occupation (month and year) Jan 1931	
	11 Total time (years) spent in this occupation 50	
PARENTS	12 BIRTHPLACE (City) Halifax (State or country) Nova Scotia	
	13 NAME OF FATHER William Kellough	
	14 BIRTHPLACE OF FATHER (City) Lunenburg (State or country)	
	15 MAIDEN NAME OF MOTHER Elizabeth M. Heffley	
	16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)	
17 Informant (Address) Woodbury E. Hall 29 Sunnyside Ave		

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

William W. Childress
(Signature of Agent of Board of Health or other)
Agent
(Official Designation)
Feb. 23/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 22 1931 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from January 15 1931, to February 22 1931 last saw him alive on February 21 1931, death is said to have occurred on the date stated above, at 5:45 pm. The principal cause of death and related causes of importance in order of onset were as follows: Chronic Interstitial Nephritis 1925 Contributory causes of importance not related to principal cause: Uremia Chronic Myocardial Degeneration 1926 Name of operation none Date of What test confirmed diagnosis clinical + lab. Was there an autopsy? No 20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Jacob Abrams M.D. M. D. (Address) 56 Shirley St. Date 2/22/1931 21 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Boston (Cemetery) (City and State) DATE OF BURIAL Feb 26 1931 22 NAME OF UNDERTAKER Francis M. Wilcox & Co. ADDRESS 121 College Ave Somerville Received and filed Feb 23 1931 (Registrar)

Revised United States Standard Certificate of Death

Amended July 22, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. A woman, whose only occupation was that of home housework, may be returned in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atletosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or his agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and an undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate aforesaid; and if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-30, No. 7997-a

PLACE OF DEATH		STANDARD		REGISTERED NO.	
Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
Winthrop (City or Town)		CERTIFICATE OF DEATH		45	
No. Winthrop Community Hosp.		St., Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Phillis Doyle		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 615 Pennington		St., Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE Years Months Days			If less than 1 day 3 Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year)				
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Winthrop (State or country) Mass.					
PARENTS	13 NAME OF FATHER Leo F. Doyle				
	14 BIRTHPLACE OF FATHER (City) Cambridge (State or country) Mass.				
	15 MAIDEN NAME OF MOTHER Dorothy Selch				
	16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.				
17 Informant (Address) Leo F. Doyle 615 Pennington St. E. B.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
Wm. D. Childers (Signature of Agent of Board of Health or other Health Officer) 2/24/31 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb 22 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Feb 22 1931, to Feb 22 1931, I last saw her alive on Feb 22 1931, death is said to have occurred on the date stated above, at 5:30 A. M.					
The principal cause of death and related causes of importance in order of onset were as follows: Difficult delivery (Force + pud.) (force presentation) 1931					
Contributory causes of importance not related to principal cause: Intercranial injury					
Name of operation White force Date of 2-22-31					
What test confirmed diagnosis? Vaginal Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (M. D.) Date 2-23 1931					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Boston (Cemetery) (City or town)					
DATE OF BURIAL Feb 24 1931					
22 NAME OF UNDERTAKER William Q. Treanor					
ADDRESS 559 Saratoga St. E. B.					
Received and filed 19					
(Registrar)					

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the appropriate terms, as *housekeeper*—*private family*, *cook*—*help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-'30. No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Southrop
(City or Town)
No. 914 Shirley St., Ward



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 2378

2 FULL NAME

Carolyn Mathurson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No.

914 Shirley

St., Ward,

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of Bert Mathurson
(Give maiden name and wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Biddeford.
(State or country) Me.

13 NAME OF FATHER Seth Gilpatrick

14 BIRTHPLACE OF FATHER (City) Biddeford
(State or country) Me.

15 MAIDEN NAME OF MOTHER Miranda Hansen

16 BIRTHPLACE OF MOTHER (City) Biddeford
(State or country) Me.

17 Informant (Address) John Gilpatrick
914 Shirley St.

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
2/24/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 23 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 15 1925 to February 23 1931
I last saw her alive on February 22 1931, death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:
Cerebral hemorrhage

Contributory causes of importance not related to principal cause:
Arteriosclerosis 1925

Name of operation none Date of no
What test confirmed diagnosis? Laboratory & clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Abrams M.D.
(Address) 22 Stanley St., Southrop Me. 2/24/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Cemetery Portland
(City or town)

DATE OF BURIAL Feb 25, 1931 19

22 NAME OF UNDERTAKER P. Kirby
ADDRESS Act Boston

Received and filed 7-21-31 19
(Registrar)

Revised United States Standard Certificate of Death

1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail mechanics* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Atherosclerosis</i>	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of the attending physician, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a criminal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45 G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

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

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

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

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

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

200M-11-29. No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

1 PLACE OF DEATH (County) Worcester (City or Town) Worcester Registered No. 47

No. 75 Somerset Ave. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Howard
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 75 Somerset Ave. St. Ward, _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 days. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u> (write the word)	18 DATE OF DEATH <u>Feb 26 1931</u> (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from <u>Feb 1</u> , 19 <u>31</u> , to <u>Feb 26</u> , 19 <u>31</u> . I last saw him alive on <u>Feb 25</u> , 19 <u>31</u> , death is said to have occurred on the date stated above, at <u>6:00</u> a.m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Coronary Thrombosis</u> <u>Feb 26 1931</u> Contributory causes of importance not related to principal cause: <u>Angina Pectoris</u> <u>1930</u>
5a If married, widowed, or divorced HUSBAND of <u>Miss Reinhard</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)				
6 IF STILLBORN, enter that fact here. _____ 7 AGE <u>63</u> Years <u>8</u> Months <u>9</u> Days If less than 1 day Hours _____ Minutes _____				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired Salesman</u>				
10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____				
12 BIRTHPLACE (City) <u>Andover</u> (State or country) <u>Mass.</u>				
13 NAME OF FATHER <u>Frank B. Howard</u>				
14 BIRTHPLACE OF FATHER (City) <u>Andover</u> (State or country) <u>Mass.</u>				
15 MAIDEN NAME OF MOTHER <u>Frank B. Taylor</u>				
16 BIRTHPLACE OF MOTHER (City) <u>Andover</u> (State or country) <u>Mass.</u>				
17 Informant (Address) <u>Wm. H. Chittenden</u> <u>75 Somerset Ave. Worcester</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. H. Chittenden</u> H.O. (Signature of Agent of Board of Health or other) <u>Feb 27/31</u> (Official Designation) (Date of Issue of Permit)				
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Chittenden</u> , M. D. (Address) <u>Worcester</u> Date <u>2/26</u> 19 <u>31</u>				
21 PLACE OF BURIAL <u>Worcester</u> <u>Andover Mass.</u> CREMATION OR REMOVAL _____ (Cemetery) (City or town)				
DATE OF BURIAL <u>Feb. 26</u> 19 <u>31</u>				
22 NAME OF UNDERTAKER <u>Frank B. Howard</u> ADDRESS <u>Worcester</u>				
Received and filed <u>Mar 2</u> 19 <u>31</u>				
A TRUE COPY, ATTEST:			(Registrar)	

Revised United States Standard Certificate of Death

James H. O'Hanrahan
Feb. 26, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Fracture of arm	
Automobile accident	May 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required by the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body of the aforesaid which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

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

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

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

200 M-11-29. No. 7180-a

PLACE OF DEATH		No.		St.,		Ward		Registered No.	
1	Winthrop (City or Town)	85	Herman					48	
2 FULL NAME <u>Edwin G. Brown</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)								(If U. S. War Veteran, specify WAR)	
(a) Residence. No. <u>85 Herman</u> (Usual place of abode)				St.,		Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred <u>3</u> yrs.				mos.		days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED							
Male	White	Married							
6a If married, widowed, or divorced									
HUSBAND of <u>Francis Wucher</u> (Give maiden name of wife in full)									
(or) WIFE of (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE	<u>68</u> Years		<u>1</u> Months		<u>4</u> Days		If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Undertaker</u>								
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.								
	10 Date deceased last worked at this occupation (month and year) <u>1914</u>								
11 Total time (years) spent in this occupation <u>45 yrs.</u>									
12 BIRTHPLACE (City) <u>East Boston</u> (State or country) <u>Mass.</u>									
PARENTS	13 NAME OF FATHER <u>William C. Brown</u>								
	14 BIRTHPLACE OF FATHER (City) <u>East Boston</u> (State or country) <u>Mass.</u>								
	15 MAIDEN NAME OF MOTHER <u>Emily Gould</u>								
	16 BIRTHPLACE OF MOTHER (City) <u>East Boston</u> (State or country) <u>Mass.</u>								
17 Informant <u>Frank C. Brown</u> (Address) <u>E. Boston</u>									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. O. Childress</u> (Signature of Agent of Board of Health or other) <u>H. D.</u> (Official Designation) <u>Feb 27/31</u> (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH <u>Feb.</u> <u>26</u> <u>1931</u> (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from <u>April</u> <u>1929</u> , to <u>Feb. 20</u> , <u>1931</u> I last saw him alive on <u>Feb. 20</u> , <u>1931</u> , death is said to have occurred on the date stated above, at <u>11:15 A.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Myocarditis</u> Contributory causes of importance not related to principal cause:									
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>Chronic</u> , M. D. (Signed) <u>Dr. W. L. Lyster</u> (Address) <u>279 Commonwealth St.</u> Date <u>7-20</u> <u>1931</u>									
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Woodlawn Cemetery</u> (Cemetery) (City or town)									
DATE OF BURIAL <u>March 1</u> <u>1931</u>									
22 NAME OF UNDERTAKER <u>Frank C. Brown</u> ADDRESS <u>E. Boston</u>									
Received and filed <u>Mar 2</u> <u>1931</u>									
A TRUE COPY, ATTEST: (Registrar)									

Revised United States Standard Certificate of Death

Feb. 26, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Atherosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

200M-11-29, No. 7180-a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 49

PLACE OF DEATH

Suffolk

(County)

Winthrop, Mass.

(City or Town)

No. Fort Banks, Mass.

St.,

Ward {

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

2 FULL NAME Conolly, John J. (alias Burke, Thomas J.)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 422 Highland Ave., Milton, Mass.

(Usual place of abode)

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 2 mos.

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

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

27

Years

Months

Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Soldier

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U.S. Army.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City)

So. Boston.

(State or country)

Massachusetts

13 NAME OF FATHER

Patrick Conolly

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Burke.

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Father.

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

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February 23,1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 27, 1930, to February 23, 1931I last saw him alive on Feb. 23, 1931, death is saidto have occurred on the date stated above, at 4:00 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Ulcer, gastric, perforated.

Date of onset

Contributory causes of importance not related to principal cause:

1. Pneumonia, broncho, both lobes, left
2. Gastric fistula.Name of operation Excision and sutures Date of 2-17/31What test confirmed diagnosis? Was there an autopsy? No.20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

(Address) Fort Banks, Mass. Date Feb. 23, 193121 PLACE OF BURIAL, CREMATION OR REMOVAL Milton Cemetery, Milton, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

3/2/31

19

22 NAME OF UNDERTAKER

Cho P. Benson

ADDRESS

W. 12th St.Received and filed March 3, 1931

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

James B. Neume
Feb. 26, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk.
(County)
Winthrop
(City or Town)
No. 154 Lincoln St., Ward



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 50

2 FULL NAME Bridget Kinniry Warren
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 154 Lincoln St., Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of Nicholas Warren (Give maiden name of wife in full) (or) WIFE of Nicholas Warren (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE 80 Years Months Days If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home	
10 Date deceased last worked at this occupation (month and year) Oct 1920		11 Total time (years) spent in this occupation 50

PARENTS	12 BIRTHPLACE (City) (State or country) Ireland
	13 NAME OF FATHER Patrick Kinniry
	14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
	15 MAIDEN NAME OF MOTHER Tracy
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland	

17 Informant (Address) Mrs. Thomas Dillon 154 Lincoln St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Officer of Board of Health or other)
Health Officer
(Official Designation)
3/2/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 28 1931 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from Feb. 21 1931, to Feb. 28 1931. I last saw him alive on Feb. 26 1931, death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:
Arterio-sclerosis
Contributory causes of importance not related to principal cause:
Myocarditis

Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. Trushoney, M. D. (Address) C. Trushoney, Date 2/24 1931.	
21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) St. Mary's Gloucester DATE OF BURIAL March 2 1931	
22 NAME OF UNDERTAKER John F. O'Malley ADDRESS Winthrop, Mass.	
Received and filed	19
(Registrar)	

Revised United States Standard Certificate of Death

July 28 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *city engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Acetabular osteitis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

50M-11-29. No. 7180-b

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston (City or town making return)	
1 PLACE OF DEATH Boston (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 1350 51	
No. 5 Lovis Street		St., Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME William H Comerford (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)	
(a) Residence. No. Fort Banks Winthrop (Usual place of abode)		St., Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE Years 2 Months 28 Days		If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Boston (State or country)					
13 NAME OF FATHER William H Comerford					
14 BIRTHPLACE OF FATHER (City) Boston (State or country)					
15 MAIDEN NAME OF MOTHER Agnes McDonnell					
16 BIRTHPLACE OF MOTHER (City) Boston (State or country)					
17 Informant Father (Address)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: C. Sullivan (Signature of Agent of Board of Health or other) Feb. 8, 1931 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb. 5, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1931 to Feb 5, 1931 I last saw him alive on Feb 5, 1931, death is said to have occurred on the date stated above, at 5 P. m. The principal cause of death and related causes of importance in order of onset were as follows: Malnutrition 1-10-31 Contributory causes of importance not related to principal cause: Broncho Pneumonia 2-4-31					
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____					
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) J W Redmond Jr. _____, M. D. (Address) 512 Broadway _____ Date 2-6-1931					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop (Cemetery) (City or town)					
DATE OF BURIAL Feb 9, 1931 19					
22 NAME OF UNDERTAKER C R Bennison ADDRESS Winthrop Mass					
Received and filed Feb 10, 1931 19					
A TRUE COPY, ATTEST: _____ (Registrar)					

MARGIN RESERVED FOR BINDING

William H. Carpenter
Feb. 5, 1931

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

75m-2-30, No. 7997-g

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 45 Highland Ave		St., Ward		Registered No. 52	
1 FULL NAME Marie A. Parker Willock (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. 45 Highland Ave Ward, (If nonresident, give city or town and state) Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.											
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX Female		4 COLOR OR RACE White		5 SINGLE MARRIED WIDOWED or DIVORCED Married		(write the word)					
6a If married, widowed, or divorced HUSBAND of Charles Willock (Give maiden name of wife in full) (or) WIFE of Charles Willock (Husband's name in full)											
6 IF STILLBORN, enter that fact here. 7 AGE 36 Years Months Days If less than 1 day Hours Minutes											
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 10 Date deceased last worked at this occupation (month and year) Mar 2 1931 11 Total time (years) spent in this occupation 15									
12 BIRTHPLACE (City) Leominster (State or country) Massachusetts											
13 NAME OF FATHER Eugene J. Parker											
14 BIRTHPLACE OF FATHER (City) Fitchburg (State or country) Massachusetts											
15 MAIDEN NAME OF MOTHER Margaret Ryan											
16 BIRTHPLACE OF MOTHER (City) Fitchburg (State or country) Massachusetts											
17 Informant (Address) Charles Willock 45 Highland Ave											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/4/31 (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH March 2 1931 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from Jan. 1 1931, to Mar. 2 1931. I last saw her alive on Mar 2 1931, death is said to have occurred on the date stated above, at 7 P. m. The principal cause of death and related causes of importance in order of onset were as follows: Endocarditis. 2 yrs. Angina Pectoris Feb. 1/31 Contributory causes of importance not related to principal cause:											
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?											
20 Was disease or injury in any way related to occupation of deceased? If so, specify Edward J. Frainger (Signed) 476 Shirley St (Address) 3-3 (Date) 1931 (M. D.)											
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs Peraton (Cemetery) (City or town) DATE OF BURIAL March 5 1931											
22 NAME OF UNDERTAKER John T. O'Malley ADDRESS Wentworth											
Received and filed Mar 9 1931 (Registrar)											

Black
Mar. 2, 1901

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. If children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family cook*, *hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, aschtemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	1915
<i>Atherosclerosis</i>	1921
<i>Chronic interstitial nephritis</i>	July 5, 1927
<i>Cerebral hemorrhage</i>	
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example appears to be the second cause given.

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 1, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death.... *ten Laws, Chap. 46, Sec. 9.*

No **human body** or **other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

RULES OF PRACTICE

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

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

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

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

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

75m-2-30, No. 7997-a

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 9

2 Dolphin Ave

St. 7

Ward {

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

Registered No. 53

2 FULL NAME

Arthur Jameson Henry Lucas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 9

2 Dolphin Ave St.

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

1 yrs.

X mos.

X days

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED OR DIVORCED

Widowed

(write the word)

5a If married, widowed, or divorced

HUSBAND of

Bessie O. Wood Lucas

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 66

Years

9

Months

18

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Commercial Traveler

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Wood Unwindings

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Littleton, N.H.

13 NAME OF FATHER

Benjamin B. Lucas

14 BIRTHPLACE OF FATHER (City)

(State or country)

Unable to obtain

15 MAIDEN NAME OF MOTHER

Carro Henry Lucas

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Unable to obtain

17

Informant (Address)

Henry B. M. Lucas
2 Dolphin Ave

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

J. M. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

4

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

March 2, 1931, to March 4, 1931

I last saw him alive on March 4, 1931, death is said

to have occurred on the date stated above, at 6a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage

Date of onset
3/4/31

Contributory causes of importance not related to principal cause:

Arteriosclerosis

1925

Chronic Interstitial Nephritis

1925

Name of operation

none

Date of

What test confirmed diagnosis? Clinical & lab.

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed)

Jacob Abraham M.D.

M. D.

(Address)

62 Stanley St. Northampton, Mass.

3/5/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL

W. Auburn

Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

March 6

1931

22 NAME OF UNDERTAKER

Charles P. Lemmon

ADDRESS

Winthrop Mass.

Received and filed

March 9

1931

(Registrar)

Revised United States Standard Certificate of Death

Mar. 4 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children, not gainfully employed may be returned as at *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a second, or third position. The principal cause may appear in either first happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

54

City or Town

Winthrop

No.

7 Loran Terr

St.,

Ward

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

2 FULL NAME

Lillian M. Bruce

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

(a) Residence. No.

N. Weare, N. 76

St.,

Ward.

(Usual place of abode)

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

Length of residence in city or town where death occurred

2

years

months

days

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

Life

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

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

Widow

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

Rufus S. Bruce

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

72

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

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

Housekeeper

8 BIRTHPLACE (City)

Iowa

(State or country)

U. S. A.

9 NAME OF
FATHER

John A. Mac Gregor

10 BIRTHPLACE OF
FATHER (City)

Unknown

(State or country)

11 MAIDEN NAME
OF MOTHER

Emily Holt

12 BIRTHPLACE OF
MOTHER (City)

Unknown

(State or country)

13

Informant

Roy M. Bruce

(Address)

North Weare, N. 76.

14

Filed

Mar. 9, 1931

(Month) (Day) (Year)

REGISTRAR

20

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

Wm. W. Children

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

8

1931

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him

alive on

19

and that death occurred on the date stated above, at

m.

The CAUSE OF DEATH was as follows:

Natural Causes

Probable Arterio-sclerosis

Angina Pectoris

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds

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

Did an operation precede death?

Date of

Was there an autopsy?

If under one year, was infant breast fed?

What test confirmed diagnosis?

(Signed)

Orelle C. Johnson

M. D.

(Address)

Board of Health Building

Date

March 8

1931

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery, North Weare, N. 76

DATE OF BURIAL

3/10/31

19 UNDERTAKER

E. L. Rollins

ADDRESS

E. Boston

Official position

agt.

Date of
issue
of permit

Mar. 8/31

Permit
NO.

(Official Designation)

(Name of Agent or Registrar)

(Registration)

REVENUE M. CHASE
MAR 18 1893
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, attesting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6*.

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

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

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

RULES OF PRACTICE

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

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

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

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

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

75m-2-30. No. 7997-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

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

Registered No. 55

2 FULL NAME Bessie B. Tenney (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 39 Circuit Road St. Ward, (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Fred Tenney (Give maiden name of wife in full)
(or) WIFE of Fred Tenney (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years 4 Months 24 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own
10 Date deceased last worked at this occupation (month and year) Jan. 1923 11 Total time (years) spent in this occupation 48 yrs

12 BIRTHPLACE (City) Georgetown Mass (State or country)

PARENTS 13 NAME OF FATHER James O. Berry
14 BIRTHPLACE OF FATHER (City) Wilton Mills N. H. (State or country)
15 MAIDEN NAME OF MOTHER Lucy Norris
16 BIRTHPLACE OF MOTHER (City) Canan N. H. (State or country)

17 Informant Mr. Fred Tenney (Address) 39 Circuit Rd. Waukegan Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William W. Childers (Signature of Agent of Board of Health or other)
agent (Official Designation) mar 8th 1931 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 8 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1924 to Mar 8 1931
I last saw him alive on Feb 22 1931, death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis Date of onset 1928
Contributory causes of importance not related to principal cause:
atherosclerosis 910
bronchitis 3/1/31

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify P. W. Layton
(Signed) 270 Commonwealth Boston Date 3/8 1931 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Frost Hills (Cemetery) (City or town)
DATE OF BURIAL Mar 11 1931 19

22 NAME OF UNDERTAKER J. S. Waterman
ADDRESS 2326 Washington St. Westbury Mass

Received and filed Mar 9 1931 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail mechanics and wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g. heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1907
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

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

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

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

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

5m-2-130. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH 15, 112

To be filed for burial permit with Board of Health or its Agent. Registered No. 56

1 PLACE OF DEATH *Suffolk* (County)
Wentworth (City or Town)
 No. *274 Boardman* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Charles Scott Brown*
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *Wentworth 274 Boardman* St., Ward, (If nonresident give city or town and state)
 Length of residence in city or town where death occurred *17* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

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

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Traveler Salesman*
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Motor Oil Co. United Petroleum Co.*
 10 Date deceased last worked at this occupation month and year *Mar 7/31* 11 Total time (years) spent in this occupation *12*

12 BIRTHPLACE (City) *Eastport* (State or country) *Me*

13 NAME OF FATHER *Warren E. Brown*

14 BIRTHPLACE OF FATHER (City) *Deerfield* (State or country) *N. B.*

15 MAIDEN NAME OF MOTHER *Harriet McNeill*

16 BIRTHPLACE OF MOTHER (City) *Deerfield* (State or country) *N. B.*

17 Informant (Address) *Harriet Godfrey 15 Cliff Ave. Wentworth Mass*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *March 8-9 1931*
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Poisoning by Carbon monoxide gas admitted to the operation, idling, of a gasoline motor car engine, in garage, under circumstances unknown.

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
 (Signed) *Samuel Augustus*, M. D.
 (Address) *100 State St. Boston* Date *9 Mar 1931*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Wentworth* (City or town)
 (Cemetery)
 DATE OF BURIAL *Wentworth 3/11/31* 19

22 NAME OF UNDERTAKER *C. R. Bertram*
 ADDRESS *Wentworth Mass*

Received and filed *224-11* 19
 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William W. Childress
 (Signature of Agent of Board of Health or other)
Agent 3/11/31
 (Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

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

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

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Charles A. Brown
Mar-8-9, 1931

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

75m-2-30, No. 7997-a

PLACE OF DEATH

Suffolk
(County)

Wenham
(City or Town)

No. *64 College Park Rd*

St., Ward {

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

Registered No. *57*

2 FULL NAME *William Colby Davis*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. *64 College Park Rd* St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of *Elyahel - G. (Nelson) Davis* (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *44* Years *8* Months *20* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Tax Collector*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B.R. BTL R.R.*

10 Date deceased last worked at this occupation (month and year) *July 12/30* 11 Total time (years) spent in this occupation *20*

12 BIRTHPLACE (City) *Warner, N. H.* (State or country) *N. H.*

13 NAME OF FATHER *Belman, S. Davis*

14 BIRTHPLACE OF FATHER (City) *Warner* (State or country) *N. H.*

15 MAIDEN NAME OF MOTHER *Georgina Colby*

16 BIRTHPLACE OF MOTHER (City) *Warner* (State or country) *N. H.*

17 Informant *Wife Elyahel - G. Davis* (Address) *64 College Park Rd Wenham*

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

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *3/12/31* (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *March 10 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *June 1930* to *March 10 1931*

I last saw him alive on *March 10 1931*, death is said to have occurred on the date stated above, at *5 P.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Tuberculosis - pulmonary 1930

Contributory causes of importance not related to principal cause:

Name of operation *✓* Date of *no*
What test confirmed diagnosis? *Lab.* Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *C. W. Layton* M. D.
(Signed) (Address) *270 Commonwealth Ave* Date *3/12 1931*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Warner, Warner G. H.* (Cemetery) (City or town)

DATE OF BURIAL *3/12/31* 19

NAME OF UNDERTAKER *C. W. Layton*

ADDRESS *Wenham*

Received and filed *Mar. 23 1931*

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant's assistant* and *wholesale merchant's*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestia, etc. A principal cause need not be the disease causing death. As related causes, name every morbid condition, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

200M-11-29. No. 7180-a

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return)	
1	Suffolk (County) Winthrop (City or Town) No. 105 Cottage Park Rd. St., Ward {			Registered No. 58 (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Charles E. Russell (If deceased is a married, widowed or divorced woman, give also maiden name.)				{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 105 Cottage Park Rd. St., (Usual place of abode)		Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 12 yrs. - mos. - days.		How long in U. S., if of foreign birth? - yrs. - mos. - days.			
PERSONAL AND STATISTICAL PARTICULARS					
8 SEX male	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED married			
6a If married, widowed, or divorced HUSBAND of Lottie L. Russell (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 85 Years 6 Months 11 Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Molder					
10 Date deceased last worked at this occupation (month and year) Dec 19 - 1930 11 Total time (years) spent in this occupation 45					
12 BIRTHPLACE (City) Richmond (State or country) Me					
13 NAME OF FATHER Not known					
14 BIRTHPLACE OF FATHER (City) Not known (State or country)					
15 MAIDEN NAME OF MOTHER Not known					
16 BIRTHPLACE OF MOTHER (City) Not known (State or country)					
17 Informant Lottie L. Russell (Address) 105 Cottage Park Rd.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress (Signature of Agent of Board of Health or other) Health Officer 3/13/31 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH 3 11 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 3 11 1931, to 3 11 1931. I last saw him alive on 3 10 1931, death is said to have occurred on the date stated above, at 11 a.m. The principal cause of death and related causes of importance in order of onset were as follows: Edema of lungs Date of onset 2/9/31					
Contributory causes of importance not related to principal cause: General arteriosclerosis					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) H. E. Russell, M. D. (Address) 105 Cottage Park Rd. - Winthrop Date 3/12 1931					
21 PLACE OF BURIAL, CREMATION OR REMOVAL _____ (Cemetery) (City or town)					
DATE OF BURIAL March 14 1931					
22 NAME OF UNDERTAKER H. E. Russell ADDRESS 126 Faxon Rd. - Quincy Received and filed March 23 1931					
A TRUE COPY, ATTEST: (Registrar)					

Revised United States Standard Certificate of Death

Mar. 11/1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required, by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia; If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

75m-2-30, No. 7997-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 25 Quincy Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Max E. A. Gersumky { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 25 Quincy Ave St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)
5a If married, widowed or divorced HUSBAND of Wilhelmina Gersumky Junior (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 63 Years X Months 3 Days If less than 1 day Hours Minutes
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair + Skin Specialist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own business
10 Date deceased last worked at this occupation (month and year) about Sept. 1921
11 Total time (years) spent in this occupation 30 yrs
12 BIRTHPLACE (City) (State or country) Germany
13 NAME OF FATHER Unable to obtain
14 BIRTHPLACE OF FATHER (City) (State or country) Germany
15 MAIDEN NAME OF MOTHER Unable to obtain
16 BIRTHPLACE OF MOTHER (City) (State or country) Germany
17 Informant (Address) Mrs. Wilhelmina Gersumky

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 12 1931
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from July 1930 to March 12, 1931
I last saw him alive on March 12, 1931, death is said to have occurred on the date stated above, at 11:30 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:
Spoplexy
Chronic interstitial nephritis 1924
Contributory causes of importance not related to principal cause:
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? h
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify C. W. Layton M. D.
(Signed) (Address) 70 Commonwealth Ave Boston Date 7/13 1931
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL March 14 1931
22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass.
Received and filed March 23 1931
(Registrar)

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

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/14/31 (Date of Issue of Permit)

Revised United States Standard Certificate of Death

May 24, 1931
 June 12, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

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

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

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

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

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

75m-2-30. No. 7997-a

PLACE OF DEATH

Suffolk
(County)

Wentham Mass
(City or Town)

No. *25 Tencksbury*

St., Ward

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

Registered No. *60*

2 FULL NAME

Bessie Jessinger Cohen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. *25 Tencksbury* St., Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Nathan Cohen
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

63

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

30 yrs.

11 Total time (years) spent in this occupation

40 yrs.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Samuel Cohen

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

*Oscar Bricker
25 Tencksbury St. Wentham*

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

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

3/10/31
(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

15

1931

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

May

30

to

March 15,

1931.

I last saw her alive on *Mar. 15,* 1931, death is said to have occurred on the date stated above, at *7:30 A.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis

Date of onset

1928

Contributory causes of importance not related to principal cause:

Pulmonary Edema

Name of operation

None

Date of

What test confirmed diagnosis? *Physical Exam.* Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed) *Samuel B. Goldberg*, M. D.

(Address)

310 Shirley St.

Date *March 15, 1931.*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Wentham

St. Lawrence

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 15/31 Lawrence

22 NAME OF UNDERTAKER

Charles P. Borgus

ADDRESS

73 Village St. Boston

Received and filed

March 23

1931

(Registrar)

Revised United States Standard Certificate of Death

March 15, 1931

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make such entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report this may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication of which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes, of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)

No. 12 MASON TERRACE

-St.-

Ward

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

BROOKLINE

(City or town making return)

Registered No. 105 61

2 FULL NAME FLORENCE M. HENDERSON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. BEACON VILLA

(Usual place of abode)

-St.-

Ward, WINTHROP CENTRE

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or

DIVORCED

Married

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Franklin A. Henderson

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

48

Years

5

Months

1

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10 Date deceased last worked at this occupation (month and year)

3/1931

11 Total time (years)

spent in this occupation. 12

12 BIRTHPLACE (City)

(State or country)

Gilbertville

Massachusetts

13 NAME OF FATHER

Albert B. Ward

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ware

Massachusetts

15 MAIDEN NAME OF MOTHER

Roxanna O. Warner

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Worcester

Massachusetts

17

Informant

(Address)

Mrs. W. E. Ward (Daughter)

Beacon Villa Winthrop - Mass.

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

(Signature of Agent of Board of Health or other)

Town Clerk

(Official Designation)

March 16/1931

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

MARCH

(Month)

15

(Day)

1931

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully) A Christian Scientist under their care - Death due to Carcinoma of Right Breast with General Metastasis - origin Right Breast

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury

19

Where did

injury occur?

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William C. Mackie

M. D.

(Address) #37 Lee St. Bkline

Date 3/15

1931

22 PLACE OF BURIAL, CREMATION OR REMOVAL

Pine Grove

Westboro

(Cemetery)

(City or town) Mass

DATE OF BURIAL

March 18

1931

23 NAME OF UNDERTAKER

J. S. Waterman & Sons

ADDRESS

Boston & Brookline

Received and filed

March 16

1931

A TRUE COPY, ATTEST:

(Registrar)

Lawrence M. Stenderman
March 15, 1903

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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. *62*

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *63* *Beale Street* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Niels P. Nielsen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *2* *Beale Street* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *30* yrs. *4* mos. *6* days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of *Catherine Jensen* (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *87* Years *11* Months *4* Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Pilot* 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *P. B. Smith & Co.* 10 Date deceased last worked at this occupation (month and year) *June 25 1914* 11 Total time (years) spent in this occupation *37 yrs*

12 BIRTHPLACE (City) *Copenhagen* (State or country) *Denmark*

13 NAME OF FATHER *Christian Nielsen*

14 BIRTHPLACE OF FATHER (City) *Copenhagen* (State or country) *Denmark*

15 MAIDEN NAME OF MOTHER *Unknown*

16 BIRTHPLACE OF MOTHER (City) *Copenhagen* (State or country) *Denmark*

17 Informant *Niels Nielsen* (Address) *6 Beale Street, Winthrop*

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

Wm. L. Chuliff
(Signature of Agent of Board of Health or other)

North Office *3/18/31*
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *March 16 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Aug 1929*, to *March 16 1931*. I last saw him alive on *March 14 1931*, death is said to have occurred on the date stated above, at *5 P* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocardite
Chronic interstitial nephritis
Date of onset *?*

Contributory causes of importance not related to principal cause:

Chronic

Name of operation *✓* Date of *✓*
What test confirmed diagnosis? *Chol. tab* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *P. L. Layton*
(Signed) (Address) *270 Commonwealth - Boston* Date *3/17 1931*, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL *North Burial Ground*
(Cemetery) (City or town)

DATE OF BURIAL *March 19 1931*

22 NAME OF UNDERTAKER *Frank E. Brown*

ADDRESS *East Boston, Mass.*

Received and filed *March 20 1931*

A TRUE COPY, ATTEST: (Registrar)

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

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased died retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, name any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, forwarded or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an official interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. **Bronchopneumonia:** If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

100m-9-30, No. 9954.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital St.,

Ward {

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

Registered No. 63

2 FULL NAME

John L. Shaughnessy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

145 Bowdoin St.

St., Ward,

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

55

Years

3

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Letter Carrier

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U. S. Mail

10 Date deceased last worked at this occupation (month and year)

1/29/31

11 Total time (years) spent in this occupation

39

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

13 NAME OF FATHER

Patrick Shaughnessy

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Sarah Cain

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

William Shaughnessy
Washington St.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

3

(Month)

16

(Day)

31

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

1/27/31

19

to

3/16

1931

I last saw him alive on 1/16/1931, death is said

to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Money in pocket

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. Kelly

M. D.

(Address)

17 Bowdoin St.

Date

1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Calvary

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

3/10

1931

22 NAME OF UNDERTAKER

R. C. Kirby

ADDRESS

17 Bowdoin St. Boston

Received and filed

1931

19

(Registrar)

Revised United States Standard Certificate of Death

March 16, 1939

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engine*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such recital and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery. Burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

50m-2-30. No. 7997-d

1 PLACE OF DEATH

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

No. State Infirmary

St., Ward

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

2 FULL NAME

Gladys V. Clark

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No.

171

(a) Residence. No.

(Usual place of abode)

St.

Ward,

Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 1

mos. 20

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Black

5 SINGLE MARRIED WIDOWED or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

27

Years

5

Months

5

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Cambridge

(State or country)

Mass.

13 NAME OF FATHER

Dudley Clark

14 BIRTHPLACE OF FATHER (City)

Not learned

(State or country)

Kentucky

15 MAIDEN NAME OF MOTHER

Cora Needham

16 BIRTHPLACE OF MOTHER (City)

Not learned

(State or country)

Maryland

17

Informant (Address)

Hospital Records

A TRUE COPY.

John H. Nichols, Supt.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 21,

19

31

Apr. 24, 1931

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

State Infirmary
Tewksbury, Mass.
(City or town making return)

Ward

(If U. S.

War Veteran,
specify WAR)

64

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

20

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from January 30, 1931, to March 20, 1931.

I last saw her alive on March 20, 1931, death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Tuberculosis Lungs

1 yr.

Contributory causes of importance not related to principal cause:

None

Name of operation

Date of

What test confirmed diagnosis? Pos. Smu. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

James E. Lawlor

M. D.

(Address)

State Infirmary

Date 3/21/1931

21 PLACE OF BURIAL, Mt. Hope, Boston

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

March 23,

1931

22 NAME OF UNDERTAKER

E. L. Morrison

ADDRESS 608 Chestnut St. Boston

Received and filed

March 20

1931

John H. Nichols, Supt.

(Registrar of City or Town where deceased resided)

Chapter 1. Course

May 20, 1931

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

200M-11-29, No. 7180-A



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 65

PLACE OF DEATH

1

(County) Winthrop Mass.
(City or Town)
No. 53 Waldemar Ave. St., Winthrop Ward

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

2 FULL NAME

Daniel W. Hart

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No.

50 Waldemar Ave St., Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

male white

MARRIED
WIDOWED
or DIVORCED widowed

5a If married, widowed or divorced

HUSBAND of

Catherine Moran
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

68

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Insurance

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

E. V. Lane Report

10 Date deceased last worked at this occupation (month and year)

March 1931

11 Total time (years)

spent in this occupation

3 1/2

12 BIRTHPLACE (City)

(State or country)

East Boston Mass.

13 NAME OF FATHER

John Hart

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Elizabeth Sullivan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

(Address)

Margaret Cawthorne
50 Waldemar Ave. Winthrop

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

William W. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

2

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 26

1931

to

April 2

1931

I last saw him alive on April 12, 1931, death is said

to have occurred on the date stated above, at 7:10 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Cardiac Dilatation

Contributory causes of importance not related to principal cause:

Emphysema

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

DATE OF BURIAL

April 6

(City or town)

22 NAME OF UNDERTAKER

Joseph A. Farrell

ADDRESS

256 Adams St. Dor.

Received and filed

7

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Apr. 21, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.* heart failure, asphyxia, asphyxia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If deaths caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

75m-2-30, No. 7997-a

PLACE OF DEATH

No.

St.,

Ward

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

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

ys. mos.

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

ys.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widow

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

67

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

35 years

12 BIRTHPLACE (City) (State or country)

East Boston

13 NAME OF FATHER

Edward Simpson

14 BIRTHPLACE OF FATHER (City) (State or country)

N. Y.

15 MAIDEN NAME OF MOTHER

Hannah Muller

16 BIRTHPLACE OF MOTHER (City) (State or country)

Ireland

17

Informant (Address)

J. E. Knobloch
445 Borden St. E. Boston

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

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

1/6/31
(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

Registered No. 66

Ward

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

(If U. S.

War Veteran, specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

4

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 27

1930

to April 4

1931

I last saw him alive on April 4, 1931, death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral thrombosis 1 stroke 1-14-31
" " 2d attack 4-5-31

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Name of operation

None

Date of

What test confirmed diagnosis? Cerebral Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. E. E. Wilson

M. D.

(Address)

100 West 100th St. New York

Date Apr 6 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL

April 7

1931

22 NAME OF UNDERTAKER

Edward E. Burns

ADDRESS

204 Main St Malden

Received and filed

April 7

1931

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *tail* *merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-30, No. 7997-a

Suffolk
(County)
Winthrop
(City or Town)
No. **Winthrop Community St.** Ward **Ward**



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **67**

2 FULL NAME **Vincent Hurley**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) **Residence. No. 5 Duvin St.** **St.** **Ward,**
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. **How long in U. S., if of foreign birth?** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) **WIFE of** (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE Years Months **1** Days If less than 1 day
Hours Minutes

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

12 BIRTHPLACE (City) (State or country) **Winthrop Mass.**

13 NAME OF FATHER **Vincent Hurley**
14 BIRTHPLACE OF FATHER (City) (State or country) **Elizabeth New Jersey**
15 MAIDEN NAME OF MOTHER **Margaret Lyons**
16 BIRTHPLACE OF MOTHER (City) (State or country) **Elizabeth New Jersey**

17 Informant (Address) **Vincent Hurley 5 Duvin St**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) **4/17/31**
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **April 7 1931**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Apr. 6 1931** to **Apr. 7 1931**
I last saw him alive on **Apr. 6 1931**, death is said to have occurred on the date stated above, at **12:45 m.**

The principal cause of death and related causes of importance in order of onset were as follows:

Undeveloped Fetus.

Contributory causes of importance not related to principal cause:

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

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **Edward J. Franzer**, M. D.
(Signed) **476 Duvin St.** Date **4-7-1931**
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL **St Michael's Boston**
(Cemetery) (City or town)
DATE OF BURIAL **April 8 1931**

22 NAME OF UNDERTAKER **John F. O'Malley**
ADDRESS **Winthrop**

Received and filed **Apr 7 1931**

(Registrar)

Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death, as related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1917
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in the first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six that the deceased served in the army, navy or marines of the United States in the war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith consent to and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from person appointed to have the care of the cemetery or burial ground, which the interment is made.... *Chap. 114, Sec. 40, G. L., as amended.*

RULES OF PRACTICE

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

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

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

75m-2-30, No. 7097-a

Suffolk
(County)



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent
Registered No. 68

1 PLACE OF DEATH

Winthrop
(City or Town)

No. 27 Sewall Ave St., Ward {

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

2 FULL NAME

George Robert Marsh
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 27 Sewall Ave St., Ward,

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced
HUSBAND of Cecilda McAuliffe
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years 7 Months 11 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Market Gardner
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) about 20 yrs ago. 11 Total time (years) spent in this occupation 40 yrs.

12 BIRTHPLACE (City) Five Islands.
(State or country) Nova Scotia.

13 NAME OF FATHER David Marsh.

14 BIRTHPLACE OF FATHER (City) Five Islands.
(State or country) Nova Scotia.

15 MAIDEN NAME OF MOTHER Margaret Faulkner.

16 BIRTHPLACE OF MOTHER (City) Five Islands.
(State or country) Nova Scotia.

17 Informant Lydia Marsh Halsall
(Address) 27 Sewall Ave. Winthrop

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

Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer 4/7/31
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 7, 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1930 to April 7, 1931.

I last saw him alive on April 6, 1931, death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Voluntary Heart Disease

Date of onset

Old Age

Contributory causes of importance not related to principal cause:

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

20 Was disease or injury in any way related to occupation of deceased?
If so, specify T. S. Harrett
(Signed) M. D.
(Address) April 8 Date 1931

21 PLACE OF BURIAL Ashdod Duxbury Mass
(Cemetery) (City or town)

DATE OF BURIAL April 10, 1931

22 NAME OF UNDERTAKER J. J. Shepard & Sons Inc.
ADDRESS Whitman, Mass.

Received and filed APR 17 1931 19
(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation in this section for every person on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *light merchanists* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

75m-2-30, No. 7997-a



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 69

PLACE OF DEATH

(County) Winthrop
(City or Town)

No. Winthrop Community Hospital Ward

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

2 FULL NAME

Frank Hodgkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence, No. 86 Bartlett Rd., St., Ward,

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 6 Months Days If less than 1 day Hours Minutes

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

12 BIRTHPLACE (City) East Boston, (State or country) Mass.

13 NAME OF FATHER Samuel B Hodgkins

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

15 MAIDEN NAME OF MOTHER Mary A. Hawkins

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

17 Informant (Address) Mary Hodgkins Walker 86 Bartlett Rd. Winthrop

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

W. M. D. Childress
H. P. April 8, 1931.
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 4 8 31 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/12, 1929, to 4/8, 1931.

I last saw him alive on 4/8, 1931, death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage
Contributory causes of importance not related to principal cause:
Cancer of Lung

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. (Address) Date 19

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

DATE OF BURIAL April 10, 1931

22 NAME OF UNDERTAKER C. G. Rollins

ADDRESS East Boston, Mass.

Received and filed April 14, 1931 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mine engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*"

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

75m-2-'30, No. 7997-a

PLACE OF DEATH

(County) Winthrop
(City or Town)

No. 195 Bartlett Rd. St., Ward {

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

2 FULL NAME

Willard V. Hodgkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 195 Bartlett Rd. St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 6 mos. days. How long in U. S., if of foreign birth? Life mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Mary M. Freeman (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years 1 Months 5 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper 10 Date deceased last worked at this occupation (month and year) Dec. 1924 11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City) Newburyport (State or country) Mass.

13 NAME OF FATHER Hall Hodgkins

14 BIRTHPLACE OF FATHER (City) Damariscotta (State or country) Maine

15 MAIDEN NAME OF MOTHER Mary L. Huse

16 BIRTHPLACE OF MOTHER (City) Newburyport (State or country) Mass.

17 Informant (Address) Mary M. Hodgkins
195 Bartlett Rd. Winthrop

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/10/31 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 70

Ward {

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

(If nonresident, give city or town and state)

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 7 (Month) 8 (Day) 31 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/1, 1931, to 3/8, 1931.

I last saw him alive on 3/7, 1931, death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Arteriosclerosis
Chronic Nephritis
Contributory causes of importance not related to principal cause:
None

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) John A. Gollins M. D. (Address) 1000 Broadway Date 7/10 1931

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

DATE OF BURIAL April 11 1931

22 NAME OF UNDERTAKER E. G. Gollins

ADDRESS East Boston, Mass.

Received and filed APR 17 1931 1931

(Registrar)

1931

**EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE**

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be compared. Make some entry in this section for every person and for every household. If the occupation had been given up or changed for 10 years or over, give the occupation for the last 10 years, and so on, on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *chief engineer*, *mechanical engineer*, *mining engineer*, *electrical engineer*, etc. Avoid the term "laborer" when a carpenter, police statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *plumber*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asfhenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Sec. 45, G. L., as amended.

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

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

RULES OF PRACTICE

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

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

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

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

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

100m-0-30. No. 0954.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2292

PLACE OF DEATH

(County) Suffolk
(City or Town) Dorchester

No. Stanhope Community Home

(If death occurred in a hospital or institution, give its NAME instead of street and number) 77

2 FULL NAME Lucy B. Karney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 41 Saratoga St., 1 Ward,

(Usual place of abode) Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of John Karney (Give maiden name of wife in full)

(or) WIFE of John Karney (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years Months Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10 Date deceased last worked at this occupation (month and year) Mar 1931 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Thomas Nolan

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

15 MAIDEN NAME OF MOTHER Mary Fitzpatrick

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Mrs John Karney 41 Saratoga St. 13.

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

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 4/10/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 10 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 7 1931 to April 10 1931

I last saw him alive on April 10 1931, death is said to have occurred on the date stated above, at 234 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary tuberculosis Date of Onset 4/10/31

Contributory causes of importance not related to principal cause: Repeated exposure 4/10/31

Name of operation apendectomy Date of 4/7/31
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify George H. Selman M. D.
(Signed) (Address) 438 Beacon St. Date 4/10 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wal Cross Garden (Cemetery) (City or town)

DATE OF BURIAL April 13 1931 19

22 NAME OF UNDERTAKER Wickert

ADDRESS East Boston

Received and filed APR 11 1931 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication of which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same has contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

200M-11-29, No. 7180-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 205- Cliff Ave

St., 4

Ward {

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

Registered No. 92

2 FULL NAME

Ellice M. Downs
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 205- Cliff Ave
(Usual place of abode)

St., 4 Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years 11 Months 15 Days If less than 1 day Hours Minutes

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

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Abram P. Downs

14 BIRTHPLACE OF FATHER (City) Lebanon (State or country) Maine

15 MAIDEN NAME OF MOTHER Charlotte R. Lord

16 BIRTHPLACE OF MOTHER (City) Lebanon (State or country) Maine

17 Informant Mother (Address) 205 Cliff Ave Winthrop Mass

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

Wm. D. Childress
(Signature of Agent of Board of Health or other Health Officer) 4/12/31
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 10 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 76 2 1931, to April 10 1931
I last saw her alive on April 10 1931, death is said to have occurred on the date stated above, at 12:05 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of stomach July 1930

Contributory causes of importance not related to principal cause:

None

Name of operation none Date of What test confirmed diagnosis Personal check Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker (Signed) Winthrop Mass (Address) Date 4/11 1931 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL North of Winthrop (Cemetery) (City or town)

DATE OF BURIAL April 12 1931

22 NAME OF UNDERTAKER Address Winthrop Mass

Received and filed APR 11 1931

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Apr. 14 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient as a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign and transmit it to the clerk of the town for registration. No person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other or assay information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

75m-2-30, No. 7997-a

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *137 Court Rd*

St.,

Ward {

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

Registered No.

73

2 FULL NAME

Katherine J. Lally

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR:

(a) Residence. No.

137 Court Rd

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *6* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

69

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bookkeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Grocery Store

10 Date deceased last worked at this occupation (month and year)

1913

11 Total time (years) spent in this occupation *15*

12 BIRTHPLACE (City)

(State or country)

Roxbury

13 NAME OF FATHER

Patrick J. Lally

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Margaret Norton

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Francis Lally, 137 Court Rd, Winthrop

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

Wm. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/15/31

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 12 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 7 1931 to *April 12 1931*

I last saw him alive on *April 12 1931*, death is said

to have occurred on the date stated above, at *109* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Valvular disease of heart

Date of onset

1930

Contributory causes of importance not related to principal cause:

Acute Indigestion

April 1931

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Dickey*

(Address) *238 Shore St*

Date *April 1931*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Old Calvary - Boston

(Cemetery)

(City or town)

DATE OF BURIAL

April 15

1931

22 NAME OF UNDERTAKER

Edwin A. ...

ADDRESS *201 ... St*

Received and filed

April 27

1931

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*, *house*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sawp factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

50m-2-30. No. 7997-1

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Chelsea Memorial Hospital

St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 220

74

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

2 FULL NAME

William A. Byrne

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No.

12 Sewall Ave.

St.,

Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Cecelia Houghton

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE

65

Years

5

Months

11

Days

If less than 1 day

Hours

Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Manager

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Piano Business

10 Date deceased last worked at this occupation (month and year)

1921

11 Total time (years) spent in this occupation

25

Cambridge,

Mass.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

Thomas Byrne

14 BIRTHPLACE OF FATHER (City)

(State or country)

West Indies

15 MAIDEN NAME OF MOTHER

Ellen Hughes

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Cecelia Houghton

(Informant)

(Address) 2 Sewall Ave. Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

April 12, 1931

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 12, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

in April 11, 31, 19

I last saw him alive on 1 A., 19, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis 1928

Date of onset

Contributory causes of importance not related to principal cause: 1928
Arterio sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Brown

M. D.

(Address) 20 Crescent Ave. Date 4/12/1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

April 14, 1931

19

22 NAME OF UNDERTAKER J. S. Waterman & Sons

ADDRESS

Boston, Mass.

Received and filed April 24, 19

(Registrar of City or Town where deceased resided)

William G. Dyne

Apr. 13, 1831

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

200M-11-729, No. 7180-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *Winthrop Community St., Hospital*

2 FULL NAME

Baby Enrico Stillborn
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

27 Roosevelt St., Revere Ward,

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop Mass

13 NAME OF FATHER

Joseph Enrico

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

Catherine Costaldina

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

Joseph Enrico 27 Roosevelt St. Revere

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

Wm. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/7/31

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. *75*

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

(If U. S.

War Veteran, specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April

14

1931

19 I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Still born

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Funis signed 72 Shirley Ave

Date *4/14* 19 *31*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michael's Boston

DATE OF BURIAL

April 16

19 *31*

22 NAME OF UNDERTAKER

Joseph P. Egidio

ADDRESS

119 Gore St. South

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

(Theodore) Gene
Apr. 14, 1931.

A physician or registered hospital medical officer shall forthwith alter the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, the date when alive by the physician or other and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, and the clerk of the town where the body lies in state.

or if there is no such board, from the clerk or the town where and

person died; and no undertaker or other person shall examine a human body and remove it from a town, from one cemetery to another, or

from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been

as directed to such person, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending

physician any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by the board, or a physician who is not a member of the board, but is a duly qualified person, shall upon application be authorized to affix the certificate required of the attending physician. In the case of a death caused by violence, the medical examiner shall issue a certificate. If the death certificate contains a retinal or other abnormality, it shall be subject to the provisions of section ten of chapter forty-six, that the deceased be examined by section ten of chapter forty-six, that the deceased

served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of exemption shall thereafter furnish for registration any other information which can be obtained as to the cause of exemption in the manner or cause so stated. *—Chap. 114*

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

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

place where the deceased died his name and residence, it known.

otherwise described as rare among the
of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the

the clerk of the town while the body is to be interred, it is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.. *Chap. 114*

Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.

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

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

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

100m-2-30. No. 9954.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2078

No. 165 Court St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number) 76

2 FULL NAME Theresa D. Burns
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 165 Court St., Ward, (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Frank D. Burns (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 41 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Missouri

13 NAME OF FATHER Frank Dickason

14 BIRTHPLACE OF FATHER (City) (State or country) Missouri

15 MAIDEN NAME OF MOTHER Rose Stuyne

16 BIRTHPLACE OF MOTHER (City) (State or country) London, England

17 Informant Mr. Frank D. Burns (Address) No. Court St. Winthrop

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

Wm. S. Childers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/16/31 (Date of Issue of Permit)

18 DATE OF DEATH April 15 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 12 1929 to April 9 1931. I last saw him alive on April 9 1931, death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Adenocarcinoma of Right Breast. Date of Onset 1929

metastases Contributory causes of importance not related to principal cause: metastases to lung bones, spine, liver, and brain

Name of operation April 11 1931 Date of April 11 1931 What test-confirmed diagnosis? The Boston Hospital Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. S. Childers, M. D. (Address) 57 Franklin St. Boston Date April 16 1931

21 PLACE OF BURIAL Winthrop, Winthrop (Cremation or removal) (City or town)

DATE OF BURIAL April 17 1931

22 NAME OF UNDERTAKER P. Burns

ADDRESS 121 Boston St. Winthrop

Received and filed April 17 1931

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make same entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *of home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family cook*, *hotel*, etc. For a person who had no occupation what-ever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town, where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

100m-2-30. No. 9054.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 237

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)

No. 144 Main Dorchester Ward

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

2 FULL NAME

Dennis J. Callahan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR

Spanish

(a) Residence. No. 144 Main

St.,

Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

50

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Police Steward

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Hotel

10 Date deceased last worked at
this occupation (month and
year)

Oct 1916

11 Total time (years)
spent in this
occupation

23

12 BIRTHPLACE (City)

(State or country)

East Boston
Mass.

13 NAME OF
FATHER

John Callahan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Mary Sullivan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

Mrs. L. Callahan
144 Main St. Dorchester

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

4/21/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April

19

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Sept 3 1930, to April 19 1931

I last saw him alive on April 19, 1931, death is said

to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Chronic myocarditis

Date of Onset

1929

Contributory causes of importance not related to principal cause:

Name of operation

No

Date of

What test confirmed diagnosis Stethoscope Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Pynd. J. Callahan

M. D.

(Address)

67 St. James St.

Date

4-20 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

St. James St. Burial

(Cemetery)

(City or town)

DATE OF BURIAL

April 21

1931

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed

4/21/31

1931

(Registrar)

States Standard Certificate of D

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. *Children* not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *Grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *dealer* and not a *dealer*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contradictory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of any member of his family, or authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed cause of death, the date and place of death, the date and place where the disease was contracted, the duration of his last illness, when alive by the physician or officer, and the date of his death. . . .
Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

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

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

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

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

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

200M-11-29. No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



Suffolk
(County)

Winthrop, Mass.
(City or Town)

No. Station Hospital, Ft. Banks, Mass., St.,

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

Registered No. 78

2 FULL NAME Leo G. Bourassa

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. So. Dalton Rd., Pittsfield, Mass., St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 8 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 21 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.A.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation 4 mos.

12 BIRTHPLACE (City) Adams, Maine (State or country)

13 NAME OF FATHER Joseph Bourassa

14 BIRTHPLACE OF FATHER (City) Quebec (State or country) Canada

15 MAIDEN NAME OF MOTHER Laura Bouvais

16 BIRTHPLACE OF MOTHER Manchester (State or country) New Hampshire

17 Informant Joseph Bourassa (Address)

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

(Signature of Agent or Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/22/31

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH April 21, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 13, 1931 to April 21, 1931, 19

I last saw him alive on April 21, 1931, death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute infectious endocarditis.

Acute diffuse nephritis.

Acute rheumatic fever.

Date of onset

3-20-31

3-5-31

Contributory causes of importance not related to principal cause: None.

Name of operation None. Date of What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No If so, specify A.G. Compton, Major, M.C. (Signed) Fort Banks, Mass. Date 4/21/31 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsfield, Mass. (Cemetery) (City or town)

DATE OF BURIAL April 25, 1931

22 NAME OF UNDERTAKER Charles P. Benson

ADDRESS

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

April 31, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *tailor*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an internment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

100m-9-30. No. 9954.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH
Suffolk (County)
Waltham (City or Town)
No. 68 Belmont St., Ward {

Registered No. 79

2 FULL NAME Boris Kupsevel
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 12 Belmont St., Ward 1st
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Rose Medakova
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 64 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. E. Railway 10 Date deceased last worked at this occupation Jan 1931 11 Total time (years) spent in this occupation 30 yrs

12 BIRTHPLACE (City) Russia (State or country)

13 NAME OF FATHER Eli Kupsevel

14 BIRTHPLACE OF FATHER Russia (City) (State or country)

15 MAIDEN NAME OF MOTHER Fannie Amos

16 BIRTHPLACE OF MOTHER Russia (City) (State or country)

17 Informant Louis Goldsmith (Address) 68 Belmont St. Waltham

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

(Signature of Agent of Board of Health or other) M. D. Anderson
(Official Designation) Death Officer (Date of Issue of Permit) 4/28/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 28, 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to April 28, 1931.

I last saw him alive on April 28, 1931, death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris
Chronic Myocarditis
Acute Dilatation

Date of Onset 1923

Contributory causes of importance not related to principal cause:

Pulmonary Edema

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

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Samuel B. Goldberg M. D. (Address) 310 Shirley St. Date April 28, 1931

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

DATE OF BURIAL 19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed May 4, 1931

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board or agent the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent abroad or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate of sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

50M-11-29, No. 7180-b

Suffolk

(County)
Boston

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 2475

PLACE OF DEATH

(City or Town)

No. Boston Lying In Hospital

St.,

Ward {

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

2 FULL NAME

Male Lehner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

80

(a) Residence. No. Trident Ave

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

4

Hours

7

Minutes

OCCUPATION

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

12 BIRTHPLACE (City)

Boston, Mass.

(State or country)

13 NAME OF
FATHER

Philip Lehner

14 BIRTHPLACE OF
FATHER (City)

Worcester, Mass.

(State or country)

15 MAIDEN NAME
OF MOTHER

Evelyn Bloomberg

16 BIRTHPLACE OF
MOTHER (City)

Boston, Mass.

(State or country)

17

Informant
(Address)

Boston Lying In Hospital

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

A E C

(Signature of Agent of Board of Health or other)

March 10, 1931

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March

9,

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from
March 9, 1931 to March 9, 1931

I last saw him alive on March 9, 1931, death is said

to have occurred on the date stated above, at 2:20P.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Prematurity

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F H McKee,

(Address) Boston, Mass.

Date 3/9/1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Jewish

Wbburn

(Cemetery)

(City or town)

DATE OF BURIAL

March

10,

19

31

22 NAME OF
UNDERTAKER

M Stanetsky

Boston, Mass.

ADDRESS

Received and filed March 12, 1931

A TRUE COPY, ATTEST:

(Registrar)

(copy) Steiner
March 9, 1931.

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

50M-11-29. No. 7180-b

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Home of the Good Samaritas.

Ward {

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

Registered No.

2525

2 FULL NAME Alice Yeaton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 350 Winthrop St. St., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) Feb. 131 11 Total time (years) spent in this occupation --

12 BIRTHPLACE (City) East Port, Maine (State or country)

13 NAME OF FATHER William Yeaton

14 BIRTHPLACE OF FATHER (City) E Port, Maine (State or country)

15 MAIDEN NAME OF MOTHER Mary Smith

16 BIRTHPLACE OF MOTHER (City) E Port, Maine (State or country)

17 Informant Hospital Records (Address) 25 Binney St., Boston, Mass.

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

A E C

(Signature of Agent of Board of Health or other)

3/11/31

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

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

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

81

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 11, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1931 March 11, 1931

I last saw him alive on March 11, 1931 death is said to have occurred on the date stated above, at 11:10 A M

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Probably carcinoma of colon with metastasis to liver Jan 1931

Contributory causes of importance not related to principal cause:

Broncho Pneumonia 3/9/31

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

20 Was disease or injury in any way related to occupation of deceased?

If so, specify L A Sierachi (Signed) Boston, Mass. Date 3/11/31 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL East Port E Port, Me. (City or town) March 14, 1931

DATE OF BURIAL

22 NAME OF UNDERTAKER A E Long & Son, Inc., ADDRESS Cambridge, Mass.

Received and filed March 13, 1931

A TRUE COPY (Registrar)

Miss Gordon
March 11, 1931.

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

50M-11-29. No. 7180-b

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. Memorial Hospitals

St.,

Ward {

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

Registered No. 2851

2 FULL NAME

Leah Gerish

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 20

Hawthorne Ave

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Max Gerish

(Give name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 41

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10 Date deceased last worked at this occupation (month and year)

2/18/31

11 Total time (years) spent in this occupation

24 yrs.

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Davey Barrabe

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Anna Lavey

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

husband

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

C Sullivan

(Signature of Agent of Board of Health or other)

3/22/31

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Boston

(City or town making return)

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

82

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

20

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 18,

1931, to

March 20,

1931

I last saw her alive on March 20, 1931, death is said

to have occurred on the date stated above, at 9:56 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Bronchial asthma

1900

Acute nephritis

3/16/31

Septic emboli - multiple -

3/19/31

chest & abdomen

Contributory causes of importance not related to principal cause:

Pulmonary oedema

3/20/31

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

C A Powell

M. D.

(Signed)

(Address) Mass. Memorial Hosp. 3/21/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Hebrew

Lebanon

(Cemetery)

(City or town)

DATE OF BURIAL

March 22,

1931

22 NAME OF UNDERTAKER

J H Levine,

Dorchester, Mass.

ADDRESS

Received and filed

March 24, 1931

A TRUE COPY, ATTEST:

(Registrar)

John Stuart
March 20, 1931

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

50m-2-30. No. 7997



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 523

PLACE OF DEATH

Middlesex
(County)

Cambridge (Town)

Holy Ghost Hospital

St.,

Ward {

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

2 FULL NAME Bruce Hobbs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Orlando Ave.

St.,

Ward,

(If not resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Blanch Hobbs

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 67

Years 9

Months 11

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Bankers Lithograph

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

printing Co.

10 Date deceased last worked at
this occupation (month and
year)

Oct 19 1929

11 Total time (years)
spent in this
occupation

20 yrs

12 BIRTHPLACE (City)

(State or country)

Boston

Mass.

13 NAME OF
FATHER

Harry B Hobbs

14 BIRTHPLACE OF
FATHER (City)

Charlestown

(State or country)

Mass.

15 MAIDEN NAME
OF MOTHER

Henrietta Webster

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Pr. Edw Isl.

17

Informant
(Address)

Blanch Hobbs

106 Bellevue Ave Winthrop

A TRUE COPY.

Frederick H. Burke

ATTEST:

(Registrar of city or town where death occurred)

April 16 1931

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 16 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 10

30

to

April 16

31

I last saw

1m

alive on

April 26

31

death is said
to have occurred on the date stated above, at 11

m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Arterio Sclerosis

years

Contributory causes of importance not related to principal cause:

Cerebral Hemorrhage

13 mos.

Paralysis l. Side

"

Name of operation

Date of

What test confirmed diagnosis: Clinical

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Felix McGirr

M. D.

(Address) Cambridge

4/13/ 31

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Woodlawn Cem. Everett

(Cemetery)

(City or town)

DATE OF BURIAL

4/18/ 31

19

22 NAME OF
UNDERTAKER

Charles R. Jennison

ADDRESS

Winthrop Mass.

Received and filed

MAY 12 1931

19

(Registrar of City or Town where deceased resided)

10000 (Hills)
April 16, 1931

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

200M-11-29. No. 7180-a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(County)

(City or Town)

No.

St.,

Ward {

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

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

6

1931.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1

1931, to

May 6

1931

I last saw her alive on May 6, 1931, death is said

to have occurred on the date stated above, at 2.30 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of onset

5/1/31

Arterio Sclerosis

Contributory causes of importance not related to principal cause:

High Blood Pressure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary E. Hale

M. D.

(Address) 587 Pleasant St. (Boston) 6-1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

May 6, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as recorded by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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

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

200M-11-29. No. 7180-a

PLACE OF DEATH

Suffolk
(County)
Worcester
(City or Town)

No.

Commonwealth Hospital

Ward {

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

2 FULL NAME

Grace Winnifred Crosby

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

3 Pauline St.

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

*1 yrs. 10 mos.**X* days

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

*MARRIED**WIDOWED**or DIVORCED*

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James M. Crosby

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

39

Years

1

Months

10

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Wife

10 Date deceased last worked at this occupation (month and year)

2 weeks ago

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Yarmouth, Nova Scotia

13 NAME OF FATHER

Edward. Hamm

14 BIRTHPLACE OF FATHER (City)

(State or country)

Lincolnton, Nova Scotia

15 MAIDEN NAME OF MOTHER

Fanny Crosby

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Yarmouth, Nova Scotia

17

Informant (Address)

James M. Crosby, 3 Pauline St. Worcester

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

Wm. D. Childers

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

5/19/31

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Worcester
(City or town making return)

Registered No.

5

Ward {

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

(U. S.

War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

May 7, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

*April 25, 1931, to May 7, 1931*I last saw her alive on *May 7, 1931*, death is saidto have occurred on the date stated above, at *4:45 P. M.*

The principal cause of death and related causes of importance in order of onset were as follows:

*Fibroid Uterus
Ovarian Cysts*

Date of onset

about 1921

Contributory causes of importance not related to principal cause:

*Acute Urinary Suppression**May 2, 1931*

Name of operation

Hysterectomy

Date of

May 2, 1931

What test confirmed diagnosis?

Examination

Was there an autopsy?

No

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

Samuel B. Goldberg

M. D.

(Address)

310 Shirley St. Worcester

Date

May 8, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Worcester, Worcester

(Cemetery)

(City or town)

DATE OF BURIAL

May 10, 1931

19

22 NAME OF UNDERTAKER

Charles R. B...

ADDRESS

Worcester, Massachusetts

Received and filed

MAY 12 1931

19

A TRUE COPY, ATTEST:

(Registrar)

May 7, 1936
United States Standard Certificate of

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of a member of the family, if authorized person or of any member of the family, the deceased, (tunisi for registration a standard certificate of death, stating the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 10, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *ten. Laws Chap. 46, Sec. 9.*

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an

physician is required to sign a satisfactory certificate of the attending physician, or, if there is no attending physician, a certificate of the physician providing the service, or, if there is no such physician, a certificate of the board of health, or, if insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal

as regimentary section ten or captain forty-six. That the deceased served in the army, navy or marine corps of the United States in any part in which it has been engaged, such record shall appear upon the permit and certificate shall forthwith be forwarded to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause

Medical examiners say

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. *Chap. 114, Sec. 45, G. L., as amended.*

State cause for which surgical operation was undertaken.

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

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A STANDARD FORM. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'30. No. 9954.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **86**

1 PLACE OF DEATH
Suffolk
(County)
Wintthrop
(City or Town)
No. **34** **Fremont** St., Ward {

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

2 FULL NAME **Mary A. Rock**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. **34** **Fremont**

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred **50** yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

or WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Simon L. Rock
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE **56**

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

**Housewife
of house**

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

9/10

11 Total time (years)

spent in this
occupation

36 yrs.

12 BIRTHPLACE (City)

(State or country)

Hyde Park

Mass.

13 NAME OF
FATHER

Oliver McClellan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Mary Rock

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

Simon L. Rock
34 Fremont St.

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5/9/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 8 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Jan 1, 19**29**, to **May 8**, 19**31**

Last saw him alive on **May 3**, 19**31**, death is said

to have occurred on the date stated above, at **3:20 P.M.**

The principal cause of death and related causes of importance in order of
onset were as follows:

Cardiac disease

arteries

several years

duration

Contributory causes of importance not related to principal cause:

hypertension

?

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **C. M. ...** M. D.

(Address) **100 ...** Date **5/8 1931**

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Calvary B. ... (Cemetery) (City or town)

DATE OF BURIAL **May 11** 19**31**

22 NAME OF UNDERTAKER **David L. ...**

ADDRESS **135 ...**

Received and filed **MAY 12 1931** 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school*, or *of home*. A woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying. *a, b, c*, heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an official informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to, whom the permit is so given and the physician authorizing the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice: will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

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

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTaunton
(City or town making return)

Registered No. 232

PLACE OF DEATH

Bristol
(County)Taunton
(City or Town)

No. State Hospital St., 8 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number) 87

2 FULL NAME

Rebecca E. Bleeker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 255 Pleasant St., -- Ward, Winthrop Center, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 yrs. 1 mos. 30 days. How long in U. S., if of foreign birth? -- yrs. -- mos. -- days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

J. A. Bleeker

(Husband's name in full)

6 IF STILLBORN, enter that fact here. ---

7

AGE 77 Years -- Months -- Days If less than 1 day

Hours -- Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Mass.

13 NAME OF FATHER

Zachena Knowles

14 BIRTHPLACE OF FATHER (City)

(State or country)

Truro

Mass.

15 MAIDEN NAME OF MOTHER

Mary Garrett

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Quebec

Canada

17

Informant (Address)

State Hospital Records
Taunton, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 11, 1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 9 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from

Feb. 15 1928, to May 9 1931

I last saw her alive on May 9 1931, death is said to have occurred on the date stated above, at 10.10 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Broncho-pneumonia. 5-4-31

Contributory causes of importance not related to principal cause:

General Arterio-sclerosis.
(Cannot be learned)

Name of operation --- Date of ---

What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Sinclair Tait, M. D.
(Address) State Hospital, Taunton, Mass. Date 5-10-3121 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill, Wellfleet, Mass.
(Cemetery) (City or town)

DATE OF BURIAL May 11 1931

22 NAME OF UNDERTAKER Milton H. Farley

ADDRESS Taunton, Mass.

Received and filed JUN 10 1931 19

(Registrar of City or Town where deceased resided)

Steele & Steele
May 9, 1931.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

1	PLACE OF DEATH	Name, ... <u>Annie M. Belcher</u> ... (County)
		Place of Death, <u>Nashua, N.H.</u> ... (City or Town)
2	FULL NAME	No. ... <u>46 Lock</u> ... Street Ward, ... <u>Village</u> ... How long a resident, ... <u>4 mos</u> ... Previous residence, <u>St. Petersburg, Fla.</u> ... If death occurred at an institution give name of same How long an inmate, Where from, ... <u>Winthrop, Mass</u> ... Date of Death: Year, <u>1931</u> Month, <u>May</u> Day, <u>13</u> ... Age: Years, <u>69</u> Months, <u>9</u> Days, <u>21</u> ... Place of Birth, ... <u>Troy, N.Y.</u> ... Date of Birth: Year, <u>1861</u> Month, <u>July</u> Day, <u>21</u> ... Sex, .. <u>F</u> ... Color, .. <u>W</u> ... } Married, Single, Widowed or Divorced Occupation, ... <u>At Home</u> ... Cause of Death, ... <u>Cerebral hemorrhage</u> ... Duration, Contributing Cause, Duration, Name of Father, <u>Thomas Madden</u> ... Maiden Name of Mother, <u>Nora Kane</u> ... Birthplace of Father, ... <u>Ireland</u> ... Birthplace of Mother, ... <u>"</u> ... Occupation of Father, [Record continued over.]
		(a) Residence. No. ... (Usual place of abode) Length of residence in city or town
PERSONAL AND SEX		
3	SEX	4 COLOR OR RACE
5a If married, widowed, or divorced HUSBAND of (Give name) (or) WIFE of (Husband's name)		
6 IF STILLBORN, enter that fact here		
7	AGE Years Months	
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10 Date deceased last worked this occupation (month and year)	
	12 BIRTHPLACE (City) (State or country)	
PARENTS	13 NAME OF FATHER	
	14 BIRTHPLACE OF FATHER (City) (State or country)	
	15 MAIDEN NAME OF MOTHER	
	16 BIRTHPLACE OF MOTHER (City) (State or country)	
17	Informant (Address)	
A TRUE COPY.		
ATTEST: (Registrar of Deaths)		
DATE FILED		

Name, ... Annie M. Belcher ...
Place of Death, Nashua, N.H. ...
No. ... 46 Lock ... Street
Ward, ... Village ...
How long a resident, ... 4 mos ...
Previous residence, St. Petersburg, Fla. ...
If death occurred at an institution give name of same
.....
How long an inmate,
Where from, ... Winthrop, Mass ...
Date of Death: Year, 1931 Month, May Day, 13 ...
Age: Years, 69 Months, 9 Days, 21 ...
Place of Birth, ... Troy, N.Y. ...
Date of Birth: Year, 1861 Month, July Day, 21 ...
Sex, .. F ... Color, .. W ... } Married, Single,
Widowed or Divorced
Occupation, ... At Home ...
Cause of Death, ... Cerebral hemorrhage ...
Duration,
Contributing Cause,
Duration,
Name of Father, Thomas Madden ...
Maiden Name of Mother, Nora Kane ...
Birthplace of Father, ... Ireland ...
Birthplace of Mother, ... " ...
Occupation of Father,
[Record continued over.]

(City or town making return)

Registered No. 38

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

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

(If nonresident, give city or town and state)
Date of birth? yrs. mos. days.

CERTIFICATE OF DEATH

I CERTIFY, That I attended deceased from
19....., to....., 19.....

death is said

stated above, at.....m.

and related causes of importance in order of

Date of onset

nce not related to principal cause:

Date of

Was there an autopsy?

may related to occupation of deceased?

, M. D.

Date 19.....

(Cemetery) (City or town)

19.....

r Town where deceased resided)

12699

May 25, 1931

Cornie M. Belcher

May 13, 1832

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

75m-2-30, No. 7997-a

PLACE OF DEATH

No.

St.,

Ward

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

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

St.,

Ward,

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

Length of residence in city or town where death occurred

Yrs.

Mos.

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

Yrs.

Mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

60

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

Yrs.

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

PARENTS

17

Informant (Address)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No.

89

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

16,

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 13,

1931,

to

May 16,

1931.

1931.

I last saw her alive on

May 16,

1931,

death is said

to have occurred on the date stated above, at

7 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis
Coronary Thrombosis

Date of onset

1931

Contributory causes of importance not related to principal cause:

Central Nervous System

Name of operation

None

Date of

What test confirmed diagnosis

Autopsy

Was there an autopsy

Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

None

(Signed)

Samuel B. Goldberg

M. D.

(Address)

316 Shirley St.

Date

May 14, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Everett Jewish Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

May 17

1931

22 NAME OF UNDERTAKER

Manuel Stanislavsky

ADDRESS

19 Eaton St. Boston

Received and filed

19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sawp factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith endorse it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PUBLIC RECORD. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 0054.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

90

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

Winthrop Hospital

St.,

Ward

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

2 FULL NAME

Baby girl Joy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a)

Residence. No.

188 Rellingham Ave

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Female

White

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE.....Years.....Months.....Days

If less than 1 day

12 Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)Winthrop
Mass.13 NAME OF
FATHER

Robert W. Joy

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Dorchester
Mass.15 MAIDEN NAME
OF MOTHER

Mary (Robert)

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Charlestown
Mass.

17

Informant
(Address)Mary Joy
188 Rellingham AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. Childress
(Signature of Agent of Board of Health or other)Death Officer
(Official Designation)5/16/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHMay
(Month)16
(Day)1931
(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 15, 1931, to May 21, 1931.

I last saw him alive on May 16, 1931, death is said

to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

M. D.

(Address).....Date 5/16/1931

21 PLACE OF BURIAL,
CREMATION OR REMOVALSt. Michaels (Boston)
(Cemetery) (City or town)

DATE OF BURIAL

May 18, 1931

22 NAME OF
UNDERTAKER

James A. Reardon

ADDRESS

126 Emerson St. Dorchester

Received and filed

MAY 25 1931

19

(Registrar)

Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or an affidavit whereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insubstantial, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

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

"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

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

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

75m-2-30. No. 7997-a

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH
County Dorchester
(City or Town) Winthrop
No. 25 New Washington Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Elizabeth J. Sweeney { (If U. S. War Veteran, specify WAR) 91
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 25 New Washington Ave St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of George F. Sweeney (Give maiden name of wife in full)
(or) WIFE of George F. Sweeney (Husband's name in full)

6 IF STILLBORN, enter that fact here. 2
7 AGE 64 Years 11 Months 20 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 weeks ago
10 Date deceased last worked at this occupation (month and year) 1 11 Total time (years) spent in this occupation 1

12 BIRTHPLACE (City) Gloucester (State or country) New Jersey

13 NAME OF FATHER Thomas, Calvert

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

15 MAIDEN NAME OF MOTHER Mary J. Holmes

16 BIRTHPLACE OF MOTHER (City) Elizabeth N.J. (State or country)

17 Informant (Address) George F. Sweeney Winthrop
25 New Washington Ave

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5-11-1931 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 11 1930 to May 16 1931
I last saw her alive on May 16 1931, death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

acute dilatation of heart following myocarditis (interstitial) with mitral regurgitation

Contributory causes of importance not related to principal cause:

Name of operation none Date of -
What test confirmed diagnosis? Physical exam Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Sallie H. Saunders M. D.
(Signed) (Address) 32 Woodside Pl. Winthrop 5-18-1931

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

DATE OF BURIAL May 17 1931 19

22 NAME OF UNDERTAKER Wm. D. Childress
ADDRESS Winthrop

Received and filed MAY 25 1931 19
(Registrar)

Revised United States Standard Certificate of Death

May 17, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith consent to it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information, which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

IN B. VITAL RECORDS
 INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 92

PLACE OF DEATH

No. 212

(City or Town)

St.

Ward

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

2 FULL NAME

George Webster

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 212

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs.

mos.

days

How long in U. S., if of foreign birth? 15 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

68

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired
Night Superintendent9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Dry Goods

10 Date deceased last worked at
this occupation (month and
year)

Feb 1930

11 Total time (years)
spent in this
occupation 26

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass

13 NAME OF
FATHER

Andrew Webster

14 BIRTHPLACE OF
FATHER (City)

(State or country)

D. C. I.

15 MAIDEN NAME
OF MOTHER

Susanah Mc Lay

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Scotland

17

Informant
(Address)Mr. Eliza E. Webster
212 Woodside Ave WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5 21 31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May

20

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 17, 1931, to May 20, 1931

I last saw him alive on May 20, 1931, death is said

to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Carcinoma of Liver

Jan 1931

Contributory causes of importance not related to principal cause:

Name of operation... Date of...
What test confirmed diagnosis... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B Parker M. D.

(Address) Wintthrop Mass Date May 20 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Woodlawn Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

May 23

1931

22 NAME OF
UNDERTAKER

E. A. Rollins

ADDRESS

East Boston Mass

Received and filed

MAY 25 1931

19

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *mechanic*, etc. Distinguish carefully between *retail mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cardiac hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or, if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith consign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

200,000. 9-26. NO. 8373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

State Mass.

(City or town)

Registered No. 93

City or Town Winthrop

No. Station Hospital, Ft. Banks, Mass. St. Ward

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

2 FULL NAME

Florida M. Tardiff

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

(a) Residence. No. 6 Highland Ave., Somerville, Ma ss.

Ward,

(Usual place of abode)

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

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

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

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Delphis Tardiff

6 AGE

Years

Months

Days

IF LESS than

1 day.....hrs.

or.....min.

18

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

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

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Sanford,

(State or country)

Maine

9 NAME OF
FATHER

Paul Labbey

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada

11 MAIDEN NAME
OF MOTHER

Olive Gagneire

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canada

13

Informant

William D. Tardiff

(Address)

Fort Banks Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

21,

1931.

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

April 25,

19 31 to May 21,

19 31

that I last saw h er alive on May 21, 19 31

and that death occurred, on the date stated above, at 10:55 A.M. m.

The CAUSE OF DEATH was as follows: (State fully)

Salpingitis and pelvic abscess.

Feb. 1931.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death Yes For what Salpingoophor-

Date of operation May 20, 1931.

ectomy.

Was there an autopsy No.

What test confirmed diagnosis Operation

(Signed) O. T. Kirksey, M. D.

Oscar T. Kirksey, Major, M.C.

(Address) Fort Banks, Mass.

Date May 21, 1931.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Graniteville, Mass.

(Cemetery) (City or town)

DATE OF BURIAL

5/25/31

19 UNDERTAKER

C. J. Bennett

ADDRESS

Winthrop

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

Wm. D. Tardiff
J. D.

Official position

Health Officer

Date of issue

MAY 25 1931

Permit No.

5/23/31

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 43, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

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

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

State cause for which surgical operation was undertaken.

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

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

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



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 94

1 PLACE OF DEATH

(County)

Winthrop
(City or Town)

No. 385 Revere St.

St.,

Ward {

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

2 FULL NAME

George B. Roulland

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 385 Revere

St.,

Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced HUSBAND of Emma Durnell (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 89 Years 9 Months Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Market Man. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 1922 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Acton (State or country) Mass

13 NAME OF FATHER Frederick K. Roulland

14 BIRTHPLACE OF FATHER (City) Pepperell (State or country) Mass

15 MAIDEN NAME OF MOTHER Sarah Potter

16 BIRTHPLACE OF MOTHER (City) Concord (State or country) Me

17 Informant South E. Edwards (Address) 385 Revere St Winthrop

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

Wm. L. Childress (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/25/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 23 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1927, to May 23, 1931

I last saw him alive on May 22, 1931, death is said

to have occurred on the date stated above, at 4:58 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis, Coronary artery, Contributory causes of importance not related to principal cause: Arteriosclerosis, May 23-31, Cerebral hemorrhage (1931)

Name of operation None Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. L. Childress M. D.

(Address) Winthrop Mass Date 5/25/31

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

DATE OF BURIAL May 25 1931

22 NAME OF UNDERTAKER Walter T. White

ADDRESS 151 Pleasant St Winthrop

Received and filed May 25 1931 19

(Registrar)

May 29, 1931

Statement of occupation.—Precise statement of occupation is

very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store*, "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *real merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, on which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

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

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

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

100m-9-30. No. 9954.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 95

PLACE OF DEATH

No.

Suffolk
(County)
Winthrop
(City or Town)

Community Hospital St.,

Ward

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

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

19 Girdlestone Road St.,

Ward,

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)
(State or country)

Winthrop Mass

13 NAME OF
FATHER

Henry Dakeuke

14 BIRTHPLACE OF
FATHER (City)

Chelsea

(State or country)

Mass

15 MAIDEN NAME
OF MOTHER

Florence Heckbert

16 BIRTHPLACE OF
MOTHER (City)

Summerside

(State or country)

P.E.I.

17

Informant
(Address)

Henry Dakeuke
19 Girdlestone Rd Winthrop

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

Wm. L. Childress

(Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

5/26/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May

23

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 23, 1931, to May 25, 1931.

I last saw him alive on , 19 , death is said

to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Still Born

Contributory causes of importance not related to principal cause:

Face presentation

Name of operation Version

Date of 5-23-31

What test confirmed diagnosis? Was there an autopsy? 2

20 Was disease or injury in any way related to occupation of deceased? 20

If so, specify

(Signed)

Paul J. Galt

M. D.

(Address)

100m-9-30

Date 5-25-1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

May

26 1931

22 NAME OF
UNDERTAKER

Frank E. Brown

ADDRESS

East Boston Mass

Received and filed

May 29

1931

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" as a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb, or to inter in the same cemetery, until he has received a permit from the board of health or its agent storesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. as amended.

RULES OF PRACTICE

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

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

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

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

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

2,000,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass.

City or Town Winthrop

No. 20 Cherry St. Winthrop, Mass. St. Win Ward 46
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2 FULL NAME

Salo, Matti Salo

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

(a) Residence. No. Station Hospital, Fort Banks, Mass. St. Win Ward, 46

(Usual place of abode)

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

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

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

Single

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

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

44

7

28

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

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

(b) Name of employer U.S. Army

8 BIRTHPLACE (City)

Kalvia,

(State or country)

Finland

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

Unknown

(State or country)

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

Unknown

(State or country)

13

Informant Service Record

(Address)

14

Filed May 29, 1931

(Month) (Day) (Year)

REGISTRAR

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

Wm. L. Childress

Official
position

Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 26, 1931.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 26, 1931. 19 to May 26, 19 31

that I last saw him alive on May 26, 19 31

and that death occurred, on the date stated above, at 2. 20 A. m.
The CAUSE OF DEATH was as follows: (State fully)

1. Arterial hypertension. 2 Arterio-
sclerosis. 3. Cardiac hypertrophy.

4. Nephritis, diffuse.

(duration) 13 yrs. -- mos. -- ds.

CONTRIBUTORY Apoplexy.
(Secondary)

(duration) -- yrs. -- mos. 1 ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death No For what

Date of operation --

Was there an autopsy No

What test confirmed diagnosis Clinical

(Signed) Jawanele, M. D.

(Address) John A. Morrell, Capt., M.C.

Date May 26, 1931.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
U.S. Reservation Camp Devens
(Cemetery) (City or town) Mass.

DATE OF BURIAL

May 27,
1931

19 UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop

Date of
issue
of permit

5/26/31 Permit
No. 1932

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

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

R-303 B

5m-2-30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial
permit with Board of
Health or its Agent.

1 PLACE OF DEATH (County) Winthrop (City or Town) Winthrop
No. 20 Sagamore St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Margaret Hansen (If deceased is a married, widowed or divorced woman, give also maiden name.) Toland { (If U. S. War Veteran, specify WAR)
(a) Residence. No. 88 Sagamore St. Ward (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? yr. mos. days.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female 4 COLOR OR RACE White 5 SINGLE Widowed (write the word) Widowed
5a If married, widowed, or divorced HUSBAND of And Hansen (Give maiden name of wife in full)
(or) WIFE of And Hansen (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 50 Years Months Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales lady
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothes & Dresses
10 Date deceased last worked at this occupation (month and year) May 6 31 11 Total time (years) spent in this occupation. 17
12 BIRTHPLACE (City) Bairley (State or country) Scotland
13 NAME OF FATHER John Toland (Toland)
14 BIRTHPLACE OF FATHER (City) Bairley (State or country) Scotland
15 MAIDEN NAME OF MOTHER Mary Martha Stewart
16 BIRTHPLACE OF MOTHER (City) Bairley (State or country) Scotland
17 Informant Mrs. Mary M. Toland (Address) 88 Sagamore Ave.

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH May 26 1931 (Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Natural cause, probably
cardiac harmonizing
(See reverse side for description for unknown person)
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) William H. H. H. H. M. D. (Address) Ward Date May 27 1931
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL May 28 1931 19
22 NAME OF UNDERTAKER James R. Bennett
ADDRESS Winthrop Mass.
Received and filed May 29 1931 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. H. Childress (Signature of Agent of Board of Health or other)
H.O. (Official Designation) May 28/31 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

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

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

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

May 26, 1931
Massachusetts State Museum

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-1

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



PLACE OF DEATH

NORFOLK
(County)

BROOKLINE
(City or Town)

No. **FREE HOSPITAL FOR WOMEN**

---St.---

Ward {

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

BROOKLINE

(City or town making return)

Registered No. **191**

98

2 FULL NAME **SYBIL L. BROWN**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **63 COTTAGE PARK ROAD**

(Usual place of abode)

St., Ward, **WINTHROP** **MASS** -

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles H. Brown

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE **31** Years **2** Months **2** Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10 Date deceased last worked at this occupation (month and year)

5/1931

11 Total time (years) spent in this occupation **?**

12 BIRTHPLACE (City)
(State or country)

East Boston
Massachusetts

13 NAME OF FATHER

William A. Carstensen

14 BIRTHPLACE OF FATHER (City)

East Boston
Massachusetts

15 MAIDEN NAME OF MOTHER

Bessie G. Brown

16 BIRTHPLACE OF MOTHER (City)

East Boston
Massachusetts

17

Informant
(Address)

Husband

Winthrop - Mass -

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 27 19 **31**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

MAY
(Month)

26
(Day)

1931
(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 10th, 19 **31**, to **May 26th**, 19 **31**

I last saw her alive on **May 26th**, 19 **31**, death is said

to have occurred on the date stated above, at **10.55pm**.

The principal cause of death and related causes of importance in order of onset were as follows:

Complete Laceration of Perineum

Date of onset
12/29

Mucous Colitis

1925

Post Operative wound Sepsis

5/15/31

Contributory causes of importance not related to principal cause:

Name of operation **Complete Perineorrhaphy** Date of **5/13/31**

What test confirmed diagnosis? --- Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased? -----

If so, specify

(Signed) **Geo. V. Smith**

M. D.

(Address) **Free Hosp. for Women** Date **5/27** 19 **31**

Brookline

21 PLACE OF BURIAL **Winthrop** **Winthrop**
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL **May 29** 19 **31**

22 NAME OF UNDERTAKER **Walter T. White**

ADDRESS **Winthrop Mass -**

Received and filed **May 27 June 11, 1931**

(Registrar of City or Town where deceased resided)

W. J. F. Brown
May 26, 1931.

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

75m-2-30, No. 7997-a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

1

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 26 Nevada

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Harris Peyser

(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

99

(a) Residence. No. 26 Nevada

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. days. How long in U. S., if of foreign birth? 77 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR or RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Male White

widowed

5a If married, widowed, or divorced

HUSBAND of Caroline Nelson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 90 Years 2 Months 7 Days If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

merchant

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Dry goods & clothing

10 Date deceased last worked at
this occupation (month and
year) 191711 Total time (years)
spent in this
occupation 5212 BIRTHPLACE (City)
(State or country)

Poland

13 NAME OF
FATHER

Isaac Peyser

14 BIRTHPLACE OF
FATHER (City)

Poland

15 MAIDEN NAME
OF MOTHER

(Unknown)

16 BIRTHPLACE OF
MOTHER (City)

Poland

17

Informant
(Address)Julius N. Peyser
26 Nevada St., Winthrop.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. W. Children

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)May 28/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHMay 27 1931
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
December 15 1930, to May 27 1931I last saw him alive on May 26 1931, death is said
to have occurred on the date stated above, at 3:10 P.M.The principal cause of death and related causes of importance in order of
onset were as follows:

Senility

Date of onset
1930

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1929
Chronic Interstitial Nephritis 1930Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? noIf so, specify Jaundice Abraham M.D.
(Signed) 602 Hurley St. Date 5/27/31
(Address) Winthrop Mass21 PLACE OF BURIAL,
CREMATION OR REMOVAL Chabei Shalom E. Roston
(Cemetery) (City or town)DATE OF BURIAL May 29 193122 NAME OF
UNDERTAKER Benjamin F. SalomowADDRESS Worcester.Received and filed May 29 1931

(Registrar)

Revised United States Standard Certificate of Death

May 27, 1907.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or *at home*. For a woman whose only occupation was that of home housework, put *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1905
<i>Chronic interstitial nephritis</i>	1901
<i>Cerebral hemorrhage</i>	July 5, 1907
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal cause as required by section ten of chapter forty-six, that the deceased as served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PLACE OF DEATH

Suffolk

(County)

Wentworth

(City or Town)

No. 19 Jefferson St.

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mrs. Katherine Belee Malom

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Jefferson

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Ara. G. Malom

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

42

Years

4

Months

18

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home wife

10 Date deceased last worked at this occupation (month and year)

6 months 1930

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Litchfield

(State or country)

N. H.

13 NAME OF FATHER

Arthur. J. Belee

14 BIRTHPLACE OF FATHER (City)

Jefferson

(State or country)

N. H.

15 MAIDEN NAME OF MOTHER

Bertha. Williams

16 BIRTHPLACE OF MOTHER (City)

Litchfield

(State or country)

N. H.

17

Informant

(Address)

Hubert I. Ara. G. Malom
19 Jefferson St. Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWentworth
(City or town making return)

Registered No. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

May

28

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

1929 to May 28, 1931

I last saw her alive on May 27, 1931, death is said

to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma

Date of onset
1930

Contributory causes of importance not related to principal cause:

Presence of blood Oct. 1930

successful metastasis occurred

in uterus, liver & ascending

colon rectum

Name of operation Date of Oct. 1930

What test confirmed diagnosis? Tub. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Pay W. Taylor

(Address) 370 Commonwealth St. Boston

M. D.

Date 3/25 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Litchfield Litchfield N. H.

(Cemetery)

(City or town)

DATE OF BURIAL May 31/31 19

22 NAME OF UNDERTAKER

Charles P. Brown

ADDRESS

Wentworth

Received and filed May 29, 1931

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter, joiner, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 109

PLACE OF DEATH

Suffolk
(County)W. D. Throp
(City or Town)

No. 300 Pleasant

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Leslie G. Buck

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 300 Pleasant

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

15 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Ruth Rundle

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

45

Years

1

Months

9

Days

If less than 1 day

Hours

Minutes

OCCUPATION:

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Contractor

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Bridge Work

10 Date deceased last worked at
this occupation (month and
year)

Jan 1931

11 Total time (years)

spent in this

occupation

20 yrs

12 BIRTHPLACE (City)

(State or country)

Waverendish, Vt

13 NAME OF
FATHER

Hilo Buck

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Waverendish, Vt

15 MAIDEN NAME
OF MOTHER

Laura Goddard

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Reading, Vt

17

Informant
(Address)Mrs. Ruth Buck
300 Pleasant StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHMay - 30 - 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 9 - 1930, to May 30 - 1931

I last saw him alive on May 30, 1931, death is said
to have occurred on the date stated above, at 9:20 a.m.The principal cause of death and related causes of importance in order of
onset were as follows:Pulmonary Tuberculosis, 12/29
Laryngeal Tuberculosis, 1/31

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Pos. Sputum 9/25/30 Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

Mitchell Sisson, M. D.

(Address) 103 Waverendish St. Date June 1, 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Woodside Cemetery

(Cemetery) (City or town)

DATE OF BURIAL June 2nd 1931

22 NAME OF
UNDERTAKER

James E. Brown

ADDRESS 171 Waverendish St. Waverendish, Vt

Received and filed June 2, 1931

(Registrar)

**EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS**

Statement of occupation.—Precise statement of occupation is important, so that the relative healthfulness of various pursuits

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, i. e., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance name related to principal cause, name other important diseases.

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Gen. Laws, Chap. 46, Sec. 9.

Sec. 45, G. L., as amended.

by violence... *Gen. Laws, Chap. 38, Sec. 6.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Sec. 46, G. L. as amended.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

illness from disease unrelated to any form of injury.

death is needed

and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 3251

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. St Elizabeth's Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph T Kelley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

102

(a) Residence. No. 236 Lincoln St., Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED5a If married, widowed, or divorced Elizabeth Enois
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 57
AGE Years Months Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. master plumber
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. own business10 Date deceased last worked at
this occupation (month and
year) 3/17/31 11 Total time (years)
spent in this
occupation 4012 BIRTHPLACE (City)
(State or country) Boston13 NAME OF
FATHER John Kelly14 BIRTHPLACE OF
FATHER (City) Ireland
(State or country)15 MAIDEN NAME
OF MOTHER Hannah Meehan16 BIRTHPLACE OF
MOTHER (City) Ireland
(State or country)17 Informant John Kelly
(Address) WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

AEC

(Signature of Agent of Board of Health or other)

4/4/31

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF April 4 1931
DEATH (Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
4/3/31, 19, to 4/4/31, 19
I last saw him live on 4/4/31, 19, death is said
to have occurred on the date stated above, at 8:00 a.m.The principal cause of death and related causes of importance in order of
onset were as follows:

Acute pancreatitis 3/25/31

Contributory causes of importance not related to principal cause:

Acute cholelithiasis 4 yrs

Chronic cholecistitis 4 yrs

Cholangitis, chr. myocarditis

Name of operation Cholecystotomy Date of 4/3/31

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify T E Brown M. D.
(Signed) St Eliz Hosp Date 4/4/31
(Address)21 PLACE OF BURIAL, Holy Cross Malden
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL 4/7/31 19

22 NAME OF J F O'Maley
UNDERTAKER Winthrop

ADDRESS 4/7/31

Received and filed James J. Mulvey 19

A TRUE COPY, ATTEST:

(Registrar)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Apr. 4, 1913

Journal

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b

1 PLACE OF DEATH		Suffolk (County)		Boston (City or Town)		No. The Infant's Hospital St., Ward		Registered No. 4357	
2 FULL NAME		- Belson (If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No.		52 Wave Way Ave St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)							
Length of residence in city or town where death occurred		yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.							
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX M	4 COLOR OR RACE W	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single							
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)									
(or) WIFE of (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE Years Months 1 Days If less than 1 day Hours Minutes									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10 Date deceased last worked at this occupation (month and year)									
11 Total time (years) spent in this occupation									
12 BIRTHPLACE (City) Chelsea (State or country)									
13 NAME OF FATHER Benjamin Belson									
14 BIRTHPLACE OF FATHER (City) Russia (State or country)									
15 MAIDEN NAME OF MOTHER Blanche Landy									
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)									
17 Informant father (Address)									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
(Signature of Agent of Board of Health or other)									
(Official Designation)									
(Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH May 6 1931 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from 5/5/31, 19, to 5/6/31, 19 I last saw him alive on 5/6/31, 19, death is said to have occurred on the date stated above, at 6:50p.m. The principal cause of death and related causes of importance in order of onset were as follows: Prematurity 5/5/31 Contributory causes of importance not related to principal cause: Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 20 Was disease or injury in any way related to occupation of deceased? If so, specify J F Binns M. D. (Signed) Infant's Hosp Date 5/6/31 19 (Address) 21 PLACE OF BURIAL Beth Joseph Woburn CREMATION OR REMOVAL (Cemetery) (City or town) DATE OF BURIAL 4/8/31 19 22 NAME OF UNDERTAKER M Stanetsky ADDRESS Boston Received and filed 5/9/31 19 A TRUE COPY, ATTEST: James J. Murphy									

May 6, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29, No. 7180-b

1 PLACE OF DEATH	Suffolk (County) Boston (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH	Boston (City or town making return) 4406 Registered No.
No. Peter Bent Brigham Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR) 165		
2 FULL NAME Charles Patrick McManamin (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If nonresident, give city or town and state)		
(a) Residence. No. 57 Crest Ave St., Ward , Winthrop (Usual place of abode)		(If nonresident, give city or town and state)		
Length of residence in city or town where death occurred yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX M	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)		
5a If married, widowed, or divorced HUSBAND of Edith A Ford (Give maiden name of wife in full)				
(or) WIFE of (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 70 Years Months Days		If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist			
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye work			
	10 Date deceased last worked at this occupation (month and year) 5/7/31			
		11 Total time (years) spent in this occupation 10		
12 BIRTHPLACE (City) Boston (State or country)				
PARENTS	13 NAME OF FATHER - Hughes			
	14 BIRTHPLACE OF FATHER (City) - (State or country)			
	15 MAIDEN NAME OF MOTHER Flynn			
	16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			
17 Informant wife (Address)				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: HFR (Signature of Agent of Board of Health or other) 5/9/31 (Official Designation) (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH May 9 1931 (Month) (Day) (Year)				
19 I HEREBY CERTIFY. That I attended deceased from 5/8/31 to 5/9/31 , 19 11:35a I last saw him alive on 5/9/31 , death is said to have occurred on the date stated above, at 11:35a m. The principal cause of death and related causes of importance in order of onset were as follows:				
Coronary thrombosis				Date of onset dys
Contributory causes of importance not related to principal cause:				
Gen. arterio-sclerosis				yrs
Name of operation Date of				
What test confirmed diagnosis? Was there an autopsy?				
20 Was disease or injury in any way related to occupation of deceased?				
If so, specify (Signed) C. L. Clay M. D. (Address) Peter Bent Brigham Hosp 5/-/31				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Brookline (Cemetery) (City or town)				
DATE OF BURIAL 5/12/31 19				
22 NAME OF UNDERTAKER J F O'Maley Winthrop ADDRESS 5/12/31				
Received and filed 19				
A TRUE COPY, ATTEST (Registrar)				

Chamaecyparis thurberi
May 9, 1937.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

 No. Richardson House
 Boston Lying-In Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 4806

 (If U. S.
 War Veteran,
 specify WAR)

2 FULL NAME

- Boudreau

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 139 Washington Ave St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months Days If less than 1 day Hours 20 Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF FATHER

Arthur E Boudreau

14 BIRTHPLACE OF FATHER (City)

(State or country)

Manchester N H

15 MAIDEN NAME OF MOTHER

Mary Kingston

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Barre Vt

17

Informant (Address)

Hospt records

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

CS

(Signature of Agent of Board of Health or other)

5/21/31

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 17 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

5/17/31, 19 to 5/17/31, 19

I last saw him alive on 5/17/31, 19, death is said

to have occurred on the date stated above, at 8:30p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Premature non viable 5/17/31

Toxemia of pregnancy 5/17/31

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J T Williams M. D.
(Address) 429 Beacon St Date 5/17/3121 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or town)

DATE OF BURIAL 5/22/31 19

22 NAME OF UNDERTAKER R C Kirby
Boston

ADDRESS

Received and filed 5/25/31 19

A TRUE COPY, ATTEST:

(Registrar)

May 17, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Peter Bent Brigham Hospital St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 4926

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

William F Purcell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

58 Cottage Ave

St.,

Ward Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of Charlotte Mountpleasant

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 46

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

laborer

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

general work about boats

10 Date deceased last worked at
this occupation (month and
year)

1/?/31

11 Total time (years)
spent in this
occupation

10

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF
FATHER

James F Purcell

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Louisa Potter

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Nova Scotia

17

Informant
(Address)

John T Purcell

961 Broadway Somerville

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

HFR

(Signature of Agent of Board of Health or other)

5/25/31

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 24 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

2/25/31

19

to 5/24/31

19

I last saw him alive on 5/24/31, 19, death is said

to have occurred on the date stated above, at 7:35p.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Subacute bact. endocarditis

-

Contributory causes of importance not related to principal cause:

Broncho pneumonia

days

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C L Clay

M. D.

(Address)

Peter B Brigham Hosp

Date 5/25/31

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

5/26/31

19

22 NAME OF
UNDERTAKER

F A Magrath

ADDRESS

Boston

Received and filed

5/28/31

19

A TRUE COPY, ATTEST:

(Registrar)

circum m. 1 insect

May 24, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Peter Bent Brigham Hospital St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 5070

2 FULL NAME

Catherine Booth

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

88 Birch Rd

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 20

Years 2

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

stenographer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

office

10 Date deceased last worked at this occupation (month and year)

1/1931¹¹ Total time (years) 2
spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Lawrence

13 NAME OF FATHER

Thomas Booth

PARENTS

14 BIRTHPLACE OF FATHER (City)

(State or country)

Scotland

15 MAIDEN NAME OF MOTHER

Christina H Rennie

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Scotland

17

Informant (Address)

father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

HFR

(Signature of Agent of Board of Health or other)

5/31/31

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 29 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

5/15/31

19

to

5/29/31

I last saw her alive on 5/29/31, 19, death is said

to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Rheumatic heart disease
(mitral insufficiency)

Date of onset

mos

Contributory causes of importance not related to principal cause:

Adhesive pericarditis

mos

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. L. Clay

(Address)

Peter B Brigham Hosp 5/30/31

Date

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Bellevue Lawrence

(Cemetery)

(City or town)

DATE OF BURIAL

6/2/31

19

22 NAME OF UNDERTAKER

C. A. Rollins

ADDRESS

Boston

Received and filed

6/2/31

19

A TRUE COPY, ATTEST:

(Registrar)

JUL 1 1931

May 29, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30. No. 7997-c



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial
permit with Board of
Health or its Agent.

18,223

Registered No. 109

1 PLACE OF DEATH
Suffolk County
Wentworth
(City or Town)
Nor. Bulfinch 2 Ele Inlet (Inlet) Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME George L. Stewart
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. Wentworth 39 Fairview Ward,
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 5 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Neelken
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation. 12 months 13 years

12 BIRTHPLACE (City) Cambridge
(State or country) Mass.

13 NAME OF FATHER George W. Stewart
14 BIRTHPLACE OF FATHER (City) Chesham
(State or country) Maine

15 MAIDEN NAME OF MOTHER Amelia E. Armstrong
16 BIRTHPLACE OF MOTHER (City) Cape Breton
(State or country)

17 Informant (Address) Amelia E. Stewart
39 Fairview Street

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 6/9/31
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 30(?) 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Drowning, Suicidal
(Found in tide water,
decomposed, heavily weighted
by stake)

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) James B. Smith, M. D.
(Address) 100 N. Main St. Date 6/9/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wentworth
(Cemetery) (City or town)

DATE OF BURIAL June 9/31 1931

22 NAME OF UNDERTAKER Charles R. Bennett

ADDRESS Wentworth Mass.

Received and filed JUN 10 1931 19

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L., as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) **Under cause**, the nature of an injury and of its consequences; and (2) **under manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) **Under cause**, its known or presumable nature; and (2) **under manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

(1) e have

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hospital, Fort Banks, Mass., W.W. Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 110

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maude Mary (Briggs) Buckman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. Sanford, Maine

St., Ward, Sanford, Me.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

(write the word)

WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Harold M. Buckman.

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

32

Years

5

Months

26

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Sanford,

(State or country)

Maine

13 NAME OF FATHER

James John Briggs

14 BIRTHPLACE OF FATHER (City)

Manchester,

(State or country)

England

15 MAIDEN NAME OF MOTHER

Mary Jane Thurston,

16 BIRTHPLACE OF MOTHER (City)

Yorkshire,

(State or country)

England

17

Informant (Address)

Harold M. Buckman,

Sanford, Me.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

June

1,

1931.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 1,

1931, to

June 1,

1931.

I last saw her alive on June 1, 1931, death is said

to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Carcinoma, cervix, uteri

1926

Contributory causes of importance not related to principal cause:

Name of operation None

Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

John A. Isherwood

John A. Isherwood,

Date 5/1

M. D.

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Oakdale, Sanford, Me.

(Cemetery)

(City or town)

DATE OF BURIAL

June 4,

1931

22 NAME OF UNDERTAKER

Charles E. Bennison,

ADDRESS

Winthrop, Mass.

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon its permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows: "

	Date of onset
Chronic interstitial nephritis	1915
Atherosclerosis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2000-11-29, No. 7180-a

One Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1112

PLACE OF DEATH
1 Suffolk (County)
Winthrop (City or Town)
No. 291 Main St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J. Love
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 291 Main St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. days. How long in U. S., if of foreign birth? 60 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Williams (Husband's name in full) Love

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 2 Months 17 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 10 Date deceased last worked at this occupation (month and year) 1927 11 Total time (years) spent in this occupation 40

PARENTS 12 BIRTHPLACE (City) (State or country) Ireland 13 NAME OF FATHER John McMonagle 14 BIRTHPLACE OF FATHER (City) (State or country) Ireland 15 MAIDEN NAME OF MOTHER Susan Doherty 16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Lena Love 291 Main St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress (Signature of Agent of Board of Health or other) Health Officer 6/3/31 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 1, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 1, 1931, to June 1, 1931. I last saw her alive on June 1, 1931, death is said to have occurred on the date stated above, at 12 P. M.
The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Haemorrhage Date of onset May 29/31
Contributory causes of importance not related to principal cause: Hypertension 1927

Name of operation What test confirmed diagnosis? Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Date 6/2 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) (City or town) DATE OF BURIAL June 4 1931

22 NAME OF UNDERTAKER William A. Treanor ADDRESS 559 Harvard St. E. Boston JUN 5 1931

Received and filed 19
A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," operative, etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *seam machinists* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name any morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insignificant, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a "retreat" as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retreat shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral tery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29, No. 7180-b

Suffolk
(County)

Boston
(City or Town)

No. **Palmer Memo Hospital St.** Ward {

Boston
(City or town making return)

Registered No. **5210**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Fred Somerby**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No.** **235 Washington** **St.** **Ward,** **Winthrop**
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** **4 COLOR OR RACE** **W** **5 SINGLE** (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

5a If married, widowed, or divorced **Lucille Smith**
HUSBAND of (Give maiden name of wife in full)

(or) **WIFE of** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7
AGE **63** Years **3** Months **3** Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **salesman**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Metal Trades Asso**

10 Date deceased last worked at this occupation (month and year) **10/1930** **11 Total time (years) spent in this occupation** **11**

12 BIRTHPLACE (City) **Bangor Me**
(State or country)

13 NAME OF FATHER **Augustus Somerby**

14 BIRTHPLACE OF FATHER (City) **Bangor Me**
(State or country)

15 MAIDEN NAME OF MOTHER **- Mirch**

16 BIRTHPLACE OF MOTHER (City) **-**
(State or country)

17
Informant **wife**
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

CS
(Signature of Agent of Board of Health or other)

6/5/31
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 3 1931**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **4/10/31**, 19, to **6/3/31**, 19.

I last saw him alive on **6/3/31**, 19, death is said to have occurred on the date stated above, at **6:05p** m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of neck (bilateral) **1 yr**
Metastatic from tongue **3 yrs**

Contributory causes of importance not related to principal cause:

Hemorrhage **1 day**

Resection of tongue **1928**
Name of operation **Dissection of neck** Date of **1930**
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) **G N Leland** **1930** M. D.
(Address) **144 Comm. Ave** Date **6/3/31**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Woodlawn Everett**
(Cemetery) (City or town)

DATE OF BURIAL **6/6/31** **19**

22 NAME OF UNDERTAKER **C A Rollins**
Boston
ADDRESS

Received and filed **6/8/31** **19**

A TRUE COPY, ATTEST: (Registrar)

JUL 1 1931

June 3, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-'29. No. 7180-a

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 16 Ballows St.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 123

2 FULL NAME Mary A. Burnett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Hancock Street

St.,

Ward, Everett, Mass.

Length of residence in city or town where death occurred

yrs.

mos. 5

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

widow

5a If married, widowed, or divorced

HUSBAND of

John Y. Burnett

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

71

Years

3

Months

22

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home

10 Date deceased last worked at this occupation (month and year) June-1931

11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Charlestown

(State or country)

Mass.

13 NAME OF FATHER Timothy Brinnin

14 BIRTHPLACE OF FATHER (City) Ireland

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER Julia Fitzpatrick

16 BIRTHPLACE OF MOTHER (City) Ireland

(State or country)

Ireland

17

Informant (Address)

Mr. Edward J. Burnett

32 Sturgis St. Medford, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/4/31

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 4

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I attended deceased from

May 1, 1931, to June 4, 1931

I last saw him alive on May 1, 1931, death is said

to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis
Consulted Dr. J. E. Hanson
Medical Examiner

Date of onset

5/1/31

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter B. Willey

M. D.

(Address) 543 B. Way

Date June 1931

21 PLACE OF BURIAL, Holy Cross-Malden

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL June-6-1931

19

22 NAME OF UNDERTAKER

J. E. Hanson Co.

ADDRESS

Everett, Mass.

Received and filed

JUN 5 1931

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of illness. If the deceased causing death, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *rent merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, name any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of an attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
"Bronchopneumonia: If primary cause, write the word
"primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a

PLACE OF DEATH		Suffolk County		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Winthrop		Registered No. 475	
1		Winthrop		STANDARD		CERTIFICATE OF DEATH					
		(City or Town)									
		No. Station Hospital, Ft. Banks, Mass., St., W.W.		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME		Vivrett, Candy R.		(If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)			
(a) Residence. No.		Clinton, Kentucky		St.,		Ward,					
(Usual place of abode)											
Length of residence in city or town where death occurred		yrs. 2 mos.		days		How long in U. S., if of foreign birth?		yrs.		mos. days.	
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)		6 MARRIED		7 WIDOWED		8 DIVORCED		9 Single	
Male	White										
5a If married, widowed, or divorced											
HUSBAND of (Give maiden name of wife in full)											
(or) WIFE of (Husband's name in full)											
6 IF STILLBORN, enter that fact here.											
7 AGE 44 Years -- Months -- Days If less than 1 day Hours Minutes											
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier, U.S. Army											
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.											
10 Date deceased last worked at this occupation (month and year) May 4, 1931 Total time (years) spent in this occupation 16 years											
12 BIRTHPLACE (City) Clinton, (State or country) Kentucky											
13 NAME OF FATHER James W. Vivrett,											
14 BIRTHPLACE OF FATHER (City) Unknown (State or country)											
15 MAIDEN NAME OF MOTHER Unknown											
16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)											
17 Informant C. R. Bennison (Address) 300 - ...											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:											
Wm. L. Childress (Signature of Agent of Dept. of Health or other)											
Health Officer (Official Designation) 6/5/31 (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH June 4, 1931 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to June 4, 1931, 19 I last saw him alive on June 4, 1931, death is said to have occurred on the date stated above, at 1.30 P.M.											
The principal cause of death and related causes of importance in order of onset were as follows:											
Acute dilatation of heart Date of onset 4/3/31											
Contributory causes of importance not related to principal cause:											
1. Nephritis, diffuse, chronic, severe											
2. Cardiac hypertrophy, severe.											
3. Hyperemia of liver, passive, severe											
Name of operation -- Date of --											
What test confirmed diagnosis? -- Was there an autopsy? No											
20 Was disease or injury in any way related to occupation of deceased? NO If so, specify P.B. Compton											
(Signed) A. G. COMPTON, Major, Med. Corps, M. D. (Address) Ft. Banks, Mass. Date 8/1/1931											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Clinton, Kentucky (Cemetery) (City or town)											
DATE OF BURIAL June 8, 1931 19											
22 NAME OF UNDERTAKER r. Charles E. Bennison, Address inthrop, Mass.											
Received and filed JUN 6 1931 19											
A TRUE COPY, ATTEST: (Registrar)											

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipela, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29, No. 7180-a

PLACE OF DEATH		Suffolk (County)		Dorchester (City or Town)		Registered No. 116	
1		No. 15	Seymour	St.,	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Harnet F. Cushing				{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 15		Seymour	St.,	Ward,	(If nonresident, give city or town and state)		
Length of residence in city or town where death occurred		10	ys.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)					
Female	White	MARRIED WIDOWED or DIVORCED Single					
5a If married, widowed, or divorced							
HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE 98 Years 9 Months 17 Days If less than 1 day Hours Minutes							
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10 Date deceased last worked at this occupation (month and year)							
11 Total time (years) spent in this occupation							
12 BIRTHPLACE (City) (State or country) Halmouth mass							
13 NAME OF FATHER Hosea Cushing							
14 BIRTHPLACE OF FATHER (City) (State or country) Hull mass							
15 MAIDEN NAME OF MOTHER Hannah L. Higgins							
16 BIRTHPLACE OF MOTHER (City) (State or country) Charlestown mass							
17 Informant Ella M. Witham (Address) 15 Seymour St							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
V. M. D. Childress (Signature of Agent or Board of Health or other)							
Health Officer (Official Designation) 6/15/31 (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH June 4 1931 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from 19 to 19							
I last saw him alive on 19 death is said to have occurred on the date stated above, at m.							
The principal cause of death and related causes of importance in order of onset were as follows:							
Similarity of onset							
Contributory causes of importance not related to principal cause:							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy?							
20 Was disease or injury in any way related to occupation of deceased? no							
If so, specify (Signed) (Address) 114 Pleasant St. Date June 5 1931 M. D.							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)							
DATE OF BURIAL June 7 1931							
22 NAME OF UNDERTAKER C. H. Laurence (Address) Chelsea							
Received and filed JUN 6 1931 19							
A TRUE COPY, ATTEST: (Registrar)							

ted States Standard C

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been even up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of *own housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

7.—The industry of business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. *Artist*, *painter*, the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between a *field mechanic* and a *workshop mechanic*. A person who sells goods should be called a *clerk*.

Statement of cause of cause—Cause of death means the disease, injury, or complication which causes death *not* the mode of dying, *e. g.*, heart failure, asphyxia, assthemia, etc. As the principal cause, name the disease or injury causing death. As related causes, name any morbid conditions. If any, related to the principal cause, name any important complication of the principal cause. Under each, but only causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

[illegible]

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A **Physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of the undertaker or other authorized person or of any member of the family, of the deceased, furnish for registration a standard certificate of the death, stating to the best of his knowledge and belief the name of the deceased, the age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when seen alive by the physician or officer and the date of his death....
Sen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by law to an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, without the clerk or physician may require.—*Chap. 114, sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

.....He sha. in all cases certify the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec 7.*

No undertaker or other person shall bury any human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, sec. 40, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 68 Taft Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Henry Jordan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 68 Taft Ave

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

1

yrs.

mos.

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Rose M. Pearson
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

57

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Traveling
Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

1 year

11 Total time (years) spent in this occupation

2 yrs

12 BIRTHPLACE (City)
(State or country)Boston
Mass

13 NAME OF FATHER

Patrick Jordan

14 BIRTHPLACE OF FATHER (City)
(State or country)Cork
Ireland

15 MAIDEN NAME OF MOTHER

Bridget O'Shaughnessy

16 BIRTHPLACE OF MOTHER (City)
(State or country)Cork
Ireland

17

Informant
(Address)Rose M. Jordan
68 Taft Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No.

#7

(If U. S.

War Veteran,
specify WAR)

116

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

6

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 6, 1931, to June 6, 1931

I last saw him alive on June 6, 1931, death is said

to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of brain

Date of onset
1930

Contributory causes of importance not related to principal cause:

Terminal bronchopneumonia 1931

Name of operation Exploratory of brain

What test confirmed diagnosis? Biopsy Date of 1929

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob Abrams M. D.

(Address) 62 Quincy St., Winthrop Date June 7 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Haw Cross

Malden

(Cemetery)

(City or town)

DATE OF BURIAL June 9, 1931

22 NAME OF UNDERTAKER

Frank A. Welsh

ADDRESS 721 Broadway Chelsea

Received and filed

JUN 10 1931

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of a home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia; if primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item on this form should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



Chelsea

(City or town making return)

Suffolk

(County)

Chelsea

(City or Town)

No. Chelsea Memorial Hosp.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 340

118
117

2 FULL NAME David Joseph Gaddis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 23 Charles

(Usual place of abode)

St.,

Ward,

(If U. S.

War Veteran,
specify WAR)

Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of Margaret Mansfield (Gaddis)

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

39

Years

10

Months

21

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Asst. Treasurer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Sterling Paint Co.

10 Date deceased last worked at this occupation (month and year)

June 5, 1931

11 Total time (years) spent in this occupation

9

12 BIRTHPLACE (City)

Cambridge,

(State or country)

Mass.

13 NAME OF FATHER

David Gaddis

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Sarah Dixon

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

Margaret Gaddis

23 Charles St.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 8,

1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 8, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 4,

1931

to June 8,

1931

I last saw him alive on June 8, 1931, death is said

to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Intestinal obstruction
(Intussusception)

Date of onset

?

Contributory causes of importance not related to principal cause:

Probable duodenal ulcer
Hemorrhilia

Intestinal obstruction

6/7/31

Name of operation

clinical

Date of

no

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. W. Layton

(Address) 270 Commonwealth Av. Boston

Date 6/8

1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Calvary

Boston

DATE OF BURIAL

June 10,

(City or town) 31

22 NAME OF UNDERTAKER

John F. O'Waley

ADDRESS

Winthrop

Received and filed

JUN 27 1931

19

(Registrar of City or Town where deceased resided)

June 8, 1931.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

PLACE OF DEATH

(County)

Winthrop, Mass.

(City or Town)

No. 15 Tewksbury St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 119

2 FULL NAME

Bertha Furman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 15

Tewksbury

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos. 18

days.

How long in U. S., if of foreign birth? 30 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joseph Furman
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

32

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife
at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

April 1931

11 Total time (years) spent in this occupation

15

12 BIRTHPLACE (City)
(State or country)Palestine
Jerusalem

13 NAME OF FATHER

Solomon Gottlieb

14 BIRTHPLACE OF FATHER (City)
(State or country)Palestine
Jerusalem

15 MAIDEN NAME OF MOTHER

Sarah Youdilovitz

16 BIRTHPLACE OF MOTHER (City)
(State or country)Palestine
Jerusalem

17

Informant
(Address)Joseph Furman
15 Tewksbury St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Official Designation

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

(Month)

9

(Day)

1931

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 31

1931, to June 9

1931

I last saw her alive on June 9, 1931, death is said

to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Septicemia
Anaphylaxis due to
blood transfusion

Date of onset
June 4

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Roitman

M. D.

(Address) 47 Washington Ave Date June 10 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth Israel & Covert

(Cemetery)

(City or town)

DATE OF BURIAL

June

10

1931

22 NAME OF UNDERTAKER

Albert Black

ADDRESS 665 Boston Ave. Malden

Received and filed

19

(Registrar)

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a tomb, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, above said, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attention or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—provide family, cook—hold, etc.* For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 120

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 123 Winthrop St., Winthrop, Mass. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jessie Botrell Allen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 36 Hancock St., Boston, Mass. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE

MARRIED
widowed
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frederic A. Allen

6 IF STILLBORN, enter that fact here.

7

AGE 78 Years 6 Months 18 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housework

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Own Home

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this occupation 50
May 1931

12 BIRTHPLACE (City)

(State or country)

St. Johns Newfoundland

13 NAME OF

FATHER

Richard Atwell

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Devonshire, England

15 MAIDEN NAME

OF MOTHER

Eliza Luscomb

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Devenshire, England

17

Informant
(Address)

Gladys Johnson (daughter)

123 Winthrop St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June

10

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 7

1931, to

June 10

1931.

I last saw him alive on June 9, 1931, death is said
to have occurred on the date stated above, at 3 A.M.The principal cause of death and related causes of importance in order of
onset were as follows:

Robert Brown monia

Left Brain

Date of onset

June 6, 1931

Contributory causes of importance not related to principal cause:

Myocarditis

June 2

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Harry W. Sordahl

M. D.

(Address)

51 Bay State Bldg.

Date June 10, 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Mt. Auburn Cem.

(Cemetery) Cambridge, Mass

DATE OF BURIAL

June 12, 1931

19

22 NAME OF
UNDERTAKER

J. E. Waberman & Sons

ADDRESS 495 Commonwealth Ave., Boston

Received and filed

JUN 16 1931

19

(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PRELIMINARY NOTICE. PHYSICIANS should state
information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION
CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.
is very important.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 5.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or its insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

SUFFOLK

(County)



Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 120

PLACE OF DEATH

WINTHROP
(City or Town)
No. 235 BOWDOIN St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MINERED H. TUTTIN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 235 BOWDOIN St., Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE 4 COLOR OR RACE WHITE 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) MARRIED

5a If married, widowed, or divorced
HUSBAND of MARGARET M ROSS
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. STATION AGENT

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. BOSTON REVERE BEACH LYNN

10 Date deceased last worked at
this occupation (month and
year) MAY 1928 11 Total time (years)
spent in this occupation 30

12 BIRTHPLACE (City) CHELSEA MASS
(State or country)

13 NAME OF FATHER FREDERICK C

14 BIRTHPLACE OF FATHER (City) CHELSEA MASS
(State or country)

15 MAIDEN NAME OF MOTHER CARRIE M HAWKES

16 BIRTHPLACE OF MOTHER (City) NORTH ADAMS MASS
(State or country)

17 Informant MAY TUTTIN
(Address) 235 BOWDOIN ST

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/15/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH JUNE 11 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
May 1931 to June 11, 1931
I last saw him alive on June 11, 1931, death is said
to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Tuberculosis of lungs Date of onset 1929
Tuberculosis of spine
Renal = Perineal (18 hours) 6-11-31

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Charles E. Plinson, M. D.
(Address) Revere Date 6-12 1931

21 PLACE OF BURIAL, OAK GROVE MEDFORD
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL JUNE 14 1931

22 NAME OF UNDERTAKER R J DENEILL
ADDRESS REVERE

Received and filed JUN 16 1931 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the kind of engine, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *stationer* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or is the selectman for the township, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200-M-11-29. No. 7180-a



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No. 132

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 153 Court Rd.

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Myrtle Marie Clason Curtin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

153 Court Rd

St.

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

David Curtin

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

59

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Iron Works

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

June 15, 1931

42

12 BIRTHPLACE (City)

West Union

(State or country)

Iowa

13 NAME OF
FATHER

Jacob Clason

14 BIRTHPLACE OF
FATHER (City)

Beaver Dam

(State or country)

Wisconsin

15 MAIDEN NAME
OF MOTHER

Bernelia J. Johnson

16 BIRTHPLACE OF
MOTHER (City)

Lake Geneva

(State or country)

New York

17

Informant
(Address)David Curtin
153 Court Rd.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

H.O. June 12/1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June

12

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 28, 1931, to June 12, 1931.

I last saw her alive on June 11, 1931, death is said

to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Carcinoma of
Stomach and Duodenum

?

Contributory causes of importance not related to principal cause:

Hemorrhage (Terminal)

Name of operation

none

Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

Daniel J. O'Brien

M. D.

(Address) 78 Washington Ave. Date June 12 1931.

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Calvary

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

June 14

1931

22 NAME OF
UNDERTAKER

John F. O'Malley

ADDRESS

79 Mount St. Winthrop

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.. *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store, factory, mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, do not use the word "mechanic" but give the exact occupation, as *car painter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 12121 PLACE OF DEATH
Salem
(County)
Winthrop
(City or Town)
No. 108 Almont St., 4 Ward(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Geo. V. Kent
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 108 Almont St., 4 Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Married (write the word)
MARRIED
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Susan B. Salloway
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years 5 Months 17 Days If less than 1 day
Hours MinutesOCCUPATION: 8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Superintendent Boston
Water Dept. Submarine
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10 Date deceased last worked at
this occupation (month and
year) June 13/31 11 Total time (years)
spent in this
occupation 2212 BIRTHPLACE (City)
(State or country) Newbury Mass13 NAME OF
FATHER Otis L. Kent14 BIRTHPLACE OF
FATHER (City) Newbury Mass
(State or country)15 MAIDEN NAME
OF MOTHER Emily Marshall16 BIRTHPLACE OF
MOTHER (City) Andover Mass
(State or country)17 Informant Life Insurance Co. Winthrop
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:William W. Childers
(Signature of Agent of Board of Health or other)Agent June 15th 1931
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH June 13 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

new, 19 , to new, 19 ,
I ~~last~~ saw h. alive on , 19 , death is saidto have occurred on the date stated above, at m.The principal cause of death and related causes of importance in order of
onset were as follows:Natural Causes.Probably Angina pectoris

Date of Onset

June 13 1931

Contributory causes of importance not related to principal cause:

Name of operation new Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Raymond B. Parker M. D.
(Signed) Winthrop Board of Health Date June 15 1931
(Address)21 PLACE OF BURIAL,
CREMATION OR REMOVAL West Auburn Cemetery
(Cemetery) (City or town)DATE OF BURIAL June 15 1931 19 22 NAME OF
UNDERTAKER Walter T. White
ADDRESS WinthropReceived and filed JUN 16 1931 19

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *at home*. For a woman whose occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant's salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of important nature related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith consent to it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. as amended.*

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

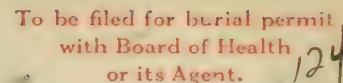
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-'29. No. 7180-b

PLACE OF DEATH		Suffolk (County)		Boston (City or Town)		Registered No. 5463	
1		No.	Mass General Hospital Baker Memorial Hospital	St.	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME	Abraham Wingersky (If deceased is a married, widowed or divorced woman, give also maiden name.)				{ (If U. S. War Veteran, specify WAR)	
(a)	Residence. No.	206 Washington Ave		St.	Ward, Winthrop	(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS							
3	SEX	4	COLOR OR RACE	5	SINGLE MARRIED WIDOWED or DIVORCED	(write the word)	
	M		W		Married		
5a	If married, widowed, or divorced HUSBAND of Elizabeth Sarqui (Give maiden name of wife in full)						
(or)	WIFE of (Husband's name in full)						
6	IF STILLBORN, enter that fact here.						
7	AGE	72	Years	11	Months	14	Days
	If less than 1 day		Hours Minutes				
OCCUPATION	8	Trade, profession, or particular kind of work done, as spinner, salesman, sawyer, bookkeeper, etc.					
	9	Industry or business in which work was done, as silk mill, cigars, saw mill, bank, etc.					
	10	Date deceased last worked at this occupation (month and year)		11		Total time (years) spent in this occupation	
		1920		40			
12	BIRTHPLACE (City) (State or country) Toronto Can						
PARENTS	13	NAME OF FATHER Gabreial Wingersky					
	14	BIRTHPLACE OF FATHER (City) (State or country) Russia					
	15	MAIDEN NAME OF MOTHER Sarah Susan -					
	16	BIRTHPLACE OF MOTHER (City) (State or country) Holland					
17	Informant Granville Rogers (Address) 206 Washington Ave Winthrop						
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
		AEC (Signature of Agent of Board of Health or other)					
		6/15/31 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH							
18	DATE OF DEATH June 14 1931 (Month) (Day) (Year)						
19	I HEREBY CERTIFY, That I attended deceased from 5/23/31, 19, to 6/14/31, 19, I last saw him alive on 6/14/31, 19, death is said to have occurred on the date stated above, at 3:p m.						
The principal cause of death and related causes of importance in order of onset were as follows:							
Benign prostatic hypertrophy						21 das ago	
Contributory causes of importance not related to principal cause:							
Septicemia: type undetermined						6 das ago	
Perivesical abscess						ago	
Name of operation Suprapubic cystotomy Date of 5/30/31							
What test confirmed diagnosis? Was there an autopsy?							
20	Was disease or injury in any way related to occupation of deceased? If so, specify W F Wood Mass Gen Hosp M. D. (Address) Date 19						
21	PLACE OF BURIAL, CREMATION OR REMOVAL Temple Ohabei Shalom (Cemetery) (City or town) Boston						
	DATE OF BURIAL 6/16/31 19						
22	NAME OF UNDERTAKER JS Waterman & Sons ADDRESS Boston						
Received and filed 6/18/31 19							
A TRUE COPY, ATTEST: (Registrar)							

William Thurgood
June 14, 1931.



Registered No. 125

Suffolk
(County)
Wentworth
(City or Town)

No. Quicksilver Community No. 9

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 105 Quincy Ave. St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred	yrs.	mos.	days.	How long in U. S., if of foreign birth?	yrs.	mos.	days.
--	------	------	-------	---	------	------	-------

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	(write the word)
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5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) **WIFE** of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7
AGE 28 Years Months Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. The Safety Co.

10 Date deceased last worked at this occupation (month and year) June 7, 1931

11 Total time (years) spent in this occupation 4

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

13 NAME OF FATHER *William*

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Gertrude Baldwin

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

17 Informant *K. Doro, an*
(Address) *Wahman 102*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other
Health Officer)
Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 14 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 7, 1931, to June 14, 1931,
I last saw him alive on June 14, 1931, death is said
to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Generalized tonic-clonic

Contributory causes of importance not related to principal cause:
Syphilis of hereditary *type*

Name of operation Friendship Date of 10/5/1
What test confirmed diagnosis? _____ Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....
(Signed) C. J. Honey, M. D.
(Address) St. Joseph Date 6/15 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Isly Cross Malabar*
(Cemetery) (City or town)

DATE OF BURIAL..... June 17 1921

22 NAME OF UNDERTAKER John T. Oyler

ADDRESS *Wentworth*

Received and filed 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of a certifying as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body, or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), internal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954.

Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 126

PLACE OF DEATH Suffolk (County)
 Wintthrop (City or Town)
 No. 380 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nora Bowen
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 380 Shirley St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. **How long in U. S., if of foreign birth?** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single
------------------------	---------------------------------	---

6a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 73 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper	11 Total time (years) spent in this occupation 30
--	---

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Own Home

10 Date deceased last worked at this occupation
May 20

12 BIRTHPLACE (City) (State or country)
Ireland

13 NAME OF FATHER
Dennis Bowen

14 BIRTHPLACE OF FATHER (City) (State or country)
Ireland

15 MAIDEN NAME OF MOTHER
Johanna Casey

16 BIRTHPLACE OF MOTHER (City) (State or country)
Ireland

17 Informant (Address)
Mr. Mulligan
380 Shirley St.

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm. S. Childress
 (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 6/16/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 15 1931
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19
 I last saw him alive on 19, death is said to have occurred on the date stated above, at 2:30 A. M.
 The principal cause of death and related causes of importance in order of onset were as follows:
 Natural Causes
 Probably Acute Myocarditis
 Date of Onset June 15, 1931

Contributory causes of importance not related to principal cause:
 Chronic Myocarditis
 (Statement of family doctor) Feb 1931

Name of operation None **Date of** What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify Raymond B. Parker, M. D.
 (Address) Wintthrop Board of Health, Date June 15 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston
 (Cemetery) (City or town)
DATE OF BURIAL June 18 1931

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Wintthrop
 JUN 16 1931

Received and filed 19 (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, if the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from diseases unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-0-30. No. 9954.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 127

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 109- Shore Wrine St., B - Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Hannie Clayton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 109 Shore Wrine St., B Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 2 yrs. - mos. - days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Samuel Clayton (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years 3 Months 9 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Edward Heaton

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Hannah - (Not Known)

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Lou Fay Clayton (Address) Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer 6/17/31 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 15 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to June 15, 1931.

I last saw her alive on June 15, 1931, death is said

to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes.
Probably Angina Pectoris. June 15, 1931

Contributory causes of importance not related to principal cause:

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B Parker (Signed) M. D.
(Address) Board of Health Date June 16 1931.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL June 17 1931

22 NAME OF UNDERTAKER Walter T. White (Address) Winthrop Mass

Received and filed June 17 1931

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not paitantly employed may be returned as of *school* or of *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, as, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Order contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town, where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from person cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. *Winthrop Com. Hospital* St., *Ward*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent. *127*
Registered No. *128*

2 FULL NAME *Mary Goodman*
(If deceased is a married, widowed or divorced woman give also maiden name)
(a) Residence. No. *20 Wave Way* St., *Ward*,
(Usual place of abode)
(If non-resident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? *70* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
Married *Widowed*
5a If married, widowed, or divorced
HUSBAND of *Joseph Goodman*
(Give maiden name of wife in full)
(or) WIFE of *Joseph Goodman*
(Husband's name in full)
6 IF STILLBORN, enter that fact here
7 AGE *68* Years Months Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10 Date deceased last worked at this occupation (month and year) *June 7, 1931* 11 Total time (years) spent in this occupation *35*

12 BIRTHPLACE (City) (State or country) *Russia*
13 NAME OF FATHER *Heindel Levine*
14 BIRTHPLACE OF FATHER (City) (State or country) *Russia*
15 MAIDEN NAME OF MOTHER *Sarah Seligman*
16 BIRTHPLACE OF MOTHER (City) (State or country) *Russia*

17 Informant *Leo Goodman*
(Address) *20 Wave Way Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) *6/17/31*
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 16, 1931*
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from *January 3, 1929*, to *June 16, 1931*.
I last saw her alive on *June 16, 1931*, death is said to have occurred on the date stated above, at *7:45 AM*.

The principal cause of death and related causes of importance in order of onset were as follows:
Chronic myocarditis
Contributory causes of importance not related to principal cause:
coronary sclerosis
arteriosclerosis general
hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *Samuel Smith* M. D.
(Address) *6 Wave Way Ave.* Date *June 16, 1931*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Trefaroth Israel*
(Cemetery) (City or town)
DATE OF BURIAL *June 17, 1931*

22 NAME OF UNDERTAKER *Jacob W. Levine*
ADDRESS *57 Bowdoin St. Boston*

Received and filed *June 17, 1931*
(Registrar)

June 16, 1903.

GOVERNING THE

CERTIFICATE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits.

the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human

body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or the receiving of a body

from one grave or vault over into the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original instrument by a satisfactory certificate of the attestation of the

physician, and, if necessary, by a satisfactory certificate of the attending physician. If, any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the

Board or not, or employed by it or by the regiment for the purpose shall upon application make the certificate required of the attending physician and surgeon, or, in the absence of either, the medical examiner shall make such certificate. If the doctor is a medical officer, a medical certificate as required by section ten of chapter forty-six, that the doctor served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit

It is the clerk of the town or registration, the person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

No undertaker or other person shall bury a human body or the

he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from

he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 27 Wave Way Ave. Winthrop St., Ward {

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent. 128

Registered No. 29

2 FULL NAME

Moses Glaser

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No.

27 Wave Way Ave. St., Winthrop Mass

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. days.

How long in U. S., if of foreign birth? 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Mary Ida Leverson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

59

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Merchant

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Knit ware & Dry Goods

10 Date deceased last worked at this occupation (month and year)

April 1931

11 Total time (years) spent in this occupation

35

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Harris Glaser

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Franklin Unknown

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Small Glaser, 27 Wave Way Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

6/17/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

17th

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 15

1931

to

June 17

1931

I last saw him alive on

June 12

1931

death is said

to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary Neoplasia

Date of onset

Before

April 1931

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

None

What test confirmed diagnosis?

X-Ray

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

William Glaser

(Signed)

311 Commonwealth Ave. Boston

Date

6/17 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth Israel Cemetery, Winthrop

DATE OF BURIAL

June 17

1931

NAME OF UNDERTAKER

Jacob H. Levine

ADDRESS

157 Forest St. Dorchester

Received and filed

June 19, 1931

1931

(Registrar)

June 17, 1931

EXTRACTS
FROM THE LAWS OF
HEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers, by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "an engineer." Do not use more precise statements of the occupation can be secured. Do not use the word "mechanic." But give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *dealer*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of any member or other authorized person or of any representative of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, the date of the death, the cause of death, and the place where the death occurred. If the deceased was a person who, before the same was contracted, the duration of his last illness, when alive by the physician or officer and the date of his death.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a record, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury any human body or the ashes thereof which have been brought into the community. If any person has received a permit so to do, or if there is no such board appointed to issue such permits, or if there is no health officer, the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Miscellaneous.** Examiners will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting electrical and by the action of chemical (drugs or poisons), thermal or physical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-41-'29. No. 7180-b

Suffolk

(County)

Boston

(City or Town)

No. Mass Gen Hospital
Baker Memorial Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Archey C Floyd

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

320 Bowdoin

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Mary C Wells

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 59 Years 9 Months 4 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

restaurant mgr

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

himself

10 Date deceased last worked at this occupation (month and year)

5/1/31

11 Total time (years)

spent in this

occupation 30

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

PARENTS

13 NAME OF FATHER

David E Floyd

14 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Sarah Raymond

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant
(Address)Arthur D Floyd62 Sherman Ave Medford

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

AEC

(Signature of Agent of Board of Health or other)

6/18/31

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 5522(If U. S.
War Veteran,
specify WAR)1309
129

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 18 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/15/31, 19 , to 6/18/31, 19 .I last saw him alive on 6/18/31, 19 , death is said to have occurred on the date stated above, at 4:00a m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cystitis

Date of onset

4 yrs.Pyelonephritisago

Contributory causes of importance not related to principal cause:

Broncho pneumonia1 wk
agoName of operation Date of What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. F. Wood

M. D.

(Address)

Mass. Gen HospDate 6/18/1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

WinthropWinthrop

(Cemetery)

(City or town)

DATE OF BURIAL

6/20/31

19

22 NAME OF UNDERTAKER

C R Bennison

ADDRESS

Winthrop

Received and filed

6/20/31

19

A TRUE COPY, ATTEST:

(Registrar)

June 18, 1961

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Shrewsbury
(City or town making return)

Registered No. 130

PLACE OF DEATH

Worcester
(County)

Shrewsbury
(City or Town)

No. Masonic Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stanley Crawford Wyman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 South Ave

(Usual place of abode)

St.,

Ward, Winthrop, Mass

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

8 mos. 1

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Clara cannot be learned

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

84

Years

10

Months

21

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

clerk B.&M RR

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Worcester

(State or country)

Mass

13 NAME OF FATHER

George E. Wyman

14 BIRTHPLACE OF FATHER (City)

Northboro,

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Hannah Robbins

16 BIRTHPLACE OF MOTHER (City)

cannot be learned

(State or country)

"

"

"

17

Informant (Address)

Mrs. Helen Tolman

Masonic Hospital, Shrewsbury

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 20

1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 18, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Oct. 17

1930

to June 18

1931

I last saw him alive on June 17

1931

death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

3

yrs

Contributory causes of importance not related to principal cause:

Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Albert J. McCrea

M. D.

(Address) Southbridge, Mass

Date 6/20 1931

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Forest Hills-Jamaica

(Cemetery)

(City) Plains

DATE OF BURIAL

June 20, 1931

19

22 NAME OF UNDERTAKER

C.R. Bennison

ADDRESS

147 Winthrop St., Winthrop

Received and filed

JUL 13 1931

19

(Registrar of City or Town where deceased resided)

21 - Sanford Hyman
June 18, 1938.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30, No. 7997-c



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial
permit with Board of
Health or its Agent.

Registered No. 732

1 PLACE OF DEATH (County) Wentworth
(City or town) Community Hospital
No. St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number) 31

2 FULL NAME Anthony Pino
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 91 Marshall St., Ward,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE 7 Years 8 Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10 Date deceased last worked at
this occupation (month and
year) 11 Total time (years)
spent in this
occupation..

12 BIRTHPLACE (City) Katimam, Mass.
(State or country)

13 NAME OF FATHER Samuel Pino

14 BIRTHPLACE OF FATHER (City) Messina, Italy
(State or country)

15 MAIDEN NAME OF MOTHER Josephine Russo

16 BIRTHPLACE OF MOTHER (City) Messina, Italy
(State or country)

17 Informant Samuel Pino
(Address) 91 Marshall St. W. 38

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 6/22/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully.)

Bursting wounds of chest. Pneumonia
7 months' illness
Auto accident

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? W. 38
(Signed) William Henry M. D.

(Address) St. Michael's Boston, Mass. Date June 21 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael's Boston, Mass.
(Cemetery) (City or town)

DATE OF BURIAL June 28 1931

22 NAME OF UNDERTAKER St. Michael's

ADDRESS 75 A. Sanatoga St. Boston

Received and filed JUN 25 1931 19

(Registrar)

EXTRACTS

FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Chap. 114, Sec. 45, G. L., as amended

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Wentworth
 No. 10 Charles St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah E. Darlow Braithwaite
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Charles St., Ward, (If U. S. War Veteran, specify WAR) 132
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of John Braithwaite (Give maiden name of wife in full)
 (or) WIFE of John Braithwaite (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years Months Days If less than 1 day Hours Minutes

OCCUPATION
 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
 10 Date deceased last worked at this occupation (month and year) June 1929 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Sheffield (State or country) England

PARENTS
 13 NAME OF FATHER George E. Darlow
 14 BIRTHPLACE OF FATHER (City) Sheffield (State or country) England
 15 MAIDEN NAME OF MOTHER Mary Whitehead
 16 BIRTHPLACE OF MOTHER (City) Sheffield (State or country) England

17 Informant John Braithwaite (Address) 10 Charles St.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20 1931
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 1926 to June 20 1931
 I last saw him alive on June 20 1931, death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:
Endocarditis

Contributory causes of importance not related to principal cause:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) Edward J. Pranger, M. D.
 (Address) 476 St. Paul St. Date June 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wentworth (Cemetery) Wentworth (City or town)
 DATE OF BURIAL June 23 1931

22 NAME OF UNDERTAKER John T. O. Malley
 ADDRESS Wentworth

Received and filed JUN 25 1931 19

A TRUE COPY, ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childers (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/22/31 (Date of Issue of Permit)

Revised United States Standard Certificate of Death

June 20, 1931.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed to illness. If the disease causing death, report the occupation prior to occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation is that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*gynae family cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certifying as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased, served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, C. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made... *Chap. 114, Sec. 40, C. L., as amended.*

State cause for which surgical operation was undertaken. *Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.*

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

1 PLACE OF DEATH <i>Winthrop</i> (City or Town) No. <i>Community Hosp</i> St., Ward {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
		STANDARD CERTIFICATE OF DEATH		Registered No. <i>133</i> <i>134</i>	
2 FULL NAME <i>Stillborn Platt</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. <i>324 Summer St.</i> Ward, <i>EB</i> (Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>M.</i>	4 COLOR OR RACE <i>W.</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>—</i> (write the word)			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <i>—</i> Years <i>—</i> Months <i>—</i> Days		If less than 1 day Hours Minutes			
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) (State or country) <i>Winthrop Mass</i>					
13 NAME OF FATHER <i>John C Platt</i>					
14 BIRTHPLACE OF FATHER (City) (State or country) <i>East Boston Mass</i>					
15 MAIDEN NAME OF MOTHER <i>Catherine Mealey</i>					
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>East Boston Mass</i>					
17 Informant (Address) <i>John G. Platt</i> <i>324 Summer St. E.B.</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
<i>Wm. D. Childers</i> (Signature of Agent of Board of Health or other)					
<i>Health Officer</i> (Official Designation)					
<i>6/24/31</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>June 21, 1931</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from <i>June 21, 1931</i>, to <i>June 21, 1931</i>, 19 <i>31</i> I last saw him alive on <i>June 21, 1931</i>, 19 <i>31</i>, death is said to have occurred on the date stated above, at <i>—</i> m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
<i>Still born</i>					
Contributory causes of importance not related to principal cause:					
<i>Primative separation of placenta</i>					
Name of operation <i>—</i> Date of <i>—</i>					
What test confirmed diagnosis? <i>—</i> Was there an autopsy? <i>—</i>					
20 Was disease or injury in any way related to occupation of deceased? <i>—</i> If so, specify <i>—</i>					
(Signed) <i>Ger. L. L. L. L. L.</i> M. D. (Address) <i>430 Summer St.</i> Date <i>6/22/31</i>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Mt. Benedict</i> (Cemetery) (City or town)					
DATE OF BURIAL <i>June 25</i> 1931					
22 NAME OF UNDERTAKER <i>John P. Costello</i>					
ADDRESS <i>5th Chambers St. Boston Mass</i>					
Received and filed <i>JUN 25 1931</i> 19 <i>31</i>					
(Registrar)					

Revised United States Standard Certificate of Death

June 31-1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of *home housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "unemployed," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a second, or third causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a human body from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original internment, by a satisfactory certificate of attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community St., **Ward** { (If death occurred in a hospital or institution, give its NAME instead of street and number)
1 PLACE OF DEATH
2 FULL NAME **Wale Leahill** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 223 East Eagle St., 1 Ward, East Boston (If nonresident, give city or town and state)
134
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.
 Registered No. **+35**
 To be filed for burial permit with Board of Health or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male**
4 COLOR OR RACE **White**
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here. **Stillborn**
7 AGE Years Months Days **If less than 1 day** Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
 (State or country) **Mass**

13 NAME OF FATHER William J. Leahill

14 BIRTHPLACE OF FATHER (City) East Boston
 (State or country) **Mass**

15 MAIDEN NAME OF MOTHER Elizabeth G. McGavin

16 BIRTHPLACE OF MOTHER (City) East Boston
 (State or country) **Mass**

17 Informant William J. Leahill
 (Address) **223 East Eagle St E.B.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. [Signature] (Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
6/29/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 26 25 1931**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19....., death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of onset were as follows:

Still born.
Contributory causes of importance not related to principal cause:
Two months pregnancy.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify **Yes, Schwartz**
 (Signed) **43 [Address]** Date **6/26 1931**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **St. Michaels Boston**
 (Cemetery) (City or town)

DATE OF BURIAL **June 29 1931**

22 NAME OF UNDERTAKER **Fredrick G. Magrath**
ADDRESS **64 Meridian St East Boston**

Received and filed **July 1, 1931** 19.....

(Registrar)

Revised United States Standard Certificate of Death

1000 35, 1931

Statement of occupation.

Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *Housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, assthema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased was in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997.

1 PLACE OF DEATH

Worcester

(County)

Gardner

(City or Town)

No. Gardner State Colony

St.,

1

Ward

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stanley Kempton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 yrs. 6 mos. 19 days. How long in U. S., if of foreign birth? - yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
Male

4 COLOR OR RACE
White

5 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 58

Years 10

Months 28

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF FATHER

Herbert Kempton

14 BIRTHPLACE OF FATHER (City)

Cannot learn.

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Lottie B. Hewitt

16 BIRTHPLACE OF MOTHER (City)

Cannot learn.

(State or country)

Nova Scotia

17

Informant (Address)

Gardner State Colony Records
East Gardner, Mass.

A TRUE COPY

ATTEST:

Benjamin T. Eldon
(Registrar of city or town where death occurred)

DATE FILED

June 30,

19 31

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Gardner

(City or town making return)

Registered No.

135

{

(If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S.

War Veteran,

specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

28,

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 7, 19 31 to June 28, 19 31

I last saw him alive on June 28, 19 31, death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myo-endocarditis

Date of onset

3 yrs.

Contributory causes of importance not related to principal cause:

Atrophic cirrhosis of the liver

3 1/2 mos.

Name of operation none clinical

What test confirmed diagnosis? signs Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? ---

If so, specify

(Signed) N. C. Robey

(Address) East Gardner

Date 6/28 19 31

21 PLACE OF BURIAL

Wildwood

Gardner

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

June 30,

19 31

22 NAME OF UNDERTAKER

H.M. Smith

ADDRESS

Gardner

Received and filed

JUL 2 1931

19 31

Henry Thompson
June 28, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

1 PLACE OF DEATH

Sussex
(County)
Winthrop
(City or Town)

No. *53-A Nahant Ave* St. *4* Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Augustus Hunt.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

53-A Nahant Ave St. *4* Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed or divorced

HUSBAND of

Alice M. Wood

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

59 Years

1 Months

26 Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shipper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Meat & Produce

10 Date deceased last worked at this occupation (month and year)

Jan 1/31

11 Total time (years)

spent in this occupation

20

12 BIRTHPLACE (City)

St. Johns

(State or country)

N. B.

13 NAME OF FATHER

Thomas G. Hunt

14 BIRTHPLACE OF FATHER (City)

Weymouth

(State or country)

Conn

15 MAIDEN NAME OF MOTHER

Mary Ann Hickey

16 BIRTHPLACE OF MOTHER (City)

St. Johns

(State or country)

N. B.

17

Informant (Address)

Wife - Mrs. Alice M. Hunt
Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. H. Chubb
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

July 4th 1931

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *136*

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

(Month)

1

(Day)

1931

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 5, 1931, to *July 1*, 1931

I last saw him alive on *July 1*, 1931, death is said

to have occurred on the date stated above, at *6:20 P.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Chronic myocarditis

Jan 1931

Chronic interstitial Nephritis

Jan 1931

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis? *Personal Observe* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

Personal Observe

M. D.

(Signed)

Wm. H. Chubb

Date *July 2*, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

July 5

1931

22 NAME OF UNDERTAKER

Walter J. White

ADDRESS

Winthrop Mass

Received and filed

19

(Registrar)

July 1, 1931

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family to be deceased, furnish for registration a standard certificate of death, stating the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body

[illegible]

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits.

person died; and no undertaker or other person shall exhume a human

body and remove it from a town, from one cemetery to another, or from one grave to another.

from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original statement, by a copy of the same.

original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the

[illegible]

It is to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

...the deceased, *Gen. Laws, Chap. 38, Sec. 6*. We shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7*.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until such as has received a permit so to do from the board of health or its agent be appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness for diseases to which they have been subjected.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, having been diagnosed by a recognized disease unrelated to any form of injury, have died without immediate attending care or whose physician is absent from home when the certificate of death is needed.

Sec. 46, G. L. as amended.

of the following rules of practice:

illness from disease unrelated to any form of injury.

death is needed.

and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 37

PLACE OF DEATH

No. 362 Shirley

St. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Norman F. Haw

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 362 Shirley

St. 3 Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. 8 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 32 Years 8 Months 24 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Dist Manager

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Television + Radio

10 Date deceased last worked at this occupation (month and year)

Apr 1/31

11 Total time (years) spent in this occupation 2 years

12 BIRTHPLACE (City)

(State or country)

Stoughton Mass

13 NAME OF FATHER

Walter C. Haw

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Della Russell

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Melrose Mass

17

Informant (Address)

Hawker W E Haw Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress, Agt.

(Signature of Agent of Board of Health or other Agent)

(Official Designation)

July 4th 1931

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

2

1931

19 I HEREBY CERTIFY, That I attended deceased from

May 13 - 1931

to

July 2 - 1931

I last saw him alive on July 2, 1931, death is said

to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Myocarditis - Chronic

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward J. Franzen

(Address)

476 5th Ave

M. D.

Date July 3 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

DATE OF BURIAL

July 5

1931

22 NAME OF UNDERTAKER

Walter S. White

ADDRESS

151 Pleasant St Winthrop

Received and filed

19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name other morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, a certificate sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physical. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician attending the cause of death which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease un-
related to any form of injury, have died without recent medical attend-
ance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths
supposably due to injury. These include not only deaths caused
directly or indirectly by traumatism (including resulting septemia)
and by the action of chemical (drugs or poisons), thermal, or electrical
agents, and deaths following abortion, but also deaths from disease
resulting from injury or infection related to occupation, the
sudden deaths of persons not disabled by recognized disease,
and those of persons found dead.

Revised United States Standard Certificate of Death

July 21, 1927

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*help*, etc. For a person who had no occupation whatever write none.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, sitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29, No. 7180-a

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Wentworth
(City or town making return)
Registered No. *139*

No. *Wentworth Arms Hotel Green Ave.*

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Evelyn Thompson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

130 Green Ave.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

X yrs. 10 mos.

days. How long in U. S., if of foreign birth?

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

Alfred G. Thompson

6 IF STILLBORN, enter that fact here.

7

AGE

46

Years

Months

22

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hostess

10 Date deceased last worked at this occupation (month and year)

June 30 1931

11 Total time (years)

spent in this occupation

3 years

12 BIRTHPLACE (City)

(State or country)

Tilton N.H.

13 NAME OF FATHER

James H. Grayson

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Vivian Thompson

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Massachusetts

17

Informant (Address)

Alfred G. Thompson 130 Green Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

7

(Month)

4

(Day)

1931

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

*7/11 1931 to 7/14 1931*I last saw him alive on *7/14 1931*, death is saidto have occurred on the date stated above, at *5 PM*.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Haemorrhage *7/13/31*

Contributory causes of importance not related to principal cause:

Edema of Lungs *Yes*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

M. D.

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Franklin

(Cemetery)

Franklin, N.H.

(City or town)

DATE OF BURIAL

July 7 1931

19

22 NAME OF UNDERTAKER

Chas. R. Bennett

ADDRESS

Wentworth

Received and filed

JUL 7 1931

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, sitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asbestia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in the first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a

PLACE OF DEATH

Suffolk
(County)Worcester
(City or Town)

No. 15 Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 144

2 FULL NAME

Francesca Lampasona

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

15 Shirley

St.

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Petei Lampasona
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

46

Years

9

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

2

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF FATHER

unable to obtain

14 BIRTHPLACE OF FATHER (City)

(State or country)

"

15 MAIDEN NAME OF MOTHER

"

16 BIRTHPLACE OF MOTHER (City)

(State or country)

"

17

Informant (Address)

Petei Lampasona
15 Shirley St. Worcester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

7/2 / 31

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHWorcester
(City or town making return)

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 144

2 FULL NAME

Francesca Lampasona

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

15 Shirley

St.

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

(Month)

7

(Day)

1931

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 1924, to July 7, 1931

last saw him alive on July 7, 1931, death is said

to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Lobar pneumonia.

Date of onset

7/2/31

Contributory causes of importance not related to principal cause:

Myocarditis chronic

1920

Name of operation

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. W. Layton

(Address) 270 Commercial St. Worcester

M. D.

Date 7/8, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Worcester

(Cemetery)

(City or town)

DATE OF BURIAL

July 10

1931

22 NAME OF UNDERTAKER

Chas R. Brennan

ADDRESS

Worcester, Massachusetts

Received and filed

JUL 17 1931

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *real mechanics* and *wheelwright mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as aforesaid provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Mason's Inlet (Beachmont) St.,

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Revere

(City or town making return)

Registered No. 1212 FULL NAME Ingram Freeman Kempton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 56 Beal

(Usual place of abode)

St., Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	(write the word)
----------------------	---------------------------------	--	------------------

5a If married, widowed, or divorced
HUSBAND of Martha Crowell

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days If less than 1 day Hours Minutes8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself10 Date deceased last worked at this occupation May 20, 1931. 11 Total time (years) spent in this occupation 4512 BIRTHPLACE (City) Milton,
(State or country) Nova Scotia13 NAME OF FATHER Joseph Kempton14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)15 MAIDEN NAME OF MOTHER Mary Hammond16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)17 Informant Martha C. Kempton
(Address) 56 Beal St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Francis Licata M. D.
(Signature of Agent of Board of Health or other)Chairman Bd. Health July 15, 1931.Revere, Mass. (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 11, 1931.
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Drowning, Suicidal.

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide? Date of injury 19Where did injury occur? (City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Burgess Magrath M. D.(Address) Med. Exam. Suf. Co. Date 7/14 19 31.22 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Winthro
(Cemetery) (City or town)DATE OF BURIAL July 16, 19 3123 NAME OF UNDERTAKER C. R. Bennison
ADDRESS Winthrop, Mass.Received and filed July 17, 19 31.

A TRUE COPY, ATTEST:

25M-11-'29. No. 7180-d

111 23 1931 (Registrar)

Myra Greenman Thompson
July 11, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a

PLACE OF DEATH

1

No. 100

(City or Town)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 100

(Usual place of abode)

St., Ward,

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(Write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

60

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years)

spent in this

occupation

60

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1119

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

13

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

1933, to July 13, 1933

I last saw him alive on July 12, 1933, death is said

to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary TB

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Mac Donald, M. D.

(Address) 100 Marshall St Date 7/13/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery) (City or town)

DATE OF BURIAL

July 15, 1933

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbesthna, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a factory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-o-30. No. 0054.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 11/3

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 11 Adams St. Winthrop St., 2 Ward

2 FULL NAME Lora H. West

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 11- Adams St. 2 Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of Rufus West (Give maiden name of wife in full)(or) WIFE of Rufus West (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 7.5 Years 9 Months 19 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10 Date deceased last worked at this occupation (month and year) ✓ 11 Total time (years) spent in this occupation ✓

12 BIRTHPLACE (City) Leominster (State or country) Maine13 NAME OF FATHER Luther Robinson14 BIRTHPLACE OF FATHER (City) Maine (State or country)15 MAIDEN NAME OF MOTHER Abbey Weld16 BIRTHPLACE OF MOTHER (City) Maine (State or country)17 Informant Husband Rufus West (Address) 11 Adams St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/16/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 15 1931 (Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from January 15 1931 to July 15 1931I last saw him alive on July 15 1931, death is saidto have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage Date of Onset 1931

Contributory causes of importance not related to principal cause:

Atherosclerosis 1921
Chronic distended 1928
hepatitisName of operation none Date of no
What test confirmed diagnosis? clinical Was there an autopsy?20 Was disease or injury in any way related to occupation of deceased? noIf so, specify Jacob Abrams M.D.(Signed) Jacob Abrams M.D. (Address) 302 Stanley St. Boston Date 7/16/3121 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove Burial (Cemetery) (City or town)DATE OF BURIAL July 17 1931 1922 NAME OF UNDERTAKER Walter J. WhiteADDRESS 151 Pleasant St. Winthrop, MaineReceived and filed JUL 17 1931 19

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *city engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or at any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 75 Walden

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Hanora Hanson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 75 Walden

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 26 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Alfred B. Hanson

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

65

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

matron

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

City of Boston

10 Date deceased last worked at this occupation (month and year)

Sept 1930

11 Total time (years)

spent in this occupation

30 yrs

12 BIRTHPLACE (City)

(State or country)

Abington Mass

13 NAME OF FATHER

Henry Keiley

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Rose Sloan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

(Address)

Alfred B. Hanson

75 Walden St. W. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

H. O.

(Official Designation)

(Date of Issue of Permit)

July 16, 1931

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1002

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

16

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

July 12, 1931, to July 16, 1931

I last saw him alive on July 16, 1931, death is said

to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Bright's Disease

Date of onset

1 yr

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Christina Hanson

Date

7/16/1931

M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Cem. Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

July 18

19

22 NAME OF UNDERTAKER

J. E. & H. T. Tape

ADDRESS

175 Main St. Winthrop

Received and filed

101

19

1931

(Registrar)

Revised United States Standard Certificate of Death

July 16, 1937

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hosp. Ft. Banks, Mass. St., Med. Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 115

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Harold G. Freudenthal

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Charlton, Mass. St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred — yrs. — mos. 2 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE 22

Years

Months

Days

If less than 1 day

Hours

Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Soldier, U.S. Army

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Unknown

Mass.

13 NAME OF
FATHER

Unknown

Almond T.K.

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Unknown

15 MAIDEN NAME
OF MOTHER

Unknown

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unknown

17

Informant
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July

17,

1931.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 15,

1931,

to July 17,

1931.

I last saw him alive on July 17, 1931, death is said

to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance in order of
onset were as follows:Septic sore throat, due to
streptococcus viridans.Date of Onset
7/15/31

Contributory causes of importance not related to principal cause:

Heart, dilatation of,

7/17/31

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? ..

If so, specify.....

(Signed)

Arthur G. Compton, Major, U.S. Army

M. D.

(Address)

Fort Banks, Mass.

Date 7/17 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Parkridge, Charlton

(Cemetery)

(City or town)

DATE OF BURIAL July 20, 1931

22 NAME OF
UNDERTAKER

Mr. Charles R. Bennison,

ADDRESS 159 Winthrop St., Winthrop, Mass.

Received and filed JUL 20 1931 19

(Registrar)

Revised United States Standard Certificate of Death

July 17, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased ascertained in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 36, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including reading spectacles) and by the action of chemical (drugs or poisons), venereal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *146*

No. *67 Thornton Park* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Nellie K. Walsh*
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. *67 Thornton Park* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *20* yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *W.* 5 SINGLE MARRIED WIDOWED or DIVORCED *Single* (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *70* Years — Months — Days If less than 1 day Hours — Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dressmaker*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) *St John*
(State or country) *N.B.*

13 NAME OF FATHER *Thomas Walsh*

14 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

15 MAIDEN NAME OF MOTHER *Mary Fowler*

16 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

17 Informant *Alice McDuffin*
(Address) *67 Thornton Park*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
Health Officer (Official Designation)
17/18/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 18 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Chief* 19*31* to *July 15* 19*31*
I last saw him alive on *July 13* 19*31*, death is said to have occurred on the date stated above, at *7:30* a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis Date of onset *June 18*

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *Yes*

20 Was disease or injury in any way related to occupation of deceased?
If so, specify *Chronic*
(Signed) *Dr. J. H. Faneau* M. D.
(Address) *20 Pleasant St. Boston* Date *7/18/31*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Calvary Rotten*
(Cemetery) (City or town)

DATE OF BURIAL *July 20 1931*

22 NAME OF UNDERTAKER *F. H. Faneau*
ADDRESS *20 Pleasant St. Boston*

Received and filed *JUL 20 1931* 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of, his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *rectal*, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such *rectal* shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith consergn it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1117

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
No. 155 Pauline St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella May (Kinnear) Belcher (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 155 Pauline St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Warren H. Belcher. (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 59 Years 7 Months 16 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) March 1931 11 Total time (years) spent in this occupation 40 yrs.

12 BIRTHPLACE (City) Dorchester. (State or country) New Brunswick.

13 NAME OF FATHER William Kinnear.

14 BIRTHPLACE OF FATHER (City) Dorchester. (State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Lavinia C. Tait.

16 BIRTHPLACE OF MOTHER (City) Dorchester. (State or country) New Brunswick.

17 Informant Warren H. Belcher. (Address) 155 Pauline St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/21/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 19 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1931, to July 19 1931.

I last saw him alive on July 18, 1931, death is said to have occurred on the date stated above, at 26 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Emilia Date of Onset 7-6-31

Contributory causes of importance not related to principal cause:

Essential Hypertension Yes
No

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Richard M. D. (Address) 114 Pleasant St. Date 7/19 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop. (City or town)

DATE OF BURIAL July 21 1931

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass.

Received and filed JUL 21 1931 JUL 21 1931

(Registrar)

Revised United States Standard Certificate of Death

July 12, 1921

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation, as *car painter, joiner, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resuting septicaemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1118

PLACE OF DEATH

Essex
(County)Danvers
(City or Town)

No. Danvers State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry Lehman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 21 Adams St., Ward, Winthrop
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 3 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED married
or WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Martha H. Chambers
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) (Roxbury,) Boston Mass.

13 NAME OF FATHER Christopher Lehman

14 BIRTHPLACE OF FATHER (City) (State or country) Germany

15 MAIDEN NAME OF MOTHER Barbara Karakel,

16 BIRTHPLACE OF MOTHER (City) (State or country) Germany

17 Informant Gertrude F. Smith, Hathorne
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 7/27/31. 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 20, 1931.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 17, 31, July 20, 31
I last saw him alive on July 20, 31, death is said to have occurred on the date stated above, at 5.35P. m.

The principal cause of death and related causes of importance in order of onset were as follows:
Myocarditis 1926 Date of onset

Contributory causes of importance not related to principal cause:
Psychosis with cer. Arteriosclerosis 1926

Name of operation Date of What test confirmed diagnosis? clin. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? If so, specify Henry A. Tadgell
(Signed) Hathorne 7/24/31, M. D.
(Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Boston
(City or town)

DATE OF BURIAL 7/27/31. 19

22 NAME OF UNDERTAKER C. B. Bennison, Winthrop
ADDRESS

Received and filed 7/27/31. 19

(Registrar of City or Town where deceased resided)

William Henry Lehman

July 29, 1931

Revere notified

Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 1159

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Corner Wob. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Female ~~Miss~~ Menue

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 4 Bellham Ave. Wob. St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

13 NAME OF FATHER

Joseph Menue

14 BIRTHPLACE OF FATHER (City) Spain
(State or country)

15 MAIDEN NAME OF MOTHER

Alice Langley

16 BIRTHPLACE OF MOTHER (City) E. Boston
(State or country) Mass

17 Informant (Address)

Joseph Menue
4 Bellham Ave Wob.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 21 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h alive on , 19 , death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Still born

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Michael Litch M. D.
(Signed) 114 S. Wob. St. Wob. Mass. Date 7/22/1931
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL July 24 1931

22 NAME OF UNDERTAKER C. R. Benson
ADDRESS 147 Winthrop St. Winthrop

Received and filed JUL 24 1931 19

(Registrar)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

July 21 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*; *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1931
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen to the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness from persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

July 22, 1931
(City or town making return)

Registered No. 150

1 PLACE OF DEATH

Essex
(County)

Danvers
(City or town)

No. Danvers State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Howard A. Stewart

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

54 Lincoln

St.,

Ward,

Winthrop

Length of residence in city or town where death occurred yrs. 3 mos. 25 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Gertrude A. Meunier

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 45 Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Linotype Operator

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

New York

13 NAME OF FATHER

Frank A. Stewart

14 BIRTHPLACE OF FATHER (City)

(State or country)

New York

15 MAIDEN NAME OF MOTHER

Inez Robert

16 BIRTHPLACE OF MOTHER (City)

(State or country)

New York

17

Informant
(Address)

Gertrude F. Smith,
Hathorne

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

7/27/31

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 22, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Mar. 27, 31, to July 22, 31

I last saw him alive on July 22, 1931, death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

General Paralysis of the Insane 1930

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry A. Taddgell M. D.

(Address) Hathorne Date 7/24/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL July 24, 1931

22 NAME OF UNDERTAKER Walter T. White

ADDRESS Winthrop, Mass.

Received and filed JUL 29 1931 19

(Registrar of City or Town where deceased resided)

Harvard M. Herbar.

July 22, 1931

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 121

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. Wentworth Ave Hotel St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Della Lee Van Dusen
(If deceased in a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 43 Court St Westfield St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced
HUSBAND of Henry M.
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 70 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.
10 Date deceased last worked at this occupation (month and year) July 17, 1931 11 Total time (years) spent in this occupation 43.

12 BIRTHPLACE (City) Westfield- (State or country) Mass.

13 NAME OF FATHER Harry E. Lee

14 BIRTHPLACE OF FATHER (City) Westfield- (State or country) Mass.

15 MAIDEN NAME OF MOTHER Lulla Spencer

16 BIRTHPLACE OF MOTHER (City) Westfield- (State or country) Mass.

17 Informant J. M. Van Dusen (Address) 43 Court St Westfield.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chidress
Health Officer
(Official Designation) 7/24/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 24 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 17 1931 to July 24 1931
I last saw her alive on July 24 1931, death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute enterocolitis July 17/31 Date of Onset

Contributory causes of importance not related to principal cause:

Pernicious Anemia 1929

Name of operation none Date of What test confirmed diagnosis Clinical Laboratory was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob Chauncey M. D.
(Address) 362 S. Main St. Westfield, Mass. Date July 24 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Hill Westfield (Cemetery) (City or town)

DATE OF BURIAL July 27 1931

22 NAME OF UNDERTAKER Stanley E. Healey
ADDRESS Westfield, Mass.

Received and filed JUL 28 1931 19

(Registrar)

Revised United States Standard Certificate of Death

July 27

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as *housekeeper*, *maid*, *family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 152

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Hospital St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Male Green

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 178 Bowdoin St.

(Usual place of abode)

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

Yrs.

mos.

days.

How long in U. S., if of foreign birth?

Yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

Stillborn

7

AGE Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop
Mass.

13 NAME OF
FATHER

14 BIRTHPLACE OF
FATHER (City)

(State or country)

15 MAIDEN NAME
OF MOTHER

Verna Green

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Winthrop
Mass.

17

Informant
(Address)

Francis J. Green
178 Bowdoin St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit)

7/28/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July 27 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 27/31, 19, to July 27/31, 19, death is said
I last saw him alive on July 27/31, 19

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Stillborn (7 mos) 1931

Contributory causes of importance not related to principal cause:

Name of operation clinical Date of
What test confirmed diagnosis Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Jacob Abrams M.D.
(Signed) 62 Shirley St. Winthrop 7-7/31 M. D.
(Address)

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery) (City or town)

DATE OF BURIAL July 27 1931 19

22 NAME OF
UNDERTAKER

147 Winthrop St.
ADDRESS

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

July 27, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29, No. 7180-b

Suffolk (County)
Boston (City or Town)
Huntington Memorial Hospital St., Ward {
Boston (City or town making return)
Registered No. 6208
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 (If U. S. War Veteran, specify WAR)

2 FULL NAME Catherine Harrington
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
304 Pleasant St
Winthrop, Mass.
 (a) **Residence. No.** **St.,** **Ward,**
 (Usual place of abode)
 (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)
-------------------------------	--	--

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
Andrew Harrington
 (or) **WIFE of** (Husband's name in full)
6 IF STILLBORN, enter that fact here.

7 AGE **61** Years **5** Months **29** Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)
Cherryfield, Maine

13 NAME OF FATHER
John Leary

14 BIRTHPLACE OF FATHER (City) (State or country)
Penn.

15 MAIDEN NAME OF MOTHER
Ellen Layton

16 BIRTHPLACE OF MOTHER (City) (State or country)
Maine

17 Informant (Address)
Daughter—Mrs. K. Magoon, Winthrop, Mass.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **July 13, 1931**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 30, 1931, to July 13, 1931
I last saw her alive on July 13, 1931, death is said to have occurred on the date stated above, a P. M.
 The principal cause of death and related causes of importance in order of onset were as follows:
Hemorrhage from wound 7/13/31
Carcinoma orbit & antrum ?
 Contributory causes of importance not related to principal cause:
Name of operation Yes Date of 7/1/31
What test confirmed diagnosis? Was there an autopsy? Yes.

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify:
 (Signed) **E P Hayden,** M. D.
 (Address) **Boston, Mass.** Date **7/13/1931**

21 PLACE OF BURIAL, CREMATION OR REMOVAL
Willimantic Conn.
 (Cemetery) (City or town)
DATE OF BURIAL July 15, 1931

22 NAME OF UNDERTAKER **W T White,**
Winthrop, Mass.
ADDRESS
Received and filed July 15, 1931
A TRUE COPY, ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
H. F. R.
 (Signature of Agent of Board of Health or other)
7/13/31
 (Official Designation) (Date of Issue of Permit)

Eximius Eximius

July 13, 1901

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. Station Hospital, Ft. Banks, Mass. St., Med. Ward		Registered No. 154	
1 FULL NAME John J. Cannon (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. St., Ward, Fort H.G. Wright, N.Y. (Usual place of abode) (If nonresident, give city or town and state) Length of residence in city or town where death occurred - yrs. - mos. 25 days. How long in U. S., if of foreign birth? yrs. mos. days.									
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)			18 DATE OF DEATH August 3, 1931. (Month) (Day) (Year)				
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					19 I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to August 3, 1931. I last saw him alive on August 3, 1931. , 19____, death is said to have occurred on the date stated above, at 1:40 A.M. The principal cause of death and related causes of importance in order of onset were as follows: 1. Nephritis, acute, diffuse, severe, 7/7/31.				
(or) WIFE of _____ (Husband's name in full)					Date of Onset				
6 IF STILLBORN, enter that fact here					Contributory causes of importance not related to principal cause: Uremia due to No. 1.				
7 AGE 37 Years Months Days If less than 1 day Hours Minutes									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier, U.S. Army									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10 Date deceased last worked at this occupation (month and year)					11 Total time (years) spent in this occupation 12 1/2				
12 BIRTHPLACE (City) Elizabeth, New Jersey. (State or country)									
13 NAME OF StepFATHER Robert Cannon					Name of operation None Date of _____				
14 BIRTHPLACE OF StepFATHER (City) Brooklyn, N.Y. (State or country)					What test confirmed diagnosis? Clinical Was there an autopsy? No.				
15 MAIDEN NAME OF MOTHER Mary McCloud,					20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) Arthur G. Compton M. D. (Address) Major, Med. Corps, Date 8/3/1931				
16 BIRTHPLACE OF MOTHER (City) Elizabeth, New Jersey (State or country)					21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Francis, Trenton, N.J. (Cemetery) (City or town)				
17 Informant Sister, Mrs. May Andreas, (Address) 248 East Front St., Trenton, N.J.					DATE OF BURIAL August 5, 1931. 19____				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: J. M. S. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/3/31 (Date of Issue of Permit)					22 NAME OF UNDERTAKER Mr. Charles R. Bennison, ADDRESS 159 Winthrop St., Winthrop, Mass				
					Received and filed 8/6/31 19____ (Registrar)				

Revised United States Standard Certificate of Death

1000 3 17 31

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of a attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of work done, as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *city engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 155

PLACE OF DEATH

No. 22 St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Sophie Famine Starvetsky

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 15 Angell

(Usual place of abode)

St.,

Ward, Worcester

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female white

4 COLOR OR RACE

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

62

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupationHousework
at home

July 1931

yes

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF
FATHER

Mendel Mendelson

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Pelia Carmel

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Informant
(Address)

Mamie Starvetsky

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

August 3

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

August 2

1931, to

August 3

1931

I last saw her alive on August 3, 1931, death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Coronary thrombosis

Date of onset

8/4/31

Contributory causes of importance not related to principal cause:

Atherosclerosis

1930

Name of operation

none

What test confirmed diagnosis

clinical + lab.

Date of

Was there an autopsy?

no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob C. Abregus M. D.

(Address)

132 Stanley St.,

Date

Aug 3, 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Shamfunalemy Cem.

(Cemetery)

(City or town)

DATE OF BURIAL

August 8

1931

22 NAME OF
UNDERTAKER

F. J. P. P.

ADDRESS

12 J. J. P. P.

Received and filed

8/6/31

19

(Registrar)

Revised United States Standard Certificate of Death

Aug. 3 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as employee, worker, operative, etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Acute tonsillitis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in the first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is instructed by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

R-301A

100m-9-30, No. 9954.

PLACE OF DEATH

1 Suffolk
Winthrop
(County)
(City, or Town)
No. Winthrop Community St., Ward



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 156

2 FULL NAME

Max Gersh

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 275 Shirley

St., Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Leah Gersh (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 42 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber Shop

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop.

10 Date deceased last worked at this occupation (month and year) Aug 21 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Nathan

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Abia Frankman

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Mr. Myer (Address) 534 Blue Hill Ave. Rox.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 8/9/31 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 9, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931, to Aug. 9, 1931. I last saw him alive on Aug. 8, 1931, death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris Coronary Thrombosis 1929 Date of Onset

Contributory causes of importance not related to principal cause:

Pulmonary Edema

Name of operation Physical Exam. Date of What test confirmed diagnosis Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Samuel B. Goldberg M. D. (Address) 310 Shirley St. Wob. Date Aug 9, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Ch. West Rox. (Cemetery) (City or town)

DATE OF BURIAL Aug 9, 1931

22 NAME OF UNDERTAKER Jacob H. Levine ADDRESS 204 Washington St. Wob.

Received and filed AUG 12 1931 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 157

PLACE OF DEATH

No.

(County)

(City or Town)

Community St., Ward

If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)

(State or country)

15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)

(State or country)

17

Informant
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Aug 8 1931, to Aug 9 1931

I last saw him alive on Aug 8 1931; death is said

to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date 8/9 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed

(Registrar)

0. May, 9, 1903

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Three statements of occupation are very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Describe carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statements of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position.⁶⁶ The principal cause in the above example appears to be the second cause given.

A physician or registered hospital medical officer shall forthwith attend the death of a person whom he has attended during his last illness, at the request of an undertaker, and shall authorize any person or any member of the family of the deceased to furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer, and the date of his death.... *ten laws Chap. 46, Sec. 9.*

No human body or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased was received in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury any human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L. 1880 amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), but also deaths caused by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-'30. No. 7997-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 158

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 79 Reed St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Catherine Curry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 79 Reed

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

married

5a If married, widowed, or divorced

HUSBAND of

Catherine MacDonald

(Give maiden name of wife in full)

(or) WIFE of

John H. Curry

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 34

Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Saw mill

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop
Maine13 NAME OF
FATHER

Daniel MacDonald

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Winthrop
Maine15 MAIDEN NAME
OF MOTHER

Margaret MacDonald

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Winthrop
Maine

17

Informant
(Address)John H. Curry
79 Reed St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

August

9

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19, to 19

I last saw him alive on 19, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Natural Causes.

Pulmonary Tuberculosis.

Mar. 1930

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond B. Parker M. D.

(Address) Board of Health Date Aug 10 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

1931

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed

AUG 12 1931

19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *rich merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of important cause related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if insufficiently, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop.
(City or town making return)

Registered No. 159

PLACE OF DEATH

Suffolk
County

Winthrop.
(City or town)

No. 195 Lincoln

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Gordon McNeil
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U.S.
War Veteran,
specify WAR)

(a) Residence. No. 195 Lincoln St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married. (write the word)

5a If married, widowed, or divorced HUSBAND of Lillian W. (Nye) McNeil
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years 3 Months 25 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing + Heating Business. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 10 Date deceased last worked at this occupation (month and year) Aug. 8, 1931 11 Total time (years) spent in this occupation 45 yrs

12 BIRTHPLACE (City) New Bedford. (State or country) Massachusetts.

13 NAME OF FATHER George McNeil.

14 BIRTHPLACE OF FATHER (City) Scotland. (State or country)

15 MAIDEN NAME OF MOTHER Sarah Poor.

16 BIRTHPLACE OF MOTHER (City) Salem. (State or country) Massachusetts.

17 Informant Lillian W. McNeil. (Address) 195 Lincoln St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 8/17/31
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 14 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 10 1931, to August 14, 1931
I last saw him alive on Aug. 14, 1931, death is said to have occurred on the date stated above, at 2:45 pm

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of stomach Date of onset 1929

Contributory causes of importance not related to principal cause:

Intestinal obstruction 1931

Name of operation none Date of What test confirmed diagnosis clinical Was there an autopsy No.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Just before death (Signed) M. D. (Address) 662 Bailey St. City of Winthrop Date Aug 16 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop. Winthrop. (Cemetery) (City or town)

DATE OF BURIAL Aug 17 - 1931 19

22 NAME OF UNDERTAKER Charles R. Bennison. ADDRESS Winthrop. Mass.

Received and filed AUG 18 1931 19

A TRUE COPY, ATTEST:

(Registrar)

Aug 14, 1931
United States Standard Certificate of Death

Statement of occupation.—*precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children, not gainfully employed, may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of disease—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying. *e. g.*, heart failure, asphyxia, septicemia, etc. As principal cause name the disease or injury causing death. As related causes, name any morbid conditions, if any, related to the principal cause, and earlier important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Avirotosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A **Physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

ten laws Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

No **human stake** or **other poem** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury the human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . *Chap. 114, Sec. 46, G. L., as amended.*

Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.

"primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29, No. 7180-a

PLACE OF DEATH

Suffolk
(County)
Woburn
(City or Town)
No. 25 Cra



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 160

2 FULL NAME Mary M. Glynne Welch

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Cra St

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of Albert M. Welch (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 42 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 10 Date deceased last worked at this occupation (month and year) May 1930 11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Cambridge (State or country) Mass.

13 NAME OF FATHER John M. Glynne

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Gibbons

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant Albert M. Welch (Address) 25 Cra St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 8/15/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 15 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Aug 11 1931, to Aug 15 1931, I last saw him alive on Aug 14 1931, death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Abdominal Carcinoma of rectum 5 yrs

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Abdominal Was there an autopsy? 20

20 Was disease or injury in any way related to occupation of deceased? 20 If so, specify (Signed) Orestle E. Johnson M. D. (Address) 400 High St. Date Aug 16 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL Aug 17 1931

22 NAME OF UNDERTAKER John M. Moley (Address) Winthrop

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Aug. 13, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	Date of onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health of its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 161

1 PLACE OF DEATH { Suffolk County
Dorchester
(City or Town)
No. Cliff House St. Ward 5
2 FULL NAME Maria Martina (Legge) Jordan (If deceased in a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 24 Perkins St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 10 yrs. 2 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Charles Jordan (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 70 Years 5 Months 10 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Montreal (State or country) Canada

13 NAME OF FATHER Charles Legge.

14 BIRTHPLACE OF FATHER (City) Canada (State or country)

15 MAIDEN NAME OF MOTHER Anne Parry.

16 BIRTHPLACE OF MOTHER (City) Canada (State or country)

17 Informant Charles Jordan (Address) Cliff House - Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/17/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 15 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 14 1931 to Aug. 15 1931. I last saw her alive on Aug. 14 1931, death is said to have occurred on the date stated above, at 7:30 A.M. The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris Date of Onset 1926

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1925

Name of operation none Date of What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify J. A. Abrams, M. D. (Signed) Dr. J. A. Abrams (Address) 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Dorchester (Cemetery) (City or town)

DATE OF BURIAL Aug 16/31 19

22 NAME OF UNDERTAKER Charles R. Benson

ADDRESS

Received and filed AUG 17 1931 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

- 7.—To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Aftertuberculosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1911</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1917</i>
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, its agent, upon receipt of such statement and certificate, shall forthwith consign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

PLACE OF DEATH

Winthrop
County
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 162

No. 134 Bellingham St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Maria H. McNamara

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 134 Bellingham St., Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

Michael J. McNamara

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

37

Years

11

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)
(State or country)

Taunton Mass

13 NAME OF
FATHER

Bernard Morris

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Bridget Egenton

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

Michael J. McNamara

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William W. Cheders

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Agent

Aug 18/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug 18

(Month)

(Day)

1931

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

8/17 to 8/18, 1931

I last saw him alive on 8/18, 1931, death is said

to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

General
debility of
heart failure
1 day

Contributory causes of importance not related to principal cause:

Intoxication of alcohol
2 days

Name of operation: Reducing Date of 8/17/31

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael J. McNamara, M. D.

(Address) 14 Kirby Ave. Boston Date 8/18/31

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Taunton Mass

(Cemetery) (City or town)

DATE OF BURIAL Aug 20 1931

22 NAME OF
UNDERTAKER J. H. Farrell

ADDRESS 20 Pleasant St. River

Received and filed AUG 21 1931 19

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms: *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying. *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **arising from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHBoston
(City or town making return)

Registered No. 71821

1 PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)

No. Haynes Memo Hosp. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Carroll Brown
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 26 Nevada St., Ward, W. 163
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 5 Years 5 Months 8 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At Home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)

Boston, Mass

13 NAME OF
FATHER

Leslie Brown

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Boston, Mass

15 MAIDEN NAME
OF MOTHER

Rose Gross

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Russia

17

Informant
(Address)Leslie Brown
(father)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH August 21 - 1931
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug 20, 1931, to Aug 21, 1931I last saw him alive on Aug 21, 1931, death is said
to have occurred on the date stated above, at 8:20 A.M.The principal cause of death and related causes of importance in order of
onset were as follows:Acute anterior poles -
myelitis
Bulbar paralysis
Date of onset
8/15/31
8/20/31

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify E. C. Smith M. D.
(Signed) (Address) Haynes Memo Hosp Date 8/2/193121 PLACE OF BURIAL,
CREMATION OR REMOVAL David T. Cur Cholem
(Cemetery) (City or town)

DATE OF BURIAL Aug 21 1931

22 NAME OF
UNDERTAKER Benjamin F. Salomon
ADDRESS Brookline

Received and filed August 24 1931

A TRUE COPY, ATTEST:

(Registrar)

Aug 21, 1931

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1611

1 PLACE OF DEATH (County) _____ (City or Town) _____ No. *H. E. C.* St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Philip F. Chardon* (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *33 Ashant Ave. North Attleboro* Ward _____ (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed, or divorced HUSBAND of *Francis Fanning* (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *38* Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Type Writer Machine*

10 Date deceased last worked at this occupation (month and year) *Aug 28 1931* 11 Total time (years) spent in this occupation *1*

12 BIRTHPLACE (City) _____ (State or country) *Fitchburg Vermont*

13 NAME OF FATHER *Salvatore Chardon*

14 BIRTHPLACE OF FATHER (City) _____ (State or country) *Italy*

15 MAIDEN NAME OF MOTHER *Mary Barraso*

16 BIRTHPLACE OF MOTHER (City) _____ (State or country) *Italy*

17 Informant (Address) *Francis Chardon 33 Ashant Ave North Attleboro*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with _____ the _____ for transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) _____ (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 28 1931* (Month) _____ (Day) _____ (Year) _____

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____, M. D. (Address) _____ Date _____ 19____

21 PLACE OF BURIAL, CREMATION OR REMOVAL *New Calvary Bstn* (Cemetery) _____ (City or town) _____

DATE OF BURIAL *Aug 31 1931*

22 NAME OF UNDERTAKER *Spences*

ADDRESS *For Boston Mass*

Received and filed _____ 19____

AUG 31 1931

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store*, *soy factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death and the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and grave it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town, shall upon application make the certificate required for the purpose, physical. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit. The board of health, or its agent, shall appear upon the permit and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATE OF NEW YORK

No. 21038

DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

This Certificate with the Paster below must be detached and pasted to the Box.

TRANSIT LABEL

I hereby certify that the accompanying dead body of

Phillip F. Chardon
(If a minor give parents' name also.)

who died in the City or Town of New York, County of New York, State of New York,

on August 28th, 1931, consigned to Boston Mass

has been prepared under my direction for transportation, in conformity with Rule No. 2 of the rules printed with this permit;

and that I hold Undertaker's License No. 3794, issued by the Board of Embalming Examiners of the State of New York.

Name of Escort Amsterdam Funeral Home Inc. Shipping Undertaker.

Embalmer's License No. 5768 1625 Amsterdam Ave Place of Business.

Permit Issued August 28th, 1931, County of New York State of New York.

PASTER.

The Railroad or other Transportation Agent must enter hereon a description of the ticket held by the passenger in charge of the corpse, the exact route, and VIA WHAT JUNCTIONAL POINTS it read.

SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation unless the person in charge presents a permit from the local Board of Health, and an undertaker's certificate that the body has been prepared for shipment in accordance with the Laws of the State; nor will it be received even then if any fluids or offensive odors are escaping from the case.

From 125th St. N.Y.C. State of New York, to Boston Mass. State of Mass.

No. of Escort's Ticket 24240 Form No. of Escort's Ticket LC 1

No. of Corpse Ticket 2671 Form No. of Corpse Ticket LC 1

Via _____ To _____

Via _____ To _____

Via _____ To _____

Via _____ To _____

Via _____ To _____

Name of Passenger in charge Francis Chardon Place of Residence 33 Hudson Ave.

Signed Chardon Shipping Agent. Wetherill

TRANSPORTATION OF DECEASED PERSONS

TO TRANSPORTATION AGENTS CONCERNED:

You will in no case receive a corpse for transportation unless accompanied by a board of health transit permit, also a transit label that the body has been prepared for burial and shipment in accordance with the rules of the State Department of Health, *nor will you receive it, even with such certificates if fluids are escaping from the case or it has become offensive in any degree.* One full first-class limited or unlimited ticket will be required for the transportation of a corpse, without regard to age of the deceased, and a corpse will not be taken for transportation except there is a passenger with it in charge. The word "Corpse" should be plainly written on the face of a local and each coupon of a coupon ticket. A record must be made of all bodies shipped and carried, on the back of your station and trip reports, giving name of deceased and destination.

It will be the duty of Agents and Baggage Agents to see that each burial case is properly marked on "Paster," giving date and at what station shipped, point of destination, "State," number and form of ticket, name of passenger in charge and place of residence, with name of Agent. If the corpse is destined to a point beyond the initial line, the initials of each road over which it passes must be written on the paster; also the terminal points of each road at which transfer is made with connecting line, as shown on the coupons of the ticket.

You will see that the "Transit Label" is properly filled out by the undertaker, and the transit label is properly filled out by yourself, and is securely pasted to the coffin box before it is put into the car, and the permit remaining you will hand to the passenger in charge of the corpse.

All this information is necessary to insure the prompt and correct transportation of the corpse.

TRANSIT AND BURIAL PERMIT

No. 21038

STATE OF NEW YORK DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent, before a body can be shipped.

New York, Aug. 28 1931

The Certificate of Death, having been furnished to me, as required by the Laws of this State, permission is hereby granted to Amsterdam Funeral Home, Inc. holder of Undertaker's License No. 3794

for the removal and shipment for burial at New Calvary Cemetery at Boston,
cremation (when obtainable) Mass. crematory

State of Mass. the body of Phillip F. Chardon who died in

the Borough of Man. County of N. Y., N. Y., on Aug. 28, 1931, at 6:00 A. M.

Aged 38 years _____ months _____ days _____ sex M color, the cause of death being

Acute Gangrenous Appendicitis

which necessitates shipment under Rule No. _____ of the Rules of the New York State Department of Health for the Transportation of the Dead, as printed on the back of this Permit.

Amsterdam Funeral Home, Inc.
(Signature of Undertaker)

Signed

Ass't Registrar

This Permit must be detached and delivered to the Person in charge of the Corpse

Aug 28, 1915

NEW YORK
STATE DEPARTMENT OF HEALTH
ALBANY

**SPECIAL ADMINISTRATIVE RULES RELATING TO THE TRANSPORTATION
OF DEAD BODIES BY COMMON CARRIERS**

[In effect throughout the State of New York, except in the City of New York, on August 1, 1915.]

RULE 1. A transit permit and transit label issued by the local registrar of vital statistics must accompany each dead body transported by a common carrier.

The transit permit shall state the date of issuance, the name, sex, race and age of the deceased, and the cause and date of death. The transit permit shall also state the date and route of shipment, the point of shipment and destination, the method of preparation of the body, and shall bear the signature of the undertaker and the signature and official title of the officer issuing the permit.

The transit label shall state the date of issuance, the name of the deceased, the place and date of death, the name of the escort or consignee, the point of shipment and destination; and shall bear the signature and official title of the officer who issued the transit permit. The transit label shall be attached to the outer box or case.

RULE 2. The transportation by common carriers of bodies dead of any diseases other than those mentioned in Rule 3 shall be permitted only under the following conditions:

(a) The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than $\frac{3}{4}$ of an inch thick. All joints shall be securely put together and the box tightly closed. Either the coffin or casket, or the outer box or case, shall be watertight.

(b) When the destination cannot be reached within 60 hours after death, all body orifices shall be closed with absorbent cotton, and the body placed at once in a coffin or casket which shall be immediately closed and the coffin or casket shall be encased in a strong outer box made of good sound lumber not less than $\frac{3}{4}$ of an inch thick. All joints must be securely put together and the box tightly closed and either the coffin or casket, or outer box or case, shall be watertight.

RULE 3. The transportation by common carrier of bodies dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria (membranous croup, diphtheritic sore throat), scarlet fever (scarlet rash, scarlatina), shall be permitted only under the following conditions:

All body orifices shall be closed with absorbent cotton, the body shall be enveloped in a sheet saturated with an effective disinfecting fluid and shall be placed at once in a coffin which shall be immediately and permanently closed. The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than $\frac{3}{4}$ of an inch thick, all joints of which shall be securely put together and the box shall be tightly and permanently closed. Either the coffin or casket, or the outer box or case, shall be watertight.

RULE 4. No dead body shall be disinterred for transportation by common carrier without the previous consent of authorities having jurisdiction at the place of disinterment. The transit permit and transit label shall be required as provided in Rule 1, and Paragraph (a) of Rule 2 shall apply.

RULE 5. Every outside case holding any dead body offered for transportation by common carrier shall bear at least four handles and when over 5 feet 6 inches in length, shall bear six handles.

PROMULGATED BY STATE COMMISSIONER OF HEALTH AT ALBANY, JUNE 25, 1915.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 1103

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Thomas Milton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Beacon St.

(Usual place of abode)

St.,

Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 76

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman (retired)

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Wholesale leather

10 Date deceased last worked at this occupation (month and year)

1905

11 Total time (years) spent in this occupation.

20yrs

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

PARENTS

13 NAME OF FATHER

Thomas Milton

14 BIRTHPLACE OF FATHER (City)

Marthas Vinyard

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Emily A Turner

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass.

17

Informant (Address)

Miss Hattie Turner

75 Lincoln Ave Quincy

A TRUE COPY.

Frederick H. Burke

ATTEST:

Aug 18 1931

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Aug 15 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 1

1931

to

Aug 14

1931

, 1931

I last saw him alive on Aug 14, 1931, death is said

to have occurred on the date stated above, at 10.10P

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Sclerosis

1913

Date of onset

Arterio Sclerosis

1918

Cerebral Hemorrhage

1/11/1931

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John R Sennott

M. D.

(Address)

384 Broadway

Date 8/16

1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Forest Hills Boston

(Cemetery)

(City or town)

DATE OF BURIAL

August 18 1931

19

22 NAME OF UNDERTAKER

Waldo B Fay

ADDRESS

8 Old Colony Ave Quincy

Received and filed

OCT 8 1931

19

(Registrar of City or Town where deceased resided)

Aug. 15, 1931

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 166

PLACE OF DEATH

No. 31 Pleasant Park Road Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy Van Wart { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Pleasant Park Road Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 11 mos. 12 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 COLOR OR RACE White. 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE Years 11 Months 13 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winsted (State or country) Conn

13 NAME OF FATHER Charles Holman Van Wart

14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass

15 MAIDEN NAME OF MOTHER Eva. P. Raymond

16 BIRTHPLACE OF MOTHER (City) Yarmouth (State or country) N. S.

17 Informant (Address) Chas. H. Van. Wart (Father) 31 Pleasant Park Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

H. O. (Official Designation) Sept 2/1931 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 1 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 21, 1931, to August 31, 1931. I last saw him alive on August 31, 1931, death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Bronchitis 8-1931

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? X-ray Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Pyrexia Gately (Address) 100m-9-30, No. 9954 Date 9-1 1931 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winsted Cemetery (City or town)

DATE OF BURIAL Sept 2nd/1931 19

22 NAME OF UNDERTAKER Chas. R. Burman ADDRESS Winsted Mass

Received and filed SEP 4 1931

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, or such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause or death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 20 Sea Foam Ave. Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 167

2 FULL NAME

Jessie Bessie Levine
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

20 Sea Foam Ave. Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

Yrs.

Mos.

days. How long in U. S., if of foreign birth?

Yrs.

Mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Jacob Levine
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

70

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

July 1931

11 Total time (years)

spent in this occupation

Yrs.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Isaac Levine

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Sarah Levine

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Jacob Levine

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

Sept 2/31

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept. 1 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

Aug. 30 1931 to Sept 1 1931

I last saw deceased alive on Sept. 1 1931, death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Atherosclerosis
Hypertension

Date of onset

1926

Contributory causes of importance not related to principal cause:

Acute myocardial degeneration

Name of operation

Date of

What test confirmed diagnosis? Dr. Lab. Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. J. Fuld M. D.

(Address) 39 Lech. Camb. Date Sept 1 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

Wm. D. Childress

ADDRESS

Received and filed

SEP 4 1931

(Registrar)

Revised United States Standard Certificate of Death

Sept. 4 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed to illness. If the disease causing death, report the occupation prior to occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however designate family, *cook*, *maid*, etc. For a person who had no occupation whatsoever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the precise descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *printer*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, the date, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, or in case of an exhumation, by a certificate, or in case of a removal, by a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician, who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon any permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....
Chap. 114, Sec. 45; G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death....
Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46; G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recent disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 168

1 PLACE OF DEATH
Suffolk County
Wentworth
Wentworth Community Hospital
No. 50, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence A. Foley
(If deceased is a married, widowed or divorced woman give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 210 Summer St., Ward, Somerville
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 29 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed.

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Albert W. Foley (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE 56 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. widow at home 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home 10 Date deceased last worked at this occupation (month and year) Sept. 1931 11 Total time (years) spent in this occupation 1 yr.

12 BIRTHPLACE (City) Wollaston (State or country) England

13 NAME OF FATHER Albert Hingley

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant Ethel Ingarbio (Address) 210 Summer St. Somerville

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

N. M. D. Childress (Signature of Agent of Board of Health or other)

40 (Official Designation) Sept. 5-1931 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 5, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Sept 3/31 19 to Sept 5/31 19 I last saw her alive on Sept 5/31 19 death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of stomach 1930 Date of Onset

Contributory causes of importance not related to principal cause:

Several Carcinomata 1930

Name of operation Exploratory op. Date of Sept 4/31 What test confirmed diagnosis Clincher Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) J. H. Hingley M. D. (Address) 441 Centre St. Somerville

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (City or town) Everett

DATE OF BURIAL Sept. 8, 1931

22 NAME OF UNDERTAKER David Fudge & Son, Inc. ADDRESS Somerville, Mass.

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is every important, so that the relative healthfulness of various causes can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. Report a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," which more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and his last illness, when last *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a record as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of this death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b

1	PLACE OF DEATH	Suffolk (County) Boston (City or Town) No. Peter Bent Brigham Hospital St., Ward {	Boston (City or town making return) Registered No. 7614 (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME		James H. Riley (If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence. No.		93 Court Road St., Ward, Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	
Male	White	MARRIED WIDOWED or DIVORCED Married	
5a If married, widowed, or divorced			
HUSBAND of Annie McCarthy (Give maiden name of wife in full)			
(or) WIFE of (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 70 Years Months Days If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	Cigar Mkr. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business		
	10 Date deceased last worked at this occupation (month and year) 1926 11 Total time (years) spent in this occupation 50 yrs.		
12 BIRTHPLACE (City) Chelsea, Mass. (State or country)			
PARENTS	13 NAME OF FATHER John Riley		
	14 BIRTHPLACE OF FATHER (City) (State or country) Ireland		
	15 MAIDEN NAME OF MOTHER Fannie Dolan		
	16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland		
17 Informant Annie Riley (Address) Winthrop, Mass.			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: H. R. (Signature of Agent of Board of Health or other) Sept. 8, 1931 (Official Designation) (Date of Issue of Permit)			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH September 8, 1931 (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from August 26, 1931 , to September 8, 1931 I last saw him alive on September 8, 1931 death is said to have occurred on the date stated above, at 12:20A. The principal cause of death and related causes of importance in order of onset were as follows:			
Carcinoma of colon Lobar Pneumonia (rt.)			Date of onset ? 1 yr. dys.
Contributory causes of importance not related to principal cause:			
Caecostomy August 26, 1931 Name of operation Resection of splenic flexure & colostomy Date of operation 9/1/31 Was there an autopsy? Yes What test confirmed diagnosis?			
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. L. Clay, M. D. (Address) Peter B. Brigham Hosp. Date 9/8/1931			
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)			
DATE OF BURIAL September 10, 1931			
22 NAME OF UNDERTAKER J F McGlinchey Chelsea, Mass. ADDRESS			
Received and filed September 10, 1931 TRUE COPY, ATTEST: (Registrar)			

James W. Wiley
Sept. 8, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 194 Main St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 170

2 FULL NAME

Edward Parker Hoxie
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 194 Main St., 1 Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Frances Harnell (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 91 Years 5 Months 10 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Miner

10 Date deceased last worked at this occupation (month and year) 30 years 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Provincetown (State or country) Mass

13 NAME OF FATHER John Hoxie

14 BIRTHPLACE OF FATHER (City) Provincetown (State or country) Mass

15 MAIDEN NAME OF MOTHER Emaline Ghenn

16 BIRTHPLACE OF MOTHER (City) Sandwich (State or country) Mass

17 Informant Sarah R. Sturgis (Address) 194 Main St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 9/15/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 10, 1931.
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Sept. 10, 1931, to Sept. 10, 1931.

I last saw him alive on Sept. 9, 1931, death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Prostatitis with pans. 1, purulent cystitis et pyelitis. 1931.

Contributory causes of importance not related to principal cause:

Uræmia, Sept. 4, 1931.

Name of operation None. Date of operation. What test confirmed diagnosis? Urinalysis. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) S. Sturgis, M. D.

(Address) 194 Main St., Sandwich, Mass. Date Sept. 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL To be cared for (Cemetery) (City or town)

DATE OF BURIAL Sept. 13, 1931

22 NAME OF UNDERTAKER Walter T. White

ADDRESS Winthrop Mass

Received and filed SEP 15 1931 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *colons mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *plumber*, *machinist*, etc. Distinguish carefully between *retail merchant*, *ant* *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, faulting, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of, his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from the cemetery to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or from the funeral home, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 40, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

with a permit, with an ADJOINING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 171

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 62 Temple Ave St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Peter Andrew O'Grady

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 62 Temple Ave St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 68 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Dry Co
10 Date deceased last worked at this occupation month and year Nov 1931 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Ireland (State or country)

13 NAME OF FATHER Michael

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Hoban

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Annis O'Grady (Address) 62 Temple Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. A. Childress
(Signature of Agent of Board of Health or other)

140 (Official Designation) Sept 11/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 10 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931 to Sept 10, 1931

I last saw him alive on Sept 9, 1931, death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Name of operation Sept 1

Meningitis

Contributory causes of importance not related to principal cause:

Hypertensive pneumonia Sept 1

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. M. D. (Address) 62 Temple Ave Date 9/11 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Cemetery (Cemetery) (City or town)

DATE OF BURIAL Sept 12 1931

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop Mass

Received and filed SEP 15 1931 19

(Registrar)

Revised United States Standard Certificate of Death

Sept. 10, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 172

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 82 Loring Road

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Maud Sarah (Barrie) Hadden

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 82 Loring Road

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 5 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 69 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)

None

11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Pictou
(State or country) Ontario, Canada.

13 NAME OF FATHER John Barrie.

14 BIRTHPLACE OF FATHER (City) Canada.
(State or country)

15 MAIDEN NAME OF MOTHER Hannah Knapp.

16 BIRTHPLACE OF MOTHER (City) Buffalo.
(State or country) New York.17 Informant Mrs. George A. Sawyer.
(Address) 82 Loring Rd. Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William H. Childress
(Signature of Agent, Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH Sept 11 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 10 1931, to Sept 11 1931,

last saw him alive on Sept 11 1931, death is said

to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Angina pectoris

Jan 1931

Contributory causes of importance not related to principal cause:

Name of operation Personal Autopsy Date of What test confirmed diagnosis? There an autopsy? N.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

(Address)

R. B. Parker

M. D.

Date Sept 12 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop. Winthrop.
(Cemetery) (City or town)

DATE OF BURIAL Sept. 13. 1931

22 NAME OF UNDERTAKER Charles R. Bennison.

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or physician may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-o. 30. No. 9954.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 47 Buchanan St., Ward {



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 173

2 FULL NAME

Gertrude Gerwinia Greed (Simson)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 47 Buchanan

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 yrs. — mos. — days

7

yrs. —

mos. —

days

How long in U. S., if of foreign birth? 8

yrs. —

mos. —

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

27

Years

10

Months

2

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

9/31

11 Total time (years) spent in this occupation

2

12 BIRTHPLACE (City)

(State or country)

Grand P. R.

13 NAME OF FATHER

Frederick A. Simson

14 BIRTHPLACE OF FATHER (City)

(State or country)

Grand P. R.

15 MAIDEN NAME OF MOTHER

Beatrice Margeson

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Halifax

17

Informant (Address)

Frederick A. Simson

47 Buchanan St., Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

9/4/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

September 12, 1931

19 I HEREBY CERTIFY, That I attended deceased from

August 1931, to Sept 12, 1931.

I last saw her alive on Sept 12, 1931, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary Tuberculosis 2 yrs.

Cachexia 1 yr.

Contributory causes of importance not related to principal cause:

Cachexia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael L. Smith, M. D.

(Address) 114 Shirley Ave. Boston Date 9/12, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop, Winthrop (Cemetery) (City or town)

DATE OF BURIAL September 10, 1931

22 NAME OF UNDERTAKER

W. J. Hollis

ADDRESS 71 Merrimack St. B.

Received and filed SEP 15 1931 19 (Registrar)

Sept. 12, 1931

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief electrical, mechanical, civil, mining, etc.* Avoid the term "laborer" when a *journeyman*, *ship carpenter*, etc. The occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *cloth*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

[illegible]

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forth with, after the death of a person whom he has attended during his illness, obtain the request of an undertaker or other authorized person or of any member of the family of the deceased, for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Iden. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and ingestion of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 174

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 72 Atlantic

Ward 1

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Oliver Evans

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 72 Atlantic

St., 1 Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

1 yrs. — mos.

days. How long in U. S., if of foreign birth?

yrs. — mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

6

Years

2

Months

20

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)

Boston Mass

13 NAME OF
FATHER

Robert M. Evans

14 BIRTHPLACE OF
FATHER (City)

Revere Mass

15 MAIDEN NAME
OF MOTHER

Mildred C. Sullivan

16 BIRTHPLACE OF
MOTHER (City)

Revere Mass

17

Informant
(Address)

Father Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

9/17/31

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHSeptember 16 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

September 2 1931, to September 16 1931

I last saw him alive on September 15 1931, death is said

to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:Acute Gangrenous Appendicitis Sept. 1/31
with operation therefore

Date of Onset

Contributory causes of importance not related to principal cause:

General peritonitis Sept. 1/31
Intestinal obstruction Sept. 13/31

Name of operation Appendectomy Sept. 2/31

What test confirmed diagnosis clinical Sept. 14/31

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob Ahams M. D.

(Address) 562 Shirley St. Winthrop Mass

Data Sept. 17 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery) (City or town)

DATE OF BURIAL Sept 17 1931

22 NAME OF
UNDERTAKER

Walter T. White

ADDRESS

Winthrop Mass

Received and filed

19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—bold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of the attending physician, by a satisfactory certificate of the attending physician, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45 G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical, druggs or poisons, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.



STANDARD
CERTIFICATE OF DEATH

Registered No. 175

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 6 Loring Road St. Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Erick Gustave Hagman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 6 Loring Road St. Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married. (write the word)

5a If married, widowed, or divorced HUSBAND of Emily Albertina Tagerstadt (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 74 Years 7 Months 24 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Minder 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cannot Remember 10 Date deceased last worked at this occupation (month and year) 6 months 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Sweden (State or country)

13 NAME OF FATHER Otto Hagman

14 BIRTHPLACE OF FATHER (City) Christiana Sweden (State or country)

15 MAIDEN NAME OF MOTHER Christina Burgen

16 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

17 Informant (Address) Mrs. A. Hagman 4213 1/2 R. 1 Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/19/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 17 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from July 1, 1931, to Sept 17, 1931. I last saw him alive on Sept 17, 1931, death is said

to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Sept 13, '31

Contributory causes of importance not related to principal cause:

Hypertension

Name of operation none Date of What test confirmed diagnosis? Clinical Signs Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. O'Brien (Address) 10 Washington St. Winthrop Date Sept 19, 1931, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL Sept. 19, 1931

22 NAME OF UNDERTAKER Charles T. Bennison

ADDRESS Winthrop, Mass.

Received and filed SEP 21 1931 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not finally employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store*, "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word, *mechanic*, but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insignificant, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29, No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 179

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 437 Winthrop

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Kennerley
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 437 Winthrop St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. days. How long in U. S., if of foreign birth? 7 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed or divorced HUSBAND of Hannah Hughes (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 7 Months 14 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Caster
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Am. Soda Fountain
10 Date deceased last worked at this occupation (month and year) Dec. 1930 11 Total time (years) spent in this occupation 42

12 BIRTHPLACE (City) Liverpool, (State or country) England

13 NAME OF FATHER Thomas Kennerley

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Alice

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant Mrs. Hannah J. Kennerley (Wife) (Address) 437 Winthrop St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/21/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 20 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from Sept 18, 1931, to Sept 20, 1931. I last saw him alive on Sept 18, 1931, death is said to have occurred on the date stated above, at 3:34 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Uremia
Contributory causes of importance not related to principal cause:
Hypertension
Chronic nephritis
Myocarditis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. G. Rollins, M. D. (Address) 41 Washington St. Date 9/20/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)

DATE OF BURIAL Sept 22, 1931

22 NAME OF UNDERTAKER C. G. Rollins

ADDRESS C. Boston, Mass

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Sept. 24, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46B, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased as served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 177

PLACE OF DEATH

Suffolk
CountyWinthrop
(City or Town)No. Winthrop Community Hospital { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Joseph Cohen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

40 Hawthorne St., Ave. Ward, Winthrop

Length of residence in city or town where death occurred 1 yrs. 6 mos. - days. How long in U. S., if of foreign birth? - yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 15 Years 1 Months 7 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Student

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Allentown, Pa.
(State or country)

13 NAME OF FATHER Murray Cohen

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Anna Kaplan

16 BIRTHPLACE OF MOTHER (City) Allentown, Pa.
(State or country)17 Informant (Address) M. Cohen
40 Hawthorne Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Wm. D. Childress
Health Officer
(Official Designation)

(Date of Issue of Permit) 9/23/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 22 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 20 1931, to Sept. 22 1931.

I last saw him alive on Sep. 21 1931, death is said

to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Acute Rheumatism

Sep. 17/31

Acute Endocarditis

Sep. 21/31

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Edward J. Franzen
(Signed) 476 5th Ave. St. Date 9-22 1931
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. (Cemetery) City or town

DATE OF BURIAL Sept. 22 1931

22 NAME OF UNDERTAKER Emanuel Stenetsky

ADDRESS 63 Green St. Boston

Received and filed SEP 23 1931 19

(Registrar)

Revised United States Standard Certificate of Death

Sept. 22, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there ~~is~~ such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resuting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 178

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 39 Johnson Ave

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Horace Howard Brooks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR) War.

(a) Residence. No. 39 Johnson Ave

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE 35

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Teacher

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Salesman

10 Date deceased last worked at
this occupation (month and
year)

2 years

11 Total time (years)
spent in this
occupation 10

12 BIRTHPLACE (City)

Winthrop

(State or country)

Mass

13 NAME OF
FATHER

Eugene D. Brooks

14 BIRTHPLACE OF
FATHER (City)

Templeton

(State or country)

Mass

15 MAIDEN NAME
OF MOTHER

Sarah Whitney

16 BIRTHPLACE OF
MOTHER (City)

Hennock, Massachusetts

(State or country)

N. H.

17

Informant
(Address)

Laurie F. Brooks

39 Johnson Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. O. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

September 25, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 14, 1930, 19, to Sept 24, 1931

I last saw h. l. m. alive on Sept 24, 1931, death is said

to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Coronary Thrombosis 9

Contributory causes of importance not related to principal cause:

1 day - pneumonia; 5 yrs.
arterio-sclerosis; 5 yrs.

Name of operation

none

Date of

What test confirmed diagnosis?

Chromatograms

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. O. Burns M. D.

(Address)

78 Washington Ave. Date Sept 25, 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Mt Auburn Cemetery, Cambridge, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Sunday Feb 27

1931

22 NAME OF
UNDERTAKER

Charles B. Bennett

ADDRESS

Winthrop, Mass.

Received and filed

Sept. 26, 1931

19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body or its agent shall be buried, until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate sufficient reasons, his certificate cannot be obtained easily enough as hereinafter provided. If there is no attending physician or if, for the purposes, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Essex

(County)

Danvers

(City or Town)

Danvers

(City or town making return)

Registered No. 179

PLACE OF DEATH

No. Danvers State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adelaide Nelson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 270 Bowdoin St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 2yrs. 4mos. 2days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED (write the word) WIDOWED married or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joseph O. Nelson

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 4 Months 2 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Moncton, (State or country) N.B.

13 NAME OF FATHER

Brennan McCormack (Bernard)

14 BIRTHPLACE OF FATHER (City)

Canada

(State or country)

15 MAIDEN NAME OF MOTHER

Lucinda Blakeney

16 BIRTHPLACE OF MOTHER (City)

Canada

(State or country)

17 Informant Gertrude F. Smith, (Address) Bath ne

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED

10/5/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sep. 27, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Cerebral hemorrhage

Arteriosclerosis
Died suddenly in bed

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,
Suicide or
Homicide?

Date of injury 19

Where did

injury occur?

(City or town and State)

Manner of

injury

Nature of

injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify S. Chase Tucker (Signed) Prabody 9/28/31. M. D. (Address) Date 19

22 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (City or town) Sep. 30, 1931. (City or town)

DATE OF BURIAL 19

23 NAME OF UNDERTAKER C. R. Bennisan Winthrop, Mass. ADDRESS

Received and filed OCT 10 1931 19

(Registrar of City or Town where deceased resided)

Sept. 27, 1931



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 180

PLACE OF DEATH

Middlesex
(County)Reading
(City or Town)

No. 14 Reading State San

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Richard A. Leet

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

2 Woodside Park

St.,

Ward,

Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

V

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

1

Years

3

Months

6

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)

Chelsea

Mass

13 NAME OF
FATHER

George Leet

14 BIRTHPLACE OF
FATHER (City)
(State or country)

E. Boston

Mass

15 MAIDEN NAME
OF MOTHER

Sadie Barton

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

E. Boston

Mass

17 Hospital Records

Informant
(Address)

Reading State Sanatorium

A TRUE COPY.

ATTEST:

Carl C. McComisin Supt.

(Registrar of city or town where death occurred)

DATE FILED

9-29

1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

9

(Month)

28

(Day)

1931

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

9-25

1931, to

9-28

1931

I last saw him alive on 9-28, 1931, death is said

to have occurred on the date stated above, at 9:06 AM

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Tuberculosis of Lungs

one
day

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis? Exam. Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

A. H. Canon

M. D.

Reading State Sanatorium 9-29 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

Oct 1

1931

22 NAME OF
UNDERTAKER

C. A. Rollins

ADDRESS

E. Boston Mass

Received and filed

OCT 7 1931

19

(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Richard A. Dyett
Sept. 28, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-o-30. No. 9954.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 181

1 PLACE OF DEATH Suffolk (County)
South Boston (City or Town)
No. 507 Pleasant St. Leighton Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Astoria { (If U. S.
War Veteran,
specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 507 Pleasant St., Leighton Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Single</u> (write the word)	18 DATE OF DEATH <u>Sept - 30 - 1931</u> (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY. That I attended deceased from <u>yr - 1920</u> , 19____, to <u>June</u> , 19 <u>31</u> . I last saw him alive on <u>June 31</u> , 19 <u>31</u> , death is said to have occurred on the date stated above, at <u>1:30 P.</u> m.		
6 IF STILLBORN, enter that fact here.			The principal cause of death and related causes of importance in order of onset were as follows:		
7 AGE <u>20</u> Years _____ Months <u>2</u> Days _____ Hours _____ Minutes If less than 1 day			Date of Onset <u>yr 1920</u>		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Old age - Arterio sclerosis		
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10 Date deceased last worked at this occupation (month and year) _____		11 Total time (years) spent in this occupation _____		Contributory causes of importance not related to principal cause:	
12 BIRTHPLACE (City) <u>West Pembroke</u> (State or country) _____			Name of operation _____ X Date of _____ X		
PARENTS	13 NAME OF FATHER <u>Augustus D. Leighton</u>		What test confirmed diagnosis? _____ X Was there an autopsy? <u>no</u>		
	14 BIRTHPLACE OF FATHER (City) <u>West Pembroke</u> (State or country) _____		20 Was disease or injury in any way related to occupation of deceased? <u>no</u>		
	15 MAIDEN NAME OF MOTHER <u>Esther M. Leighton</u>		If so, specify _____		
	16 BIRTHPLACE OF MOTHER (City) <u>West Pembroke</u> (State or country) _____		(Signed) <u>Frank S. Havitt</u> , M. D. (Address) <u>242 Wash. Ave.</u> Date <u>Oct 19 31</u>		
17 Informant (Address) <u>Dr. P. J. ...</u>			21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>West Pembroke</u> (Cemetery) (City or town)		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			DATE OF BURIAL <u>Oct 2 1st</u> 19 <u>31</u>		
(Signature of Agent of Board of Health or other) <u>Wm. D. Childers</u>			22 NAME OF UNDERTAKER <u>Leighton</u>		
(Official Designation) <u>Health Officer</u>			ADDRESS <u>57 Pleasant St. South Boston</u>		
(Date of Issue of Permit) <u>9/30/31</u>			Received and filed <u>Oct 2 1931</u> (Registrar)		

Revised United States Standard Certificate of Death

Edward A.UGHTON
Sept. 30, 1939

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as *of school*, or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Acute interstitial nephritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 6771

1 PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)

No. Peter Bent Brigham Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Grace E Stone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 90 Lincoln
(Usual place of abode)

St., Ward, Winthrop, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles G. Stone

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

56

Years

9

Months

12

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in the
occupation

26 yrs.

12 BIRTHPLACE (City)
(State or country)

Hartford, Conn.

13 NAME OF
FATHER

Edgar S. Fox

14 BIRTHPLACE OF
FATHER (City)

(State or country) Conn

15 MAIDEN NAME
OF MOTHER

16 BIRTHPLACE OF
MOTHER (City)

(State or country) Conn

17

Informant
(Address)

Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

C. Sullivan

(Signature of Agent of Board of Health or other)

Aug. 4, 1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

August

4,

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from
August 3, 1931 to August 4, 1931

I last saw her alive on August 4, 1931, death is said

to have occurred on the date stated above, at 4:20 P. M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Fibrous pleuritis

?

Stones in common duct

? mos.

Partial collapse of rt. lower lobe

?

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Clay,

M. D.

(Address) Boston, Mass.

Date 8/4/1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Green Hartford, Conn.
(Cemetery) (City or town)

DATE OF BURIAL

August

7,

1931

22 NAME OF
UNDERTAKER

Walter T. White

ADDRESS

Winthrop, Mass.

Received and filed

August 7,

1931

OCT 24 1931

MARGIN REQUIRED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Grace & Stone
Aug 4, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-'29. No. 7180-b

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston (City or town making return)	
1	Suffolk (County) Boston (City or Town) No. Boston City Hospital St., Ward {	STANDARD CERTIFICATE OF DEATH		Registered No. 6797	
2 FULL NAME Frederick H. Sanders (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR) 183	
(a) Residence. No. 34 Crescent St., (Usual place of abode)		Ward, Winthrop, Mass. (If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3 SEX M.	4 COLOR OR RACE W.	5 SINGLE MARRIED WIDOWED or DIVORCED M.	(write the word)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Helen Dunbar (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 53 Years 7 Months 24 Days		If less than 1 day Hours Minutes			
OCCUPATION:		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Rubber Co		10 Date deceased last worked at this occupation (month and year) Apr. 1931			
11 Total time (years) spent in this occupation 24 yrs					
12 BIRTHPLACE (City) Boston (State or country) Mass					
PARENTS		13 NAME OF FATHER George M. Sanders			
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass		15 MAIDEN NAME OF MOTHER Annie E. Moore			
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass		17 Informant Chas. E. Sanders (Address) E. Braintree, Mass.			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: H. G. R. (Signature of Agent of Board of Health or other) 8/6/31 (Official Designation) (Date of Issue of Permit)					
18 DATE OF DEATH August 4, 1931 (Month) (Day) (Year)		19 I HEREBY CERTIFY, That I attended deceased from 7/21, 1931, to 8/4, 1931. I last saw him alive on 8/4, 1931, death is said to have occurred on the date stated above, at 11:31 P.M. The principal cause of death and related causes of importance in order of onset were as follows: Cerebral hemorrhage 5 wks Broncho Pneumonia 5 days Contributory causes of importance not related to principal cause: Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
20 Was disease or injury in any way related to occupation of deceased? If so, specify J. F. Reich, M. D. (Signed) Boston City Hosp. Date 8/5, 1931 (Address)		21 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Hill, Wingham (Cemetery) (City or town)			
DATE OF BURIAL August 7, 1931		22 NAME OF UNDERTAKER R. & F. Gleason ADDRESS Dorchester, Mass.			
Received and filed OCT 24 1931 A TRUE COPY ATTEST: August 7, 1931					

Frederick S. Sanders

Aug 4, 1931

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. MASS. GENERAL HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 6939

2 FULL NAME GERTRUDE C FLATER,

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 150 HERON

(Usual place of abode)

St.,

Ward,

WINTHROP, MASS.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

FEMALE

4 COLOR OR RACE

WHITE

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

SINGLE

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

3

Years

7

Months

10

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

WINTHROP,

(State or country)

MASS.

13 NAME OF FATHER

ALBERT F FLATER,

14 BIRTHPLACE OF FATHER (City)

CHELSEA,

(State or country)

MASS.

15 MAIDEN NAME OF MOTHER

GERALDINE A FITZGERALD,

16 BIRTHPLACE OF MOTHER (City)

BOSTON,

(State or country)

MASS.

17

Informant
(Address)

ALBERT F FLATER,

WINTHROP, MASS.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

H F B.

(Signature of Agent of Board of Health or other)

Aug. 11, 1931

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

August 9, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

POISONING BY LEAD INCIDENTAL TO THE
GNAWING OF PAINTED SURFACE.

(ACT OF CHILDHOOD-PICA)

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,
Suicide or
Homicide?

Date of injury

19

Where did
injury occur?

(City or town and State)

Manner of
Injury.
Nature of
Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

GEORGE B MAGRATH,

M. D.

(Address)

MED. EX. SUFFOLK Co. 8/10/ 1931

22 PLACE OF BURIAL, CREMATION OR REMOVAL

HOLY CROSS, MALDEN.

(Cemetery)

Aug. 11, 1931

(City or town)

DATE OF BURIAL

19

23 NAME OF UNDERTAKER

M J KELLY,

ADDRESS

11 MERIDIAN ST, EB.

Received and filed

Aug. 13, 1931

19

A TRUE COPY, ATTEST

(Registrar)

Centruide C. T. + later

Aug. 9, 1931

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

1 PLACE OF DEATH
SUFFOLK
(County)
BOSTON
(City or Town)
No. BOSTON CITY HOSPITAL St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON
(City or town making return)

Registered No. 6929

2 FULL NAME VIRGINIA BRYANT,

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 73 CRYSTAL CAVE,

(Usual place of abode)

St. Ward, WINTHROP, MASS.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE 4 COLOR OR RACE WHITE 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED MARRIED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of HILLARD BRYANT
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 22 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) QUINCY, (State or country) MASS.

13 NAME OF FATHER EZIO SERRANI,

14 BIRTHPLACE OF FATHER (City) ITALY (State or country)

15 MAIDEN NAME OF MOTHER LAURA MARAVIGLI,

16 BIRTHPLACE OF MOTHER (City) QUINCY, (State or country) MASS.

17 Informant JOSEPH MARAVIGLI, (Address) LYNN

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. E. C.
(Signature of Agent of Board of Health or other)

Aug. 10, 1931

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH AUGUST 10, 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

GAS BACILLUS (B. WELCH'S) INFECTION
FOLLOWING ABORTION.

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident
Suicide or
Homicide? Date of injury AUG 6, 1931

Where did injury occur? (City or town and State)

Manner of Injury
Nature of Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify TIMOTHY LEARY,
(Signed) MED. EXAMINER Date 8/10/31
(Address)

22 PLACE OF BURIAL, CREMATION OR REMOVAL MT. WOLLASTON, QUINCY
(Cemetery) (City or town)
DATE OF BURIAL AUG. 11, 1931

23 NAME OF UNDERTAKER JOHN E DONOVAN,
ADDRESS LYNN, MASS.

Received and filed OCT 24 1931
AUG. 12, 1931

A TRUE COPY, ATTEST:

(Registrar)

Virginia Bryant

Aug. 18, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston (City or town making return)	
1	PLACE OF DEATH	Boston (City or Town)		Registered No. 6930	
	No. Carney Hospital		St.	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME		John H. Magee		(If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence. No.		26 Beal		St., Ward, Winthrop, Mass.	
(Usual place of abode)				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Male	White	MARRIED WIDOWED or DIVORCED Married			
5a If married, widowed, or divorced					
HUSBAND of Mgt. Devin (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 70 Years 7 Months 0 Days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Express Co.				
	10 Date deceased last worked at this occupation (month and year) 1920				
	11 Total time (years) spent in this occupation 20 yrs.				
12 BIRTHPLACE (City) Boston, Mass. (State or country)					
PARENTS	13 NAME OF FATHER John Magee				
	14 BIRTHPLACE OF FATHER (City) Canada (State or country)				
	15 MAIDEN NAME OF MOTHER May Baker				
	16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)				
17 Informant Lucy Powers (Address) Quincy, Mass.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
H F R (Signature of Agent of Board of Health or other)					
Aug. 10, 1931 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August 10, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from August 7, 1931 to August 10, 1931 I last saw him alive on August 10, 1931, death is said to have occurred on the date stated above, at 3 m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Tracheotomy (reason unknown) 1898					
F B in trachea 4 yrs.					
Bronchiectasis					
Lung abscesses (Multiple) 2 wks.					
Contributory causes of importance not related to principal cause:					
Arteriosclerosis ?					
Chr. Myocarditis ?					
Name of operation Removal of F B Date of 8/8/31					
What test confirmed diagnosis? Was there an autopsy Yes					
20 Was disease or injury in any way related to occupation of deceased?					
If so, specify:					
(Signed) H. F. Hedberg, M. D.					
(Address) Carney Hospital Date 8/10/31					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Wollaston Quincy (Cemetery) (City or town)					
DATE OF BURIAL August 12, 1931					
22 NAME OF UNDERTAKER John Hall, Quincy, Mass.					
ADDRESS					
Received and filed August 12, 1931					
A TRUE COPY, ATTEST: (Registrar)					

John H. Magee,
Aug. 19, 1931

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. *7677*

1 PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)

No. *Peter Bent Brigham Hosp*

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Carl G Petersen*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

187

(a) Residence. No. *54 Locust*
(Usual place of abode)

St., *Winthrop, Mass.*
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *m.* 4 COLOR OR RACE *wh.* 5 SINGLE MARRIED WIDOWED or DIVORCED *m.* (write the word)

5a If married, widowed, or divorced HUSBAND of *Ellen Lundquist*
(Give maiden name of wife in full)
(or) WIFE of *(Husband's name in full)*

6 IF STILLBORN, enter that fact here.

7 AGE *54* Years *4* Months *8* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housepainter*
10 Date deceased last worked at this occupation (month and year) *May '31* 11 Total time (years) spent in this occupation *35 yrs*

12 BIRTHPLACE (City) (State or country) *Sweden*

13 NAME OF FATHER *Johan Petersen*

14 BIRTHPLACE OF FATHER (City) (State or country) *Sweden*

15 MAIDEN NAME OF MOTHER *Johanna*

16 BIRTHPLACE OF MOTHER (City) (State or country) *Sweden*

17 Informant *Wife*
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

a e c
(Signature of Agent of Board of Health or other)

(Official Designation) *9/10/31* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *September 8, 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

*Bilateral lobar pneumonia
Edema of brain
Recent fractured ribs
(found unconscious in his own home)*

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of injury *19*

Where did injury occur? *Boston, Mass.*
(City or town and State)

Manner of Injury
Nature of Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *J. D. Buckley*, M. D.
(Address) *Boston, Mass.* Date *9/9* 19 *31*

22 PLACE OF BURIAL, CREMATION OR REMOVAL *Mt Hope Boston*
(Cemetery) (City or town)

DATE OF BURIAL *9/10* 19 *31*

23 NAME OF UNDERTAKER *C. C. Nordling*
ADDRESS *Boston, Mass.*

Received and filed *9/10* 19 *31*

A TRUE COPY, ATTEST: *OCT 24 1931* (Registrar)

Paul H. Johnson

Sept. 8, 1903

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston (City or town making return)	
1	PLACE OF DEATH	Boston (City or Town)		Registered No. 8150	
		No. Mass. General Hospital		St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		William C. West (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR) 188	
(a) Residence. No.		46 Tewkesbury St.,		Ward, Winthrop (If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED			
Male	White	Married			
5a If married, widowed, or divorced HUSBAND of Mgt. J. Middleton (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	34	9	Months	29	Days
If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year) Sept. 1931				
11 Total time (years) spent in this occupation 15 yrs.					Contributory causes of importance not related to principal cause:
12 BIRTHPLACE (City) E Boston, Mass. (State or country)					
PARENTS	13 NAME OF FATHER Walter West				
	14 BIRTHPLACE OF FATHER (City) England (State or country)				
	15 MAIDEN NAME OF MOTHER Sarah Loester				
	16 BIRTHPLACE OF MOTHER (City) England (State or country)				
17 Informant Wife (Address)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: C Sullivan (Signature of Agent of Board of Health or other) 9/25/31 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Sept. 24, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1931 to Sept. 24, 1931 I last saw him alive on Sept 24, 1931, death is said to have occurred on the date stated above, at 9:30P. The principal cause of death and related causes of importance in order of onset were as follows: Perforated duodenal ulcer with peritonitis 2 1/2 dys. Date of onset 31					
Name of operation Suture of perforated ulcer Date of 9/22/31 What test confirmed diagnosis? ulcer Was there an autopsy? Yes					
20 Was disease or injury in any way related to occupation of deceased? If so, specify Norman C. Baker M. D. (Signed) Boston, Mass. Date 9/25/31 (Address)					
21 PLACE OF BURIAL, CREMATION OR REMOVAL E Boston Boston (Cemetery) (City or town) DATE OF BURIAL Sept. 27 19 31					
22 NAME OF UNDERTAKER W T White ADDRESS Winthrop, Mass. Received and filed Sept. 28, 31 A TRUE COPY, ATTEST: (Registrar)					

William C. Street

Sept. 24, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-1

Essex (County) Danvers (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Danvers (City or town making return)	
1 PLACE OF DEATH No. Danvers State Hospital St., Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 189	
2 FULL NAME Elizabeth J. Williams (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. St., Ward, Winthrop (Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred 10 yrs. 9 mos. 27 days		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX female	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED widowed			
5a If married, widowed, or divorced HUSBAND of John J. Williams (Give maiden name of wife in full)					
(or) WIFE of John J. Williams (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 76 Years Months Days		If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year)				
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Bermuda, W.I. (State or country)					
PARENTS	13 NAME OF FATHER John Baulf				
	14 BIRTHPLACE OF FATHER (City) Ireland (State or country)				
	15 MAIDEN NAME OF MOTHER Cannot be learned				
	16 BIRTHPLACE OF MOTHER (City) England (State or country)				
17 Informant Gertrude F. Smith (Address) Hathorne					
A TRUE COPY.					
ATTEST: 10/5/31. (Registrar of city or town where death occurred)					
DATE FILED 19.					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Oct. 1, 1931. (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from July 1, 1930 to Oct. 1, 1931 I last saw him alive on Oct. 1, 1931, death is said to have occurred on the date stated above, at 12.20 A.M.					
The principal cause of death and related causes of importance in order of onset were as follows: Myocarditis with renal disease 1920 Date of onset					
Contributory causes of importance not related to principal cause: Psychosis with other somatic disease; cardio renal disease 1921					
Name of operation Date of					
What test confirmed diagnosis? clinical Was there an autopsy no.					
20 Was disease or injury in any way related to occupation of deceased? no If so, specify H. A. Tadrell (Signed) Hathorne 10/2/31. M. D. (Address) Date					
21 PLACE OF BURIAL Winthrop Winthrop CREMATION OR REMOVAL (Cemetery) (City or town)					
DATE OF BURIAL 10/3/31. 19					
22 NAME OF UNDERTAKER C. R. Bennison ADDRESS Winthrop					
Received and filed OCT 10 1931 19					
(Registrar of City or Town where deceased resided)					

Hubert J. Williams
Oct. 11 1901

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 26 Ingleside Ave.,

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lorycy Inezetta May Davison
(If deceased is married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Ingleside Ave., Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 29 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single.
(write the word)

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 62 Years 4 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper. At home.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) April, 1931 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Winthrop.
(State or country) Massachusetts.

13 NAME OF FATHER John W. Davison

14 BIRTHPLACE OF FATHER (City) Gloucester.
(State or country) Massachusetts.

15 MAIDEN NAME OF MOTHER Lorycy Paddock White.

16 BIRTHPLACE OF MOTHER (City) Plymouth.
(State or country) Vermont

17 Informant Miss Winnie Davison.
(Address) 26 Ingleside Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Burgess
(Signature of Agent of Board of Health or other)

Health Officer 10/5/31
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 190

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 3, 1931.
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct. 11, 1930 to Oct. 3, 1931.
I last saw him alive on Oct. 3, 1931, death is said to have occurred on the date stated above, at P. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Intestinal Carcinoma. 1909
(Primary)

Contributory causes of importance not related to principal cause:

Principium mammae, April, 1931.

Name of operation Caustectomy Date of 1907-30.
What test confirmed diagnosis? Caustectomy. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Dr. L. A. Burgess, M. D. Date Oct. 4, 1931.
(Address) 37 Winthrop St., City

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop.
(Cemetery) (City or town)

DATE OF BURIAL October 5, 1931.

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS 147 Winthrop St. Winthrop

Received and filed OCT 13 1931 19

(Registrar)

100-1.3, 1931

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, failure, or complication which causes death, not the mode of dying, e. g., heart failing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, from one grave or tomb or other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent also issued or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any part in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur therein and transmit it to the clerk of the town for registration. Then it and transmit the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Revised United States Standard Certificate of Death

Oct. 4, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatsoever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance, related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a second, or third position, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue a permit from or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from one cemetery to another, or if its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 385 Revere



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 192

2 FULL NAME

Emma Ritta Rouillard
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 385 Revere St., 4 Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. - mos. - days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of George Rouillard
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 10 Months 13 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation...

12 BIRTHPLACE (City) Belfast (State or country) Maine

13 NAME OF FATHER Joshua M. Dannelly

14 BIRTHPLACE OF FATHER (City) Pictou (State or country) N.B.

15 MAIDEN NAME OF MOTHER Jane Mac Donald

16 BIRTHPLACE OF MOTHER (City) Not Given (State or country)

17 Informant Son Richard Rouillard (Address) Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
10/6/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 4 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from March 1930 to October 4, 1931

I last saw him alive on Oct 4, 1931, death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage
Hemiplegia Sept 26-1931
Date of Onset

Contributory causes of importance not related to principal cause:

Arterio-sclerosis General atherosclerosis

Name of operation none Date of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Dr. E. C. Colver M. D.
(Signed) (Address) 123 Winthrop St. Date Oct 6 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn in Acton Mass (City or town)

DATE OF BURIAL Oct 6 1931

22 NAME OF UNDERTAKER Walter T. White

ADDRESS Winthrop Mass

Received and filed OCT 13 1931 19

(Registrar)

Revised United States Standard Certificate of Death

Oct. 4 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, employment may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Apoplexy</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the sexton for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 193

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 2 Winthrop Community Hospital. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Roberts

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No.

105 Ocean View

St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop
Massachusetts

13 NAME OF FATHER

Charles A. Roberts

14 BIRTHPLACE OF FATHER (City)

(State or country)

East Boston
Massachusetts

15 MAIDEN NAME OF MOTHER

Jane M. McDonald

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Halifax
Nova Scotia

17

Informant (Address)

Anne J. Roberts
105 Ocean View St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Gulderson

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

10/5/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct

4

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Still-born

Premature birth 7 mos.

Oct 4

1931

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis? ~~Funeral Abstract~~ Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

P. B. Parker

(Signed)

M. D.

(Address)

Winthrop Mass Oct 4 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 5

1931

22 NAME OF UNDERTAKER

Charles P. Bennison

ADDRESS

Winthrop Mass

Received and filed

OCT 12 1931

19

A TRUE COPY, ATTEST:

(Registrar)

Oct. 4, 1903

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or of a person authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or diseases which he died of, and the date when the case was contracted. If the person of whose last illness, when last seen alive by the physician or other medical officer, was not then alive by the physician or other medical officer, he shall state

Conn. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town or township at a place other than a cemetery.

which has not been buried, until he has received a permit from the board of health or its agent.

or if there is no such board, from the clerk of the town where the person died, and no notary public.

body and move it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent.

is agent, mortuary or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to

[illegible]

7

Date of onset

5

July 5. 1922

.....
May 3, 1927

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

1 PLACE OF DEATH

(County) Winthrop
(City or Town) Winthrop
No. Winthrop Hospital St., Winthrop Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 194

2 FULL NAME

Cecilia Leavitt (Mc Carran)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 13 Highland St.

(Usual place of abode)

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of Herbert C. Leavitt (Give maiden name of wife in full)

(or) WIFE of Herbert C. Leavitt (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 60 Years 4 Months Days 40 Hours Minutes (If less than 1 day)

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Oct 1-31 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Lynn (State or country) Mass.

13 NAME OF FATHER Patrick Mc Carran

14 BIRTHPLACE OF FATHER (City) Lynn (State or country) Mass.

15 MAIDEN NAME OF MOTHER Rebecca Woods

16 BIRTHPLACE OF MOTHER (City) Phila. (State or country) Pa.

17 Informant (Address) Mrs. Mae Carran
36 Bedford Ave. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 10/5/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 5 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 5, 1931. I last saw him alive on Oct 5, 1931, death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis Oct 3/31

Contributory causes of importance not related to principal cause:

Coronary Arteriosclerosis
Senile years

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Overeaten M. D. (Signed) Overeaten (Address) 123 Winthrop St. Date Oct 5 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (City or town) Winthrop

DATE OF BURIAL Oct 7 1931

22 NAME OF UNDERTAKER W. C. Goodrich
ADDRESS 128 Washington St., Lynn

Received and filed 19
(Registrar)

Oct. 5, 1931

RETURN OF CERTIFICATES OF DEATH

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *of home*. For a woman whose only occupation was that of *housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

3.—The industry of business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engine*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" to give the occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
the principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

Contributory causes of importance not related to principal cause:

In a group of causes, containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith attend the death of a person whom he has attended during his last illness, or of any member of the family of the deceased, authorized person or of any number of the family or other persons, at the request of an undertaker or other person, to furnish for registration a signed and certified certificate of death, stating to the best of his knowledge and belief the date of death, stating to the best of his knowledge and belief the cause of death, his supposed age, the disease of which he died, and the name of the deceased, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and his last illness when last seen, *Laurel Chap. 46, Sec. 9.*

Gen. Laws, Chap. 40, Sec. 9.

of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent, until he has received a permit from the board of health or some cemetery, atdorsed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Sec. 43, U. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the dead is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap. 11, sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Mical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include but are not limited to deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), physical or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to tetanus, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-'29. No. 7180-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 195

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or town)

No. 70 Pleasant

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Henry Carver

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

70 Pleasant

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 27 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married.

5a If married, widowed or divorced.

HUSBAND of

Nellie Goodwin

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

74

Years

3

Months

10

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Dry goods

10 Date deceased last worked at this occupation (month and year)

Oct. 6, 1931

11 Total time (years)

spent in this occupation

58 yrs

12 BIRTHPLACE (City)

(State or country)

Boston

Massachusetts.

13 NAME OF FATHER

William J. Carver.

14 BIRTHPLACE OF FATHER (City)

(State or country)

Unable to obtain.

15 MAIDEN NAME OF MOTHER

Caroline A. Robb.

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Salem.

Massachusetts.

17

Informant

(Address)

Mrs. Nellie G. Carver,

70 Pleasant St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF

DEATH

October 8th

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

June 15, 1931, to October 8, 1931.

I last saw him alive on Oct 8, 1931, death is said

to have occurred on the date stated above, at 9:20 am.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Cerebral Hemorrhage

Oct 8,

1931

Contributory causes of importance not related to principal cause:

Hypertension

Name of operation

None

Date of

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. J. O'Brien

(Address)

78 Washington Ave. 10/8

Winthrop

M. D. 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop. Winthrop.

(Cemetery)

(City or town)

DATE OF BURIAL

October 10,

1931

22 NAME OF UNDERTAKER

Charles P. Bennison

ADDRESS

Winthrop, Mass.

Received and filed

OCT 13 1931

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Oct. 8, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *woman*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *printer*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, assthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. "Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-9-30. No. 0054.

1

PLACE OF DEATH

Suffolk
Winthrop
(City or Town)
No. 65 Court Road



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 196

2 FULL NAME

John H. Lane
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

65 Court Rd

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Length of residence in city or town where death occurred

Yrs.

Mos.

Days

How long in U. S., if of foreign birth?

Yrs.

Mos.

Days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED (write the word)
MARRIED
WIDOWED
OR DIVORCED
6a If married, widowed or divorced
HUSBAND of Mary C. McGowan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

8 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days
If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10 Date deceased last worked at
this occupation (month and
year) 3 yrs
11 Total time (years)
spent in this
occupation 15 yrs

12 BIRTHPLACE (City)
(State or country) East Boston
Mass

13 NAME OF FATHER John Lane

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Ann Toomey

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Mrs. M. C. Lane
(Address) 65 Court Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cullen
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
10/13/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 11 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said
to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of
onset were as follows:

(preliminary from history)
3 yrs
Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....
(Signed) (M. D.)

(Address) Date of 9/19/31

21 PLACE OF BURIAL Holy Cross
(Cemetery) (City or town)

DATE OF BURIAL Oct 11 1931

22 NAME OF UNDERTAKER Fred J. Magrath

ADDRESS East Boston

Received and filed OCT 19 1931

(Registrar)

Revised United States Standard Certificate of Death

Dec. 11, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatsoever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashtenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45 G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths as *supposable due to injury*. These include only resulting deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

1 PLACE OF DEATH

Sussex (County)

Winthrop (City or Town)

No. 153 Winthrop St., Ward {

2 FULL NAME Nina Dunn (Allen) Belcher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 153 Winthrop St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 197

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married.
-----------------	--------------------------	--

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of David Belcher (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 66 Years 10 Months 22 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Allendale. (State or country) Nova Scotia.

13 NAME OF FATHER Henry H. Allen.

14 BIRTHPLACE OF FATHER (City) Allendale. (State or country) Nova Scotia.

15 MAIDEN NAME OF MOTHER Arabella Dunn.

16 BIRTHPLACE OF MOTHER (City) Allendale. (State or country) Nova Scotia.

17 Informant David Belcher. (Address) 153 Winthrop St.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 11 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1930, to Oct 11 1931. I last saw her alive on Oct 10 1931, death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma left Breast. July 1930

Acute Myocarditis. Oct 6, 1931

Contributory causes of importance not related to principal cause:

Name of operation. No. Date of. What test confirmed diagnosis? None. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) Edward S. Parker, M. D. (Address) Winthrop Mass. Date Oct. 13 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop. (Cemetery) (City or town)

DATE OF BURIAL October 14 1931.

22 NAME OF UNDERTAKER Charles T. Bennison. ADDRESS Winthrop Mass.

Received and filed OCT 20 1931 19 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/13/31 (Date of Issue of Permit)

Revised United States Standard Certificate of Death

Oct. 11, 1901

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail* and *wholesale* mechanics. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Atherosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or its insufficiency, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physical. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description, as far as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

1 PLACE OF DEATH

Manchester notified The Commonwealth of Massachusetts

Suffolk
(County)

Winthrop
(City or Town)

No. Sta. Hosp., Fort Banks, Mass., St., W.W., Ward

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 198

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby Pennington

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. St., Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred — yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here Stillborn

7 AGE 0 Years 0 Months 0 Days If less than 1 day 0 Hours 0 Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10 Date deceased last worked at this occupation (month and year) None 11 Total time (years) spent in this occupation None

12 BIRTHPLACE (City) Fort Banks, Mass.
(State or country)

13 NAME OF FATHER Joel Pennington

14 BIRTHPLACE OF FATHER (City) Decatur,
(State or country) Miss.

15 MAIDEN NAME OF MOTHER Lillian Olson,

16 BIRTHPLACE OF MOTHER (City) Manchester,
(State or country) N.H.

17 Informant Joel Pennington
(Address) Manchester N.H.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/13/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 12, 1931.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 12, 1931 to October 12, 1931

I last saw him alive on ---, 19---, death is said

to have occurred on the date stated above, at 9:30p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Asphyxia, birth

Date of Onset

Contributory causes of importance not related to principal cause:

None

Name of operation None Date of Clinical What test confirmed diagnosis? Was there an autopsy? C

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify J. A. Pennington
(Signed) JOHN A. PENNINGTON, Capt. M.C., M.D.
(Address) Fort Banks, Mass. Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery, Mass.
(Cemetery) (City or town)

DATE OF BURIAL Oct. 14, 1931

22 NAME OF UNDERTAKER B. J. Pennington
ADDRESS Manchester, Mass.

Received and filed 19

OCT 20 1931
(Registrar)

Feb. 14, 1903

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this space for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operatives," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "seaman," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1905
<i>Chronic interstitial nephritis</i>	1901
<i>Cerebral hemorrhage</i>	July 5, 1907
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including respiration, septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954.

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop Mass. (City or Town) No. 33 Cutter St., Ward {			Registered No. 199	
2 FULL NAME Ruth Specter (If deceased is a married, widowed or divorced woman, give also maiden name.)				{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 33 Cutter St., Ward,				(If non-resident, give city or town and state)	
Length of residence in city or town where death occurred yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Hyman Specter (Husband's name in full)					
6 IF STILLBORN, enter that fact here					
7 AGE 25 Years Months Days	If less than 1 day Hours Minutes				
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year)			
		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Chelsea Mass. (State or country)					
13 NAME OF FATHER Thomas Melensky					
14 BIRTHPLACE OF FATHER (City) Russia (State or country)					
15 MAIDEN NAME OF MOTHER Alice Berger					
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)					
17 Informant Thomas Melensky (Address) 36 Cutter St. Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: N. M. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 10/17/31					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH October 17, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from August 14, 1931 to October 14, 1931 I last saw her alive on October 14, 1931, death is said to have occurred on the date stated above, at 3:45 A.M. The principal cause of death and related causes of importance in order of onset were as follows: CHRONIC INTERSTITIAL NEPHRITIS 1930 Contributory causes of importance not related to principal cause: UREMIA 1931					
Name of operation Blood transfusion Date of 10-11-31 What test confirmed diagnosis? Clotting test Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Jacob Abrams (Signed) (Address) 562 Shirley St. Date 10/14/31 M. D.					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Temple Israel H. Cemetery (Cemetery) (City or town) Mass					
DATE OF BURIAL Oct 17 1931					
22 NAME OF UNDERTAKER Louis Spiller ADDRESS 120 Shirley St. Winthrop					
Received and filed OCT 20 1931 19 (Registrar)					

Revised *Oct. 14 1931* United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of *home housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication of which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance, related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board or agent, until he has received a permit from person died; and no undertaker or other person shall exhumate a body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or from same cemetery, until he has received a permit from the board of health, or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a factory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, if any, as required by law, or in lieu thereof a certificate of sufficient reasons, his certificate cannot be obtained early, or if, for board of health, or its insufficient, a physician who is a member of the board of health, or employed by it or by the selection from the board of health, shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth if he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia) agents, and deaths following abortion, but also deaths from disease resulting from injury or infection, related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-o-30. No. 9954.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby (Paul) Clegg
(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. 200

(a) Residence. No.

60 Boardman St., 1 Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

10/15/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October 14 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

Oct 13 1931, to Oct 14 1931

I last saw her alive on Oct 14 1931, death is said

to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Prenatal Birth
(6 1/2 months)

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Clegg M. D.

(Address) 67 Boardman St. Date 10-15-1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michael's Boston
(Cemetery) (City or town)

DATE OF BURIAL

Oct 16 1931

22 NAME OF UNDERTAKER

Michael S. Cuggiano

ADDRESS 878 Saratoga St East Boston

Received and filed

OCT 20 1931

19

(Registrar)

Doc. 14, 1931

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed the only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant*, *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, second, or third position. The principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhumate the body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from one cemetery to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, make such certificate. If death is caused by violence, the medical examiner shall as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such receipt shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *77 Somerset Ave* St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George D. Bussey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

77 Somerset Ave St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *35 yrs. 4 mos. 6 days* How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced.

HUSBAND of

Isadora Smith
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

65 Years

10 Months

— Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Teacher

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Dec 16-1931

11 Total time (years)

spent in this occupation *40 yrs*

12 BIRTHPLACE (City)

(State or country)

Dipmont Ne.

13 NAME OF FATHER

Benjamin Bussey

14 BIRTHPLACE OF FATHER (City)

(State or country)

Newburgh Ne.

15 MAIDEN NAME OF MOTHER

Elizabeth Brown

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Newburgh Ne.

17

Informant (Address)

Isadora Bussey
77 Somerset Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

11/19/31

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *201*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct 17
(Month)

1931
(Day) (Year)

19 I HEREBY CERTIFY, That *seen* attended deceased from

, 19, to , 19

I last saw him *seen* alive on , 19, death is said

to have occurred on the date stated above, at *6:30 P.m.*

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes
Probably Angina Pectoris Oct 17, 1931

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Frank B. Parker* M. D.
(Address) *Winthrop Board of Health* Date *11/19* 19*31*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Dipmont Maine
(Cemetery) (City or town)

DATE OF BURIAL *Oct 19* 19*31*

22 NAME OF UNDERTAKER

Frank E. Brown

ADDRESS *44 Winthrop St Winthrop*

Received and filed , 19

OCT 20 1931 (Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguishing carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchant*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of disease, related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of burial by law to a physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficiently, by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application made by the certificate, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths

supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-730. No. 9954.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 39 Belcher St.

St., -/- Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Valburg Soderen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

37 Belcher

St., 1 Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

26 yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Andrew Soderen

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

61

Years

5

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Sweden

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

Wagner Anderson

Sweden

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Not known

Sweden

17

Informant (address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 202

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct.

17

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

July 1, 1931, to Oct 17, 1931

I last saw him alive on Oct 15, 1931, death is said to have occurred on the date stated above, at 2:07 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Brain
Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) C. J. Soderen, M. D.

(Address) 100 Belcher St. Date 10/20/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop, Mass.

(Cemetery) (City or town)

DATE OF BURIAL Oct 21, 1931

22 NAME OF UNDERTAKER

Walter J. White

ADDRESS Winthrop, Mass.

Received and filed Oct 26, 1931

(Registrar)

Dec. 17, 1931

GOVERNING THE

ISSUANCE OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, on the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a **standard certificate of death**, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when seen alive by the physician or officer and the date of his death....

Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall register a death without a

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its creation.

- or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town.

as buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by a receipt therefor.

original intent, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, for sufficient reasons, his certificate cannot be obtained.

[illegible]

Medical examiners shall make examination upon the view of dead bodies of only such persons as shall be brought to them, and shall certify to the clerk of the town for registration. The person to whom the body shall be brought shall be given and the physician certifying the cause of death shall thereunto be obliged to furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or place of death, which the clerk or registrar may require.—*Chap. 114, sec. 45, G. L., as amended.*

COMM. EXPOS. CHURCH. JO, DEC. 1.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permit.

has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from a clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), but also deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized physical

RULES OF PRACTICE

the following rules of practice:

2) **Board of Health** - ...

whose physician is absent from home when the certificate of death is needed.

those of persons found dead.



Registered No. 263

.....
(Registrar)

Revised United States Standard Certificate of Death

Oct. 18, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 11.—The number and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store, factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating *engineer, stationary engineer, etc.* Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants, salesman and not a clerk.* A person who sells goods should be called a

Statement of cause of death.—Cause of death means the disease or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications, related to principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, the duration of his last illness, when last seen alive by the physician or officer and the date of, his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb or other than the receiving tomb to another, or its agent, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, in case of an as interment provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk, or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting deaths caused by the action of chemical (drugs or poisons), thermal, or electrical agents), and deaths following abortion, but also, deaths from **sudden death from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 204

PLACE OF DEATH

Suffolk
(County)
South Boston
(City or town)

No. 586 *Shirley*

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John H. Riley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 586 *Shirley*

St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED *Married*

5a If married, widowed, or divorced

HUSBAND of

Catherine M. Regan
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

63

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bookbinder

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Estimate

10 Date deceased last worked at this occupation (month and year) *1928 Apr.*

11 Total time (years)

spent in this occupation *20*

12 BIRTHPLACE (City)

Boston

(State or country)

man

13 NAME OF FATHER

John

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Anna Brady

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

Mrs H. C. McKenna
94 Fairview

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *10/21/31*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct.

20

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov. 1

1931, to

Oct 20

1931

I last saw him alive on *Oct 19*, 1931, death is said

to have occurred on the date stated above, at *145* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Cerebral Hemorrhage

Nov. 1930

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Thurston*

M. D.

(Address) *145*

Date *10/20* 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Reed, Rochester, Bn

(Cemetery)

(City or town)

DATE OF BURIAL

Oct.

23

1931

22 NAME OF UNDERTAKER

Thos. L. Burke

ADDRESS

75 Chamber H Bn

Received and filed

1931

(Registrar)

Oct. 26, 1931

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, date of the disease of which he died, the name of the deceased, his supposed cause of death, the duration of his last illness, when taken, where alone he was contracted, the duration of his last illness, when taken, the name of the physician or officer and the date of his death. . . .

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received from the board of health a certificate of burial.

- or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or to any cemetery, until he has received a permit from the board of its agent, or, if there is no such board, from the clerk of the town in the

delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be

original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate is hereinafter provided. If there is no attending physician, sufficient reasons therefor must be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate is hereinafter provided.

For the purpose of this certificate cannot be obtained by a physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall issue such certificate. If the death certificate contains a recital required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any form in which it has been engaged, such recital shall appear upon the certificate. The board of health, or selectmen, shall appear upon any

Medical examiners shall make elimination tests as required by law.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; and give a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

no undertaker or other person shall buy a human body or the contents thereof which have been brought into the commonwealth until he has received a permit so to do from the board.

...to issue such permits, or if there is no such board, the clerk of the town where the body is to be buried or from a person appointed to have the care of the funeral or burial ground in which the interment is made....*Chap. 114, G. L. as amended.*

RULES OF PRACTICE

of persons whom they have given bedside care during a last illness from disease unrelated to any form of injury. **Board of Health physicians** will certify to such deaths only those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is needed. **Medical Examiners** will investigate and certify to all deaths **possibly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) or by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the deaths of persons **engaged in their occupation,** and deaths of persons **engaged in their occupation** who die from disease unrelated to any form of injury.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. 200

Pauline

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 205

2 FULL NAME

Herbert A. Kiely

(If deceased was a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55

Sunnyside Ave

St.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

(write the word)

Married

5a If married, widowed or divorced

HUSBAND of

Ellen Grant Kiely

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

58

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House

10 Date deceased last worked at this occupation (month and year)

Oct 20/31

11 Total time (years)

spent in this occupation

35

12 BIRTHPLACE (City)

(State or country)

Marblehead
Mass

13 NAME OF FATHER

David

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Elizabeth Sunson

16 BIRTHPLACE OF MOTHER (City)

Nova Scotia

(State or country)

17

Informant (Address)

Ellen Kiely
55 Sunnyside Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Kildress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 205

2 FULL NAME

Herbert A. Kiely

(If deceased was a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55

Sunnyside Ave

St.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct

20

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

new, 19, to 1, 19

I last saw him alive on 19, death is said

to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural causes. Probably Oct 20.
Acute myocarditis. 1931.

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Personal injury. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Kiely, M. D.

(Address) Board of Health, Oct 20, 1931.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Star of the Sea Marblehead

(City or town)

(City or town)

DATE OF BURIAL

Oct 22

1931

22 NAME OF UNDERTAKER

John J. Kiely

ADDRESS

Wentworth

Received and filed

Oct 24

1931

(Registrar)

Revised United States Standard Certificate of Death

Oct. 30, 1934

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill, etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." Do not use the precise statement of the occupation can be secured. When a word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication, which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a record of third position. The principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral tory or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting sprains); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 206

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 87 Winthrop St.,

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Carl Sumner Floyd,

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 87 Winthrop St.,

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 53 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of Elizabeth M. Perry

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

53Years 0Months 23

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Chief Clerk supplies

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Boston Elevated R.R.

10 Date deceased last worked at
this occupation (month and
year)March 193111 Total time (years)
spent in this
occupation 33

12 BIRTHPLACE (City)

Winthrop,

(State or country)

Mass.13 NAME OF
FATHERSumner Floyd,

PARENTS

14 BIRTHPLACE OF
FATHER (City)Winthrop,

(State or country)

Mass.15 MAIDEN NAME
OF MOTHERAda W. Whitcher,16 BIRTHPLACE OF
MOTHER (City)cannot be learned

(State or country)

17

Informant
(Address)Mrs. Elizabeth M. Floyd,87 Winthrop St., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. Childress
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHOctober 23,1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 25, 1931, to Oct 23, 1931I last saw him alive on Oct 22, 1931, death is saidto have occurred on the date stated above, at 4:50 a.m.The principal cause of death and related causes of importance in order of
onset were as follows:Ch. Cardio-renal disease

Date of onset

Ch. Inl. Heart Disease since 14 yrs oldChronic Nephritis, about 15 yrs durationChronic Bronchitis, about 25 yrs duration

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

What test confirmed diagnosis?

ClinicalWas there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Oswell E. Johnson M. D.(Address) 23 Winthrop St. Date Oct 23, 193121 PLACE OF BURIAL,
CREMATION OR REMOVALWinthrop,

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL October 25, 1931.1922 NAME OF
UNDERTAKERJ. E. HendersonADDRESS 517 Broadway, Everett, Mass.

Received and filed

OCT 25 193119

A TRUE COPY, ATTEST:

(Registrar)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

Oct. 23, 1901

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however designated, the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter*, *joiner*, *plumber*, *machinist*, etc. Distinguish carefully between *tailor*, *milliner*, *seamstress*, and *not a clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Acute tonsillitis</i>	1915
<i>Chronic interstitial nephritis</i>	1901
<i>Cerebral hemorrhage</i>	July 5, 1907
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1907

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a second, or third position. The principal cause may appear in either first, happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when and soon alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miliary, tetanus, necrosis, peritonitis, phlebitis, pyemia, septicemia.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 267

1 PLACE OF DEATH (County) _____ (City or Town) _____
No. 31 Pearl Ave. North St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Bella Perry
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 31 Pearl Ave. North St. Ward, _____
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) Widowed
6a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of Henry A. Perry (Husband's name in full)
6 IF STILLBORN, enter that fact here
7 AGE 64 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____
12 BIRTHPLACE (City) Elyabitgrad (State or country) Russia
13 NAME OF FATHER Shmeril Benk ad.
14 BIRTHPLACE OF FATHER (City) Elyabitgrad (State or country) Russia
15 MAIDEN NAME OF MOTHER Rachel Leah
16 BIRTHPLACE OF MOTHER (City) Elyabitgrad (State or country) Russia
17 Informant Wm. D. Childress (Address) 31 Pearl Ave. North St.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 27 1931
(Month) (Day) (Year)
19 I HEREBY CERTIFY that I attended deceased from 1927 to Oct 18 1931
I last saw him alive on Oct 15 1931, death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Diabetes mellitus
Myocarditis
Arteriosclerosis
Contributory causes of importance not related to principal cause:
Cerebral haemorrhage
Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Betty Lawrence M. D.
(Address) 120 Shug St. North St. Date Oct 28 1931
21 PLACE OF BURIAL, CREMATION OR REMOVAL Graveyard (Cemetery) (City or town)
DATE OF BURIAL Oct 28 1931 19____
22 NAME OF UNDERTAKER Louis Spiller
ADDRESS 120 Shug St. North St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/28/31 (Date of Issue of Permit)

Received and filed Nov 2 1931 19____
(Registrar)

Oct. 27, 1931

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *colony mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or which he died, defined as required by section one, where same was contracted, the duration of his last illness, when one seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, from one cemetery to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retical as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of this death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
OFFICE OF THE SECRETARY		DIVISION OF VITAL STATISTICS		Registered No. 2378	
STANDARD		CERTIFICATE OF DEATH			
1	PLACE OF DEATH Suffolk (County) East Boston (City or Town) No. 62 Putnam St., 1 Ward			(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME C Evelyn Julia Healy (If deceased is a married, widowed or divorced woman, give also maiden name.)			(If U. S. War Veteran, specify WAR) 208	
(a)	Residence. No. 62 Putnam St., 1 Ward, (Usual place of abode)			(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred — yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Female	White	MARRIED WIDOWED or DIVORCED single			
6a If married, widowed, or divorced					
HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	4 Years 1 Months 13 Days	If less than 1 day Hours Minutes			
OCCUPATION.	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓				
	10 Date deceased last worked at this occupation (month and year) ✓ 11 Total time (years) spent in this occupation ✓				
12 BIRTHPLACE (City) East Boston (State or country) Mass					
PARENTS	13 NAME OF FATHER Philip J. Healy				
	14 BIRTHPLACE OF FATHER (City) Woburn (State or country) N. H.				
	15 MAIDEN NAME OF MOTHER Monica Joy				
	16 BIRTHPLACE OF MOTHER (City) E. Boston (State or country) Mass				
17 Informant Philip J. Healy (Address) 62 Putnam St. E. Boston					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 10/29/31 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH October 27, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, that I attended deceased from Oct 22, 1931, to Oct 27, 1931. I last saw him alive on Oct. 26, 1931, death is said to have occurred on the date stated above, at 1 A. m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
General Septicemia and General Peritonitis.					Date of Onset 10/25/31
Contributory causes of importance not related to principal cause:					
Ruptured Appendicitis					10/22/31
Name of operation Laparotomy Date of 10/22/31					
What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? No					
If so, specify (Signed) George H. Schwartz, M. D. (Address) 43 Brimley St. Date 9/28 1931					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Cross Mallen (Cemetery) (City or town)					
DATE OF BURIAL Oct 28 1931					
22 NAME OF UNDERTAKER Richard C. Kirby (Address) 17 Bennington St. E. Boston					
Received and filed 19 (Registrar)					

Revised United States Standard Certificate of Death

Ad. 97-1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset
1915
1921
July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

MARGIN RESERVE FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-d

1 PLACE OF DEATH

Worcester
(County)

Rutland
(City or Town)

No. Central New England Sanatorium

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas W. Berridge

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Pearl Ave.
(Usual place of abode)

St., Ward, Winthrop, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 2

mos. 21

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Rose O'Neil

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 62

Years

Months 22

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Proof Reader

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Newspaper

10 Date deceased last worked at this occupation (month and year)

May 1931

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Maine

13 NAME OF FATHER

Thomas W. Berridge

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Annie McKinley

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

(Address)

Patient, on admission

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

October 27, 1931

19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Rutland

(City or town making return)

Registered No. 144

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,
specify WAR)

309

Ward

Winthrop, Mass.

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October

27,

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

--

19

to Oct. 27, 1931

19

I last saw him alive on Oct. 27, 1931, death is said

to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Pulmonary tuberculosis May 1931?

Contributory causes of importance not related to principal cause:

Name of operation Phrenicectomy

Sept. 22, 1931

What test confirmed diagnosis? Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bayard T. Crane

(Address) Rutland, Mass.

Date 10/27/1931

21 PLACE OF BURIAL, Holy Cross, Malden, Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

October 30, 1931

19

22 NAME OF UNDERTAKER

John F. O'Maley

ADDRESS

Winthrop

Received and filed

NOV 2 1931

19

(Registrar of City or Town where deceased resided)

Edward A. Newage
Oct. 27, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954.

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. Station Hospital, St. Banks, Mass. St., Med. Ward

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 210

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby Kelly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 71 Warren, St., Ward, Boston

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here Stillborn

7 AGE 0 Years 0 Months 0 Days If less than 1 day 0 Hours 0 Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10 Date deceased last worked at this occupation (month and year) None 11 Total time (years) spent in this occupation None

12 BIRTHPLACE (City) Fort Banks, Winthrop, (State or country) Massachusetts.

13 NAME OF FATHER Stephen Kelly

14 BIRTHPLACE OF FATHER (City) Saboro, (State or country) Russia.

15 MAIDEN NAME OF MOTHER Catherine McBride,

16 BIRTHPLACE OF MOTHER (City) County Tyron, (State or country) Ireland.

17 Informant (Address) William J. Kelly, 100m-9-30, No. 9954.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 28 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 28 1931 to October 28 1931.

I last saw him alive on ---, 19---, death is said

to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Stillbirth

Contributory causes of importance not related to principal cause:

None

Name of operation None Date of ---
What test confirmed diagnosis? Clinics! Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify J. J. Kelly
(Signed) JOHN A. KELLY, Capt. M. C. M. D.
(Address) Fort Banks, Mass. Date Oct 28 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or town)

DATE OF BURIAL Oct 29 1931 19

22 NAME OF UNDERTAKER J. R. Benson ADDRESS Winthrop

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

100-284939

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *city engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required, by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of this death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 211

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 99 Bartlett Road St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary Anna (Conrad) Fichtner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 99 Bartlett Road St. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married.

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Louis Charles Fichtner (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 57 Years 6 Months 16 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.
10 Date deceased last worked at this occupation (month and year) Oct. 15, 1931.
11 Total time (years) spent in this occupation 38 yrs.

12 BIRTHPLACE (City) Milwaukee (State or country) Wisconsin.

13 NAME OF FATHER Jacob Conrad.

14 BIRTHPLACE OF FATHER (City) Milwaukee. (State or country) Wisconsin.

15 MAIDEN NAME OF MOTHER Unable to obtain.

16 BIRTHPLACE OF MOTHER (City) " (State or country) "

17 Informant (Address) Louis C. Fichtner. 99 Bartlett Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/4/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 3 31 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/1/1931, to 11/3/1931.

I last saw him alive on 11/3/1931, death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

return of lungs 11/3/31

Contributory causes of importance not related to principal cause:

Acidemia of the blood

Name of operation: Amputation of breast Date of 2/19/31
What test confirmed diagnosis? Laboratory Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: None at all (Signed) M. D. (Address) Henshaw Date 11/4/1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop. (Cemetery) (City or town)

DATE OF BURIAL November 5 1931

22 NAME OF UNDERTAKER Charles P. Bennison.

ADDRESS Winthrop. Mass.

Received and filed NOV 5 1931 19

(Registrar)

Revised United States Standard Certificate of Death

May 20. 1931
 3,1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997

Suffolk (County)		Chel sea (City or town making return)	
1 PLACE OF DEATH Chel sea		STANDARD CERTIFICATE OF DEATH	
No. Chel sea Memorial Hosp.		Registered No. 212	
2 FULL NAME Alfred J. Dearing (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. 23 Waldemar Ave. (Usual place of abode)		St., Ward, Winthrop (If nonresident, give city or town and state)	
Length of residence in city or town where death occurred yrs 2 mos.		days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	
5a If married, widowed, or divorced HUSBAND of Mary M. Pinsley (Give maiden name of wife in full)			
(or) WIFE of (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 57 Years Months Days If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Clerk			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Telephone			
10 Date deceased last worked at this occupation (month and year) Sept. 1931			
11 Total time (years) spent in this occupation 30			
12 BIRTHPLACE (City) So. Boston (State or country) Mass.			
13 NAME OF FATHER Alfred J. Dearing			
14 BIRTHPLACE OF FATHER (City) -- (State or country) --			
15 MAIDEN NAME OF MOTHER --O'Brien			
16 BIRTHPLACE OF MOTHER (City) -- (State or country) --			
17 Informant Mrs. Mary M. Pinsley (Dearing) (Address) 23 Waldemar Ave.			
A TRUE COPY.			
ATTEST: (Registrar of city or town where death occurred)			
DATE FILED Nov. 5, 1931			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH Nov. 5, 1931 (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 31 Nov. 5, 31			
I last saw alive on Nov. 5, 1931, death is said to have occurred on the date stated above, at 4.10AM.			
The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of Caecum -			
Contributory causes of importance not related to principal cause: Edema of Lungs 2 yrs.			
Name of operation Laparotomy Large mass removed from around caecum Nov. 16, 1931			
What test confirmed diagnosis Laboratory Was there an autopsy? no			
20 Was disease or injury in any way related to occupation of deceased? no			
If so, specify Harvey A. Kelly, M. D. (Signed) Winthrop Date 11/5/31 (Address)			
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or town)			
DATE OF BURIAL Nov. 5, 1931			
22 NAME OF UNDERTAKER Richard C. Kirby ADDRESS Elm St. Boston, Mass.			
Received and filed NOV 23 1931 19			
(Registrar of City or Town where deceased resided)			

Wm. J. Deering
Nov. 5, 1939

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 0054.

1 PLACE OF DEATH

Suffolk
(County)
Southrop
(City or Town)

No. *56* *Floyd*

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George M. Cordwell

(If deceased was a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

213

(a) Residence. No.

56 Floyd St. Southrop

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *15* yrs. mos. days.

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed, or divorced *Eliz. C. Phillips*
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *60* Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Manager*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wm. C. Phillips*
10 Date deceased last worked, at this occupation month and year *Feb 1931* 11 Total time (years) spent in this occupation *18*

12 BIRTHPLACE (City) *Boston*
(State or country) *Mass.*

13 NAME OF FATHER *George Cordwell*

14 BIRTHPLACE OF FATHER (City) *Unknown*
(State or country)

15 MAIDEN NAME OF MOTHER *Mary (Unknown)*

16 BIRTHPLACE OF MOTHER (City) *Unknown*
(State or country)

17 Informant *Mrs. Elizabeth C. Cordwell*
(Address) *56 Floyd St. Southrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cordwell
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *11/7/31* (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *2378*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *November 7* 19*31*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *January 1* 19*30*, to *November 7*, 19*31*
I last saw him alive on *November 6*, 19*31*, death is said

to have occurred on the date stated above, at *3:20 p.m.*

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Arteriosclerosis

Date of Onset
Nov. 3-1931

Contributory causes of importance not related to principal cause:

Arterio Sclerosis

Unknown

Name of operation *Thyroid Op.* Date of *Nov 7*
What test confirmed diagnosis: *Thyroid Op.* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *Patent Army in Coast*
(Signed) *Patent Army in Coast*, M. D.
(Address) *371 Harvard St. Cambridge* Date *11/7* 19*31*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Mt Auburn Cemetery*
(Cemetery) (City or town)

DATE OF BURIAL *Nov 7* 19*31*

22 NAME OF UNDERTAKER *Richard Kirby*

ADDRESS *East Boston*

Received and filed *Nov. 16,* 19*31.*

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a **standard certificate of death**, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by the violence of the attending physician, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-320, No. 7097-3

1 PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP COMMUNITY HOSPITAL

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SALTO, ALESSI

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

St.

Ward,

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

MALE

4 COLOR OR RACE

WHITE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

ROSE

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 62

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

INTERPRETER

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

COURT

10 Date deceased last worked at this occupation (month and year)

NOV 1931

11 Total time (years) spent in this occupation

25

12 BIRTHPLACE (City)

(State or country)

ITALY

13 NAME OF FATHER

UNKNOWN

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

UNKNOWN

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

24 RESERVOIR AVE

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 214

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov. 8 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 11

1931

to Nov. 8

1931

I last saw him alive on

Nov. 8

1931

death is said to have occurred on the date stated above, at 4:25 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

arteriosclerosis

chronic interstitial nephritis

myocarditis

chronic myocarditis

arteriosclerosis

Contributory causes of importance not related to principal cause:

Carcinoma of lungs

Date of onset

1915

1918

1910

1930

1930

1931

Aug. 11

Name of operation

none

Date of

What test confirmed diagnosis? X-Ray, etc. Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) F. J. Zollo

(Address)

353 Revere St Revere

Date

11/8/1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 10

1931

22 NAME OF UNDERTAKER

R. J. DENEILL

ADDRESS

Received and filed

NOV 14 1931

19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of *school* or *at home*. For a woman whose in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of the attending sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-1

1 PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Drivers
(County)		STANDARD CERTIFICATE OF DEATH		(City or town making return)
Essex				Registered No. 215
Danvers (City or Town)				
No. Danvers State Hospital		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Henry Hersey Hinkley (If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence. No. 503 Pleasant		St.,		Ward, Winthrop (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 5 mos. 13 days. How long in U. S., if of foreign birth? yrs. mos. days.				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX male	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)		
5a If married, widowed, or divorced HUSBAND of Marie Fields (Give maiden name of wife in full)				
(or) WIFE of (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 78 Years Months Days		If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired			
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10 Date deceased last worked at this occupation (month and year)			
12 BIRTHPLACE (City) Boston, Mass. (State or country)		11 Total time (years) spent in this occupation		
PARENTS	13 NAME OF FATHER Henry Hersey Hinkley			
	14 BIRTHPLACE OF FATHER (City) Boston, Mass. (State or country)			
	15 MAIDEN NAME OF MOTHER Sarah Taylor,			
	16 BIRTHPLACE OF MOTHER (City) Boston, Mass. (State or country)			
17 Informant Gertrude E. Smith, (Address) Hathorne				
A TRUE COPY.				
ATTEST: <i>G. R. Lyons</i> (Registrar of city or town where death occurred)				
DATE FILED 11/16/31				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH Nov. 12, 1931. (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Nov. 12, 1931. I last saw him alive on Nov. 12, 1931, death is said to have occurred on the date stated above, at 4.15 A.M. The principal cause of death and related causes of importance in order of onset were as follows: Arteriosclerosis 1928 Contributory causes of importance not related to principal cause: Myocarditis 1925 Psychosis with Cer. Arteriosclerosis 1928				
Name of operation Date of				
What test confirmed diagnosis? clin. Was there an autopsy? no				
20 Was disease or injury in any way related to occupation of deceased? If so, specify Solomon Gannon (Signed) 11/13/31. (Address) Date 19				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Boston (Cemetery) (City or town)				
DATE OF BURIAL Nov. 14, 1931. 19				
22 NAME OF UNDERTAKER C. R. Lyons ADDRESS Danvers				
Received and filed NOV 24 1931 19 (Registrar of City or Town where deceased resided)				

Henry A. Shindler
Apr. 18, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-1'30. No. 605-b

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 216

PLACE OF DEATH

No.

(City or Town)

Winchot Community St. 11th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Wells

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

Willow Ave

St. Ward

(If nonresident give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Female

White

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Yes

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Winchot
Mass

13 NAME OF FATHER

Norman G. Wells

14 BIRTHPLACE OF FATHER (City)

(State or country)

Winchot
Mass

15 MAIDEN NAME OF MOTHER

Margaret M. Murphy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

East Boston
Mass

17

Informant (Address)

Laurie Norman G. Wells
widow - care Winchot

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov.

17

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw him alive on....., 19....., death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Sailor

Nov 17 1931

Hydrocephalus

Hydrocephalus

Contributory causes of importance not related to principal cause:

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene B. Barte

M. D.

(Address) Winchot Mass Date 11/17 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winchot - Winchot

(Cemetery)

(City or town)

DATE OF BURIAL Nov 18 - 1931

19

22 NAME OF UNDERTAKER

Chas R. Bannan

ADDRESS

Winchot Mass

Received and filed

NOV 25 1931

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Model 171931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Acute tonsillitis
Chronic interstitial nephritis
Cerebral hemorrhage

1915
1921
July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exurne a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-o-30. No. 0954.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 217

1 PLACE OF DEATH Suffolk (County)
South Scituate (City or Town)
North Scituate Community Hosp. St. 1 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May L. Pierce (Grant)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 62 Humphrey St., South Scituate Ward 1
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 3 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

5a If married, widowed, or divorced HUSBAND of H. Frank Pierce (Give maiden name of wife in full)
(or) WIFE of H. Frank Pierce (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year) June 1926 11 Total time (years) spent in this occupation 17 yrs

12 BIRTHPLACE (City) Rochland (State or country) Maine

13 NAME OF FATHER John S. Grant

14 BIRTHPLACE OF FATHER (City) North Haven (State or country) Maine

15 MAIDEN NAME OF MOTHER Mary C. Wilbur

16 BIRTHPLACE OF MOTHER (City) Lincolntonville (State or country) Maine

17 Geo. George F. Grant (Address) 62 Humphrey St South Scituate

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Wilder (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/15/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 17, 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1931, to Nov. 17, 1931.
I last saw her alive on Nov. 17, 1931, death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Chronic Nephritis
Uremia Acute
Cerebral Embolism
Date of Onset Nov. 16, 1931
Nov. 17, 1931

Contributory causes of importance not related to principal cause:
Arterial Sclerosis

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify S. A. Pickinsoil M. D.
(Signed) North Scituate, Mass. (Address) Date Nov. 17, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Bay Point Rockland Ave (Cemetery) (City or town)
DATE OF BURIAL Nov. 20th 1931

22 NAME OF UNDERTAKER William C. Goodrich
ADDRESS 28 Washington St South Scituate

Received and filed NOV 25 1931 1931
(Registrar)

Revised United States Standard Certificate of Death

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause.

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body and no undertaker or other person shall exhum a human body from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. It and transmit the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unusually due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Station Hospital, Fort Banks St., Surg 1 Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 218

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William F. Gammon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(U. S. Spanish War
War Veteran
specify WAR) World War

(a) Residence. No. 103 St. Alphonsus St., Ward, Roxbury, Massachusetts.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 days. How long in U. S., if of foreign birth? -- yrs. -- mos. -- days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Unknown

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE 52 Years 0 Months 0 Days If less than 1 day

-- Hours -- Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Staff Sergeant
Q. M. C.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

U. S. Army.

10 Date deceased last worked at
this occupation (month and
year) August 192111 Total time (years)
spent in this
occupation 30

12 BIRTHPLACE (City)

Unknown

(State or country)

Massachusetts

13 NAME OF
FATHER

Unknown

14 BIRTHPLACE OF
FATHER (City)

Unknown

(State or country)

Unknown

15 MAIDEN NAME
OF MOTHER

Unknown

16 BIRTHPLACE OF
MOTHER (City)

Unknown

(State or country)

Unknown

17

Informant U. S. Army, Fort Banks, Mass.
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

November

19

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

November 17, 1931, to November 18, 1931.

I last saw him alive on November 18, 1931, death is said

to have occurred on the date stated above, at 5:50a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Suppurative appendicitis

Date of Onset

Nov 1/31

General peritonitis

Nov 15/31

Septicemia

Nov 17/31

Contributory causes of importance not related to principal cause:

Abscess preinephritic

Nov 10/31

Name of operation Laparotomy

Date of Nov 18/31

What test confirmed diagnosis? Autopsy

Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Albert W. Kenner

(Signed) Albert W. Kenner, Major, U.S.A.M.D.

(Address) Fort Banks, Mass. Date Nov 19/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Camp Devens Cemetery, Ayer
(Cemetery) (City or town)

DATE OF BURIAL November 21

1931.

22 NAME OF UNDERTAKER Charles R. Bennison.

ADDRESS Winthrop, Massachusetts.

Received and filed NOV 25 1931 19

(Registrar)

United States Standard Certificate of Designation
 1919

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Do not use the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal causes name the disease causing death, as related causes, name earlier morbid conditions, if any related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Attioidrosis</i>	1015
<i>Chronic interstitial nephritis</i>	1021
<i>Cerebral hemorrhage</i>	July 5, 1027
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of a person whom he has undertaken or otherwise authorized person or of any member of the family of the deceased, furnish for registration a statement and certificate of death, stating to the best of his knowledge and belief the date of death, stating to the age, the disease of which he died, and the cause of death, his supposed, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and of his last illness, when last seen. *Laos, Chap. 40, Sec. 9.*

Conn. Laws, Chap. 40, Sec. 9.

NO undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent, dressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by a law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require.—*Chap. 114, sec. 45, G. L., as amended.*

Sec. 43, U. L., as amended

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Cem. Laws, Chap. 38, Sec. 6.*

by violence... Gen. Laws, Chap. 38, Sec. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agents appointed to issue such permits or if there is no such board, until the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Local or health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**, including but not only deaths caused directly or indirectly by traumatization (including resulting septicaemia), and by the action of chemical (drugs of abuse), but also, physical, electrical agents, and deaths following abortion, but not, to deaths from disease resulting from injury or infection related to the use of aspirin, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-30, No. 605-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 319

1 PLACE OF DEATH
Suffolk County
Winthrop
(City or Town)
No. 109 Boardman St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary (Jones) Williams
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 109 Boardman St., Ward, (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female. 4 COLOR OR RACE White. 5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married.

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Hugh Williams (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 4 Months 7 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.
10 Date deceased last worked at this occupation (month and year) Aug. 1931. 11 Total time (years) spent in this occupation 55 yrs.

12 BIRTHPLACE (City) (State or country) North Wales.

13 NAME OF FATHER Thomas Jones.

14 BIRTHPLACE OF FATHER (City) (State or country) Wales.

15 MAIDEN NAME OF MOTHER Margaret Hughes.

16 BIRTHPLACE OF MOTHER (City) (State or country) Wales.

17 Informant Hugh Williams.
(Address) 109 Boardman St. Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Childers
(Signature of Agent of Board of Health or other)
Health Officer 11/23/31
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 20 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Nov 20, 1931.

I last saw him alive on Nov 20, 1931, death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Circumonia of liver (91)
Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? 5
If so, specify
(Signed) J. Williams M. D.
(Address) Date 11/23/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett.
(Cemetery) (City or town)

DATE OF BURIAL November 23 1931

22 NAME OF UNDERTAKER C. P. Brown
ADDRESS 100 North Main

Received and filed NOV 25 1931 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Jan. 20, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six that one deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons **found dead.**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 220

PLACE OF DEATH

No. 147 Pleasant

St. 7

Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 147 Pleasant

St. 2

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

hrs.

mos.

days.

How long in U. S., if of foreign birth?

hrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

53

Years

1

Months

14

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Dry Good Store

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Nov

11 Total time (years) spent in this occupation

5 yrs

12 BIRTHPLACE (City)

(State or country)

Trinity, Charleston, S.C.

13 NAME OF FATHER

James Coles

14 BIRTHPLACE OF FATHER (City)

(State or country)

P. E. Islands

15 MAIDEN NAME OF MOTHER

Agnes Cole Taylor

16 BIRTHPLACE OF MOTHER (City)

(State or country)

P. E. Island

17

Informant (Address)

Lillian Martha A. Coles, Pleasant St. Northampton Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

11/25/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov. 24 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him alive on

19

death is said

to have occurred on the date stated above, at 11:40 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes

Probably acute myocarditis

Date of Onset

Nov 24 1931

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

Raymond B. Parker

(Signed)

M. D.

Assistant Board of Health

Date

Nov 25 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Northampton, Northampton

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 24

1931

22 NAME OF UNDERTAKER

Walter T. White

ADDRESS

151 Pleasant St. Northampton

Received and filed

DEC 1

1931

19

(Registrar)

Mar. 24, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or city without first procuring from

9. What are the uses of this vegetable?

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits.

or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall

body and remove it from a town, from one cemetery to another, or from one person to another.

from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body

is buried, no such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an official investigation, by the following:

original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the

board of health, or employed by or for by the selection for the purpose of such application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal examination, it shall be signed by section ten of chapter forty-six, that the deceased was examined by a naval or marine corps of the United States in any way in which it has been or may be required by the laws of the United States. The board of health, or its own rectal staff, shall appear upon the certificate, and certificate, shall forthwith contribute to the state-

all forthwith counter-suit it and transmit

it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

(1) 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680,

by violence... *Gen. Laws, Chap. 38, Sec. 6.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Sec. 46, G. L. as amended.

RULES OF PRACTICE

of the following rules of practice:

illness from disease unrelated to any form of injury.

Death is needed.

nd those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 221

PLACE OF DEATH

No. 44

St. 4

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Adelaide Adams Depue

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 44

St. 4

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs.

mos.

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Samuel J. Byrne

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

79

Years

11

Months

14

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)

(State or country)

Joshua Adams

Susan R. Adams

Brunswick

Maine

15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Brunswick

Maine

Hannah M. Hall

Brunswick

Maine

17

Informant
(Address)Wm. L. Childress &
44 Cliff Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress &

(Signature of Agent of Board of Health or other)

(Official Designation)

Health Officer

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Nov.

(Month)

25

(Day)

1931

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

1909

19

to Nov 25

1931

I last saw her alive on Nov 24, 1931, death is said

to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:Arteriosclerotic Heart Disease
Arteriosclerotic Nephritis

Date of Onset

Contributory causes of importance not related to principal cause:

Diabetes

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

Petit's Bone Syphilis

M. D.

(Address)

82 Commonwealth Ave Boston

Date 11/25 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Brunswick Maine

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 27 - 1931

19

22 NAME OF
UNDERTAKER

Walter T. White

ADDRESS

Winthrop Mass

Received and filed

DEC 1

1931

19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a *standard* certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectified as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectified shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *2221*

1

No. *Community Hosp* St. *1* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Idelat Kelley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *66 Park Ave* St. *3* Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *40* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Widow* (write the word)

5a If married, widowed, or divorced

HUSBAND of *Charles H. Kelley*
(Give maiden name of wife in full)

(or) WIFE of *Charles H. Kelley*
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *81* Years *2* Months *1* Days If less than 1 day
Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *✓*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓*
10 Date deceased last worked at this occupation (month and year) *✓* 11 Total time (years) spent in this occupation *✓*

12 BIRTHPLACE (City) *West Dennis*
(State or country) *Mass*

13 NAME OF FATHER *Luther Studley Kelley*

14 BIRTHPLACE OF FATHER (City) *Some Town on the Cape*
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Not known*

16 BIRTHPLACE OF MOTHER (City) *Not known*
(State or country)

17 Informant *Maughter Grace H. Kiske*
(Address) *66 Park Ave Winthrop Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Childress
(Signature of Agent of Board of Health or other)
Health officer (Official Designation) *11/28/31* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Nov. 26 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Sept. 21 1931*, to *Nov 26 1931*

I last saw him alive on *Nov 26 1931*, death is said

to have occurred on the date stated above, at *6 A.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis Jan 1930
Acute myocarditis Nov 19 1931.

Contributory causes of importance not related to principal cause:

Name of operation *None* Date of *None*
What test confirmed diagnosis? *Chrom. Chrom.* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *✓*
(Signed) *Raymond S. Barker* M. D.
(Address) *Winthrop Mass* Date *Nov 27 1931*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *W. Dennis Win Dennis Mass*
(Cemetery) (City or town)

DATE OF BURIAL *Nov 27 1931*

22 NAME OF UNDERTAKER *Walter T. White*

ADDRESS *151 Pleasant St Winthrop*

Received and filed *DEC 1 1931*

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestoma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; and otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-o-30. No. 9954.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 223

1 PLACE OF DEATH
Supra (County)
Woburn (City or Town)
No. 382 Woburn St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eliza Reddy Leonard
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 38 Woburn St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of Sarah Leonard (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE 80 Years Months Days If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own & Home
10 Date deceased last worked at this occupation (month and year) Nov 26/31
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER Patrick Reddy
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Bridget Turley
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. James St. (Address) 38 Woburn St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/28/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 27, 1931
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from November 20, 1931, to November 27, 1931.
I last saw h.c. alive on November 27, 1931, death is said to have occurred on the date stated above, at 8:20 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset ?
Contributory causes of importance not related to principal cause:
Name of operation none Date of operation
What test confirmed diagnosis? Chemical Exam Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify D. J. O'Brien M.D. (Signed) M. D.
(Address) 11 Woburn St. Date 11/28/31
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Cemetery (Cemetery) Boston (City or town)
DATE OF BURIAL Nov 28, 1931
22 NAME OF UNDERTAKER John H. Haley
ADDRESS Woburn
Received and filed DEC 1 1931
(Registrar)

Revised United States Standard Certificate of Death

Mar. 27, 1921

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, "heart failure, apoplexy, asphyxia, etc." As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposablely due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
No. 63 Sewall St., **Ward** { (If death occurred in a hospital or institution, give its NAME instead of street and number)
Registered No. 224

2 FULL NAME **Margaret H. Smith**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. **63 Sewall** St., **Ward**,
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred **7** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE **MARRIED** (write the word)
WIDOWED
or DIVORCED Widow
 5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
Stephen B. Smith
 (or) WIFE of (Husband's name in full)
 6 IF STILLBORN, enter that fact here.
 7 AGE **67** Years **1** Months **21** Days If less than 1 day
 (Hours) Minutes
 OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**
 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation **48**
 12 BIRTHPLACE (City) **Boston**
 (State or country) **Mass.**
 13 NAME OF FATHER **George R. Mullaney**
 14 BIRTHPLACE OF FATHER (City) **Ireland**
 (State or country)
 15 MAIDEN NAME OF MOTHER **Catherine Mulligan**
 16 BIRTHPLACE OF MOTHER (City) **Ireland**
 (State or country)

17 Informant **Florence Berrill**
 (Address) **63 Sewall St., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
 (Signature of Agent of Board of Health or other)
Health Officer
 (Official Designation) **11/30/31**
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 28, 1931**
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY That I attended deceased from **January 28, 1931, to November 28, 1931**
 last saw him alive on **November 28, 1931**, death is said to have occurred on the date stated above, at **8 P. M.**
 The principal cause of death and related causes of importance in order of onset were as follows:
Broncho-pneumonia Date of Onset **Nov 29 1931**
 Contributory causes of importance not related to principal cause:
Bronchial asthma 1920
Chronic Myocardial Degeneration 1925
 Name of operation **none** Date of **no**
 What test confirmed diagnosis **clinical** Was there an autopsy?
 20 Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **Isabel Abrams** M. D.
 (Address) **62 Shirley St., Winthrop, Mass.** Date **Mar 29 1931**
 21 PLACE OF BURIAL, CREMATION OR REMOVAL **Calvary Waltham**
 (Cemetery) (City or town)
 DATE OF BURIAL **Dec. 1, 1931**
 22 NAME OF UNDERTAKER **Michael J. Porella**
 ADDRESS **10 No. Bennett St., Boston, Mass.**
 Received and filed **DEC 1 1931** 19
 (Registrar)

Revised United States Standard Certificate of Death

1904.281931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms of *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1917

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the clerk of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-30. No. 605-b



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

(City or town making return)

Registered No. 225

PLACE OF DEATH

1

(County)

(City or Town)

No.

St.

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No.**

(Usual place of abode)

St.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

YRS.

MOS.

DAYS. How long in U. S., if of foreign birth?

YRS.

MOS.

DAYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17

Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him alive on

19

death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Date

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or at *home*. For a woman whose only occupation was that of home housework, with *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked as done.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Acute tonsillitis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standardized certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by, any to original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a social, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such social shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

1 PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
		STANDARD CERTIFICATE OF DEATH		Registered No. <u>226</u>	
2 FULL NAME		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
		(If U. S. War Veteran, specify WAR)			
(a) Residence. No.		(Usual place of abode)		Ward,	
		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		14 yrs. mos. days.		How long in U. S., if of foreign birth? 40 yrs. mos. days.	
		(If less than 1 day)			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Male	White	Widowed			
5a If married, widowed, or divorced HUSBAND of					
(Give maiden name of wife in full)					
(or) WIFE of					
(Husband's name in full)					
6 IF STILLBORN, enter that fact here					
7 AGE		Years		Days	
46					
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		Hebrew Teacher at home			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10 Date deceased last worked at this occupation (month and year)			
		1928			
11 Total time (years) spent in this occupation		40			
12 BIRTHPLACE (City) (State or country)					
Russia					
13 NAME OF FATHER					
Israel Sisonusky					
14 BIRTHPLACE OF FATHER (City) (State or country)					
Russia					
15 MAIDEN NAME OF MOTHER					
Ida cannot be learned					
16 BIRTHPLACE OF MOTHER (City) (State or country)					
Russia					
17 Informant (Address)					
Israel Sisonusky 35 Sagamore Ave					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.					
(Signature of Agent of Board of Health or other)					
(Official Designation)					
(Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH					
November 29 - 1931					
(Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from					
Oct 18 - 1931, to Nov 29 - 1931					
I last saw him alive on Nov 29 - 1931, death is said					
to have occurred on the date stated above, at 5 P. M.					
The principal cause of death and related causes of importance in order of onset were as follows:					
arteriosclerosis					
myocarditis					
emphysema					
Contributory causes of importance not related to principal cause:					
cerebral obstructive					
probably carcinomatous					
Name of operation					
none					
Date of					
What test confirmed diagnosis? clinical					
Was there an autopsy? no					
20 Was disease or injury in any way related to occupation of deceased? none					
If so, specify					
(Signed) Mitchell Sisonusky					
(Address) 63 Merrimack St					
(Date) Nov 29, 1931					
21 PLACE OF BURIAL, CREMATION OR REMOVAL					
Cherry Hill Cemetery					
(City or town)					
DATE OF BURIAL					
Nov 30 1931					
22 NAME OF UNDERTAKER					
Yamaef Stouetky					
ADDRESS					
63 Green St Apt 3					
Received and filed					
DEC 1 1931					
(Registrar)					

Revised United States Steel Corp.

FROM THE LAWS OF THE
HEALTH OF MASSACHUSETTS
GOVERNING THE

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for transmission a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits.

which has not been buried, until he has received a human body from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall expose the

person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb at one place to another.

from one grave or tomb to another, or from one cemetery to another, or the same cemetery, until he has received a permit from the board of health or its agent abroad or from the clerk of the town where the body is buried. No person shall be

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfaction certificate.

original intent, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of

shall upon application make the certificate required for this purpose. If death is caused by violence, the medical examiner shall examine such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any position in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of said statement and certificate, shall forthwith countersign it and its statement

it to the clerk of the town for a post-mortem examination and transmit the permit so given and the physician's certificate to the person to whom shall thereafter furnish for registration any other necessary cause of death which can be obtained as to the deceased, or as to the manner of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis	1913
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only

those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Mical Examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting electrical, and by the action of chemical (drugs or poisons), thermal, electrical, agents), and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30. No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Sturthrop
(City or Town)

No. *30 Underhill Sturthrop* St., Ward {

2 FULL NAME

Anna E. G. Nichols

(If deceased was a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *30 Underhill*

St., Ward,

Length of residence in city or town where death occurred *20* yrs. mos. days.

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Fe* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed, or divorced

HUSBAND of *Nathaniel P. Nichols* (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *47* Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*
10 Date deceased last worked at this occupation (month and year) *Nov 19-9* 11 Total time (years) spent in this occupation *20*

12 BIRTHPLACE (City) *Boston* (State or country) *Mass*

13 NAME OF FATHER *John Burke*

14 BIRTHPLACE OF FATHER (City) *Ireland* (State or country)

15 MAIDEN NAME OF MOTHER *Annie Hawkes*

16 BIRTHPLACE OF MOTHER (City) *Newmarket* (State or country) *N. S.*

17 Informant *Nathaniel P. Nichols* (Address) *30 Underhill Sturthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. D. Ch. Driggs
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) *12/1/31*
(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *2378*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) *227*

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Nov 30 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Nov 1*, 19 *30*, to *Nov 30*, 19 *31*.
I last saw him alive on *Nov 29*, 19 *31*, death is said to have occurred on the date stated above, at *12:40* a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

*Intestinal
Typhoid*

Date of onset
Nov 1

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? *Yes*
If so, specify *Intestinal Typhoid* M. D.
(Signed) *W. M. D. Ch. Driggs* Date *12/1/31* 19 *31*
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Benedict's Cemetery* (City or town)

DATE OF BURIAL *Dec 2, 1931* 19 *31*

22 NAME OF UNDERTAKER *Richard C. Kirby*
ADDRESS *East Boston*

Received and filed *DEC 1* 19 *31*

(Registrar)

Revised United States Standard Certificate of Death

John G. W. Nichols
July 30, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Limit only the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1931

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk as the case may be a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45; G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46; G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Suffolk

(County)

Boston

(City or Town)

No. Children's Hospital

St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 8364

PLACE OF DEATH

1

2 FULL NAME

John W. Pappos

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

228

(a) Residence. No. 5 Coral Ave

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

7

Years

11

Months

15

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

13 NAME OF
FATHER

James J. Pappos

14 BIRTHPLACE OF
FATHER (City)

Greece

(State or country)

15 MAIDEN NAME
OF MOTHER

Thresa Kaleris

16 BIRTHPLACE OF
MOTHER (City)

Greece

(State or country)

17

Informant
(Address)

William J. Pappos

Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

J. W. M.

(Signature of Agent of Board of Health or other)

Oct 3 1931

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

October

2,

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully)Tetanus consequent on incised wound
on the leg caused by an accidental
fall on broken glass.

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

~~Suicide~~~~Homicide~~

Date of injury.....19.....

Where did
injury occur?

Winthrop, Mass.

(City or town and State)

Manner of

Injury.....

Nature of

Injury.....

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

G. B. Magrath
Boston, Mass.

(Address)

Date

10/2/1931

22 PLACE OF BURIAL,
CREMATION OR REMOVAL

Mt. Hope

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Oct.

4,

19

31

23 NAME OF
UNDERTAKER

C R Bennison

ADDRESS

Winthrop, Mass.

Received and filed

Oct.

6,

19

31

A TRUE COPY, ATTEST:

(Registrar)

John H. Davenport
Oct. 2, 1903

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-'29. No. 7180-b

1	PLACE OF DEATH	Middlesex (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		State Infirmary Tewksbury, Mass. (City or town making return)	
		Tewksbury, Mass. (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 445 299	
		No. State Infirmary	St.	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME		William E. Fraser			{ (If U. S. War Veteran, specify WAR)		
(a) Residence. No.		St. Ward, Winthrop			(If nonresident, give city or town and state)		
Length of residence in city or town where death occurred		Yrs. 4	Mos. 21	Days	How long in U. S., if of foreign birth? Yrs. ? Mos. ? Days.		
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)				
Male	White	Widower					
5a If married, widowed, or divorced HUSBAND of		Helen Lawlor (Give maiden name of wife in full)					
(or) WIFE of		(Husband's name in full)					
6 IF STILLBORN, enter that fact here.							
7 AGE	73	Years	2	Months	17	Days	If less than 1 day Hours Minutes
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Diver				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation				
12 BIRTHPLACE (City) (State or country)		Not learned Nova Scotia					
PARENTS	13 NAME OF FATHER		Alex Fraser				
	14 BIRTHPLACE OF FATHER (City) (State or country)		Not learned Nova Scotia				
	15 MAIDEN NAME OF MOTHER		Charlotte Houghty				
	16 BIRTHPLACE OF MOTHER (City) (State or country)		Not learned Nova Scotia				
17 Informant (Address)		Hospital Records					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
John H. Nichols, Supt. (Signature of Agent of Board of Health or other)							
October 4, 1931 (Official Designation) (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH		October 4, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from May 13, 1931, to October 4, 1931							
I last saw him alive on October 4, 1931, death is said to have occurred on the date stated above, 12.40P.m.							
The principal cause of death and related causes of importance in order of onset were as follows: Date of onset							
Chronic Myocarditis Not learned							
Contributory causes of importance not related to principal cause:							
Arteriosclerosis Not learned							
Name of operation None Date of							
What test confirmed diagnosis? Clinical Was there an autopsy? No.							
20 Was disease or injury in any way related to occupation of deceased? No							
If so, specify Justin L. Anderson, M. D. (Signed) State Infirmary Date 10/4 19 31 (Address)							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)							
DATE OF BURIAL October 7, 19 31							
22 NAME OF UNDERTAKER John F. O'Maley ADDRESS Winthrop, Mass.							
Received and filed October 4, 1931 John H. Nichols, Supt. A TRUE COPY, ATTEST: Registrar Jan 11 31							

William C. + Mary
Oct. 4, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. 198 Pilgrim Road-Channing St.

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston

(City or town making return)

Registered No. 8644

2 FULL NAME

Sadie B. Leet

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 3 Woodside Pk. St. Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of

George E. Leet

(Husband's name in full)

(or) WIFE of

6 IF STILLBORN, enter that fact here.

7 AGE 40 Years 1 Months 15 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10 Date deceased last worked at this occupation (month and year) June 1931 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country) E Boston, Mass.

13 NAME OF FATHER

George I. Prior

14 BIRTHPLACE OF FATHER (City)

(State or country) Abington, Mass.

15 MAIDEN NAME OF MOTHER

Nellie Ordway

16 BIRTHPLACE OF MOTHER (City)

(State or country) Exeter, N. H.

17

Informant (Address)

G E Leet

Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct. 15, 1931

19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 12, 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 2, 1931, to October 12, 1931.

I last saw him alive on Oct. 9, 1931 death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset:

Pulmonary tuberculosis June 130

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A G Brailey, M. D.

(Address) Boston, Mass. Date 10/12/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) Oct. (City or town) 31

DATE OF BURIAL 19

22 NAME OF UNDERTAKER C A Rollins

ADDRESS E Boston, Mass.

Received and filed JAN 2 1932 19

Registrar of City or Town where death occurred

- Natalie B. Dyck
Oct. 12, 1903

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Boston City Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Montague Muncey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

16 Egelton Park

(Usual place of abode)

St.,

Ward, Winthrop, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Mary E Dean

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

54

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Garage Owner

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Garage

10 Date deceased last worked at this occupation (month and year)

9/22/31

11 Total time (years)

spent in this

occupation 25 yrs.

12 BIRTHPLACE (City)

(State or country)

Boston, Mass.

13 NAME OF FATHER

Montague Muncey

14 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Ann Quinn

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

M E Muncey

Winthrop, Mass.

A TRUE COPY.

ATTEST

(Registrar of city or town where death occurred)

Oct. 23, 1931

DATE FILED

19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 8882

(If U. S.

War Veteran,

specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct. 18, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Sept. 24, 1931, to Oct. 18, 1931

I last saw him alive on Oct. 18, 1931, death is said

to have occurred on the date stated above, at 9:45 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Arteriosclerotic heart disease 10 yrs.

Contributory causes of importance not related to principal cause:

Cardiac decompensation 3 wks.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Sidell

M. D.

(Address) Boston, Mass.

Date 19 31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL Oct. 21, 19 31

22 NAME OF UNDERTAKER J F Linehan

ADDRESS Boston, Mass.

Received and filed Jan 2, 19 32

(Registrar of City or Town where deceased resided)

Montague Henry
(Dec. 18, 1931)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

House of the Good Samaritan St.

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Maude A. Botsford

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

583 Shirley St. Winthrop St.

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Harry G. Botsford

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

59

4

If less than 1 day

AGE

Years

Months

Days

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10 Date deceased last worked at this occupation (month and year)

Sept 1931

Total time (years) spent in this occupation 30

12 BIRTHPLACE (City)

Boston

(State or country)

13 NAME OF FATHER

--- Poore

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Harry G. Botsford

583 Shirley St.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct 29, 1931

19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

9083

Registered No.

(If U. S.

War Veteran,
specify WAR)

232

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct 26, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Oct 1

19 31

Oct 26

19 31

I last saw her alive on

Oct 25

19 31

death is said

to have occurred on the date stated above, at 12.10AM

The principal cause of death and related causes of importance in order of onset were as follows:

Abdominal carcinomatosis

Date of onset

Primary in ovary

Sept

1930

Contributory causes of importance not related to principal cause:

Name of operation Removal of ovary Date of May 1931

What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Edward F. Bland

(Signed)

25 Binney St.

(Address)

Date 10-27 19 31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills Crematory

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 29, 1931

19

22 NAME OF UNDERTAKER

J. S. Waterman & Sons

ADDRESS

Boston Mass

Received and filed

19

(Registrar of City or Town where deceased resided)

Wanderer. Boston

Feb. 26, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Sherburne State MAINE Registered No. 933
Township Harpwell or Village Oris Island or
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 39 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Chase, Emma V.
(a) Residence: No. _____ St. _____ Ward. Winthrop, Mass.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fl 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Mar. 6, 1865

7. AGE Years 66 Months 7 Days 22 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Mass

13. NAME _____

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____

19. UNDERTAKER (Address) _____

20. FILED _____, 19____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. ____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis. Date of onset several yrs.

Other contributory causes of importance:

Cerebral hemorrhage. Hyp.

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Charles Richardson, M.D.

(Address) Brunswick,

DEC 17 1931

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ernest H. Chase.
Died Feb. 19, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-d

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston 234 (City or town making return)	
1 PLACE OF DEATH Boston (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 9327	
No. Mass. Memorial Hospitals		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Baby Glax ^{SS} ret		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 401 Pleasant St. Winthrop		St.,		Ward, (If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE Years Months Days 3 If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10 Date deceased last worked at this occupation (month and year)					
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Boston (State or country)					
13 NAME OF FATHER Arthur Glax ^{SS} ret					
14 BIRTHPLACE OF FATHER (City) East Boston (State or country)					
15 MAIDEN NAME OF MOTHER Margaret O'Shea					
16 BIRTHPLACE OF MOTHER (City) Newfoundland (State or country)					
17 Informant Father (Address)					
A TRUE COPY James J. Murphy					
ATTEST (Registrar of city or town where death occurred) Nov. 6, 1931					
DATE FILED 19					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Nov. 3, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931 19 to Nov. 3, 1931 19					
I last saw her alive on Nov. 3, 1931, death is said to have occurred on the date stated above, at 1.00AM					
The principal cause of death and related causes of importance in order of onset were as follows: Prematurity Date of onset					
Contributory causes of importance not related to principal cause:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? If so, specify C. A. Powell M. D. (Signed) (Address) Mass. Memorial Hospital 11-3-19 31					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross-Malden (Cemetery) (City or town)					
DATE OF BURIAL Nov. 5, 1931 19					
22 NAME OF UNDERTAKER David J. Dooley ADDRESS 135 London St. Boston					
Received and filed JAN 11 1932 19					
(Registrar of City or Town where deceased resided)					

(Avery) H. H. H. H.

Nov. 3, 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

PLACE OF DEATH Suffolk (County) Boston (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Boston (City or town making return) Registered No. 9463	
No. Forest Hills Hospitals St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		{ (If U. S. War Veteran, specify WAR) 235			
2 FULL NAME ---Goldberg (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 50 Trydent Ave. Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)					
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE _____ Years _____ Months _____ Days If less than 1 day 2 Hours _____ Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10 Date deceased last worked at this occupation (month and year) _____		11 Total time (years) spent in this occupation _____			
12 BIRTHPLACE (City) Boston (State or country)					
13 NAME OF FATHER George Goldberg					
14 BIRTHPLACE OF FATHER (City) Boston (State or country)					
15 MAIDEN NAME OF MOTHER Mary Bramson					
16 BIRTHPLACE OF MOTHER (City) New York N. York (State or country)					
17 Informant George Goldberg (Address) Winthrop Mass					
A TRUE COPY.					
ATTEST: _____ (Registrar of city or town where death occurred)					
DATE FILED Nov. 13, 1931					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Nov. 8, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1931, to Nov. 8, 1931					
I last saw h. imalive on Nov. 8, 1931, death is said to have occurred on the date stated above, at 9 P m.					
The principal cause of death and related causes of importance in order of onset were as follows: Double congenital atelectasis					
Contributory causes of importance not related to principal cause:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? Yes					
20 Was disease or injury in any way related to occupation of deceased? _____					
If so, specify: Benjamin Parvey (Signed) 636 Beacon St. Date 11-10, 1931 (Address)					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon B. L. (Cemetery) (City or town)					
DATE OF BURIAL Nov. 10, 1931					
22 NAME OF UNDERTAKER Jacob H. Levine					
ADDRESS 57 Fowler St. Dorchester					
Received and filed JAN 11 1932 19____					
(Registrar of City or Town where deceased resided)					

(K. B. B. B.)
1871
Nov. 8, 1871

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions and extracts from the laws on back of certificate.

100m-0-30. No. 9954.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 57 Read



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 236

1 FULL NAME Archibald Simpson M. Carthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 57 Read St., Ward
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred 23 yrs. — mos. — days. How long in U. S., if of foreign birth 54 yrs. 5 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)
5a If married, widowed, or divorced Elizabeth Murphy
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 65 Years — Months — Days If less than 1 day Hours — Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. R. R. Back Bay R. R. P.
10 Date deceased last worked at this occupation (month and year) Nov. 1928
11 Total time (years) spent in this occupation 35
12 BIRTHPLACE (City) St. John
(State or country) N. B.
13 NAME OF FATHER Timothy M. Carthy
14 BIRTHPLACE OF FATHER (City) Timineer
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary D. Forest
16 BIRTHPLACE OF MOTHER (City) Co. Cork
(State or country) Ireland

17 Informant M. Francis A. M. Carthy
(Address) 43 Bellevue Ave., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/13/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 1 1931
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1926, to 12/1, 1931

I last saw him alive on 11/20, 1931, death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic interstitial nephritis
Angina Pectoris
Date of Onset 1926 1931

Contributory causes of importance not related to principal cause:

Hypertension 1926

Name of operation: Date of: What test confirmed diagnosis? Chond. & Tub. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) J. W. Carthy M. D.
(Address) 270 Commonwealth Ave. Date 12/1, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)

DATE OF BURIAL December 5, 1931

22 NAME OF UNDERTAKER M. J. Peely

ADDRESS 11 W. Indian St., B. B.

Received and filed DEC 1 1931

(Registrar)

Revised United States Standard Certificate of Death

Dec. 1, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law; or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make up the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

Suffolk
(County)
Wintrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *237*

1 PLACE OF DEATH

No. *Community Hope* St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Female Johanson

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *6, South Ave* *Beaumont* St., *Revere* Ward,

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		
(or) WIFE of (Husband's name in full)		
6 IF STILLBORN, enter that fact here. <i>Stillborn</i>		
7 AGE.....Years.....Months.....Days.....Hours.....Minutes If less than 1 day		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10 Date deceased last worked at this occupation (month and year)		
11 Total time (years) spent in this occupation		
12 BIRTHPLACE (City)..... <i>Wintrop</i> (State or country)..... <i>Mass</i>		
13 NAME OF FATHER..... <i>Carl Johanson</i>		
14 BIRTHPLACE OF FATHER (City)..... <i>Beaumont</i> (State or country)..... <i>Mass</i>		
15 MAIDEN NAME OF MOTHER..... <i>Annie Lindstrom</i>		
16 BIRTHPLACE OF MOTHER (City)..... <i>Boston</i> (State or country)..... <i>Mass</i>		

17 Informant.....*Carl Johanson*
(Address).....*6, South Ave Beaumont*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *12/3/31* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH..... <i>Dec</i> <i>1</i> <i>1931</i> (Month).....(Day).....(Year)
19 I HEREBY CERTIFY That I attended deceased from <i>Dec 1</i> , 19 <i>31</i> , to <i>Dec 1</i> , 19 <i>31</i>
I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance in order of onset were as follows:
<i>Still born</i> <i>6 months</i>
Contributory causes of importance not related to principal cause:
Name of operation.....Date of.....
What test confirmed diagnosis?.....Was there an autopsy?.....
20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify..... <i>Septicemia</i>M. D. (Signed)..... <i>V. S. Duggan</i>Date..... <i>12/2</i>19 <i>31</i> (Address).....
21 PLACE OF BURIAL, CREMATION OR REMOVAL..... <i>St. Michaels Boston</i> (Cemetery).....(City or town).....
DATE OF BURIAL..... <i>Dec</i> <i>31</i>19 <i>31</i>
22 NAME OF UNDERTAKER..... <i>Frederick A. Magrath</i> ADDRESS..... <i>64 Mendon St E Boston</i>
Received and filed..... <i>DEC 10 1931</i>19..... (Registrar)

Revised United States Standard Certificate of Death

Dec. 1, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—syndicate janitor, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Revised United States Standard Certificate of Death

James W. McCarty
Dec 15, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," then a more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

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EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-9-30. No. 9954.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 239

1 PLACE OF DEATH *Lynn* (County)
Winthrop (City or Town)
No. *507 Pleasant St* St., *2* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Doris Henrietta Swanson* { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *507 Pleasant St* St., *2* Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *6* yrs. — mos. — days. — How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
4 COLOR OR RACE *White*
5 SINGLE MARRIED WIDOWED or DIVORCED *Widow* (write the word)

6a If married, widowed, or divorced HUSBAND of *Peter Swanson* (Give maiden name of wife in full)
(or) WIFE of *Peter Swanson* (Husband's name in full)

6 IF STILLBORN, enter that fact here. ☒

7 AGE *83* Years *10* Months *8* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ☒ ☒

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ☒ ☒

10 Date deceased last worked at this occupation (month and year) ☒ 11 Total time (years) spent in this occupation ☒

12 BIRTHPLACE (City) (State or country) *Denmark*

13 NAME OF FATHER *Peter Christensen*
14 BIRTHPLACE OF FATHER (City) (State or country) *Denmark*
15 MAIDEN NAME OF MOTHER *Not Known*
16 BIRTHPLACE OF MOTHER (City) (State or country) *Denmark*

17 Informant *Jon Martin S. Swanson*
(Address) *12 Lowell Road - Winthrop Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *12/10/31* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Dec 8 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Jan 24 1929*, to *Dec 8 1931*, 19-*31*
I last saw him alive on *Dec 7 1931*, death is said to have occurred on the date stated above, at *8:15 P*.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Chronic Interstitial Nephritis Jan 1929
Chronic Myocarditis Jan 1929

Contributory causes of importance not related to principal cause:
No

Name of operation *No* Date of *No*
What test confirmed diagnosis *Chronic Nephritis* Was there an autopsy *No*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *No*
(Signed) *Wm. D. Childress* M. D.
(Address) *Winthrop Mass* Date *12/9 1931*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Winthrop*
(Cemetery) (City or town)

DATE OF BURIAL *Dec 10 1931*

22 NAME OF UNDERTAKER *Walter J. White*
ADDRESS *Winthrop Mass*

Received and filed *DEC 10 1931* (Registrar)

Revised United States Standard Certificate of Death

Dec. 5 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *of school* or *of home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Atherosclerosis</i>	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** will investigate and certify to all deaths supposable by direct injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *Winthrop Community Hospital* St. *1* Ward

2 FULL NAME

Thomas Hurley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *235 Commonwealth Ave.* Ward, *Chestnut Hill*
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. *3* mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed, or divorced HUSBAND of *Lucy G. McCarthy*
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *67* Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chairman Boston Street Commissioner*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

13 NAME OF FATHER *James Hurley*

14 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

15 MAIDEN NAME OF MOTHER *Ellen Sidley*

16 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

17 Informant *Mrs. Howard S. Harris*
(Address) *235 Commonwealth Ave. Chestnut Hill*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *12/12/31* (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. *463*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) *240*

Ward, *Chestnut Hill*
(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Dec 11 1931*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *November 3 1931* to *December 11 1931*

I last saw him alive on *December 11 1931*, death is said to have occurred on the date stated above, at *5:2 P.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis Date of onset *Oct 1931*

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *Edward J. Trauzen*
(Signed) (Address) *476 S. Hurley St. Wm.* Date *Dec 11 1931* M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Holyhead Brooklyn*
(Cemetery) (City or town)

DATE OF BURIAL *Dec 11 1931*

22 NAME OF UNDERTAKER *T. J. Cranchy*
ADDRESS *867 Beacon St Boston*

Received and filed *DEC 22 1931* 19

(Registrar)

Revised United States Standard Certificate of Death

Dec. 11, 1931

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the certificate of death is needed. **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resuscitation), or by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9054.

PLACE OF DEATH

Winturpe
(County)
Suffolk
(City or Town)

No. 146 Somerset Ave. St., Ward

2 FULL NAME

Alzora Lane Nute (Mason)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

146 Somerset Ave. St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 3 mos. — days. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of

William H. Nute

(or) WIFE of

William H. Nute

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 0 Months 4 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

10 Date deceased last worked at this occupation (month and year)

Dec. 1931

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

East Braintree Mass.

13 NAME OF FATHER

Alverdo Mason

14 BIRTHPLACE OF FATHER (City) (State or country)

Swansey N. H.

15 MAIDEN NAME OF MOTHER

Sarah Maria Walker

16 BIRTHPLACE OF MOTHER (City) (State or country)

Springfield Vermont

17

Informant (Address)

Mrs. Alzora D. Mason 146 Somerset Ave. St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/17/31

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 541

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 15, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1931, to Dec 15, 1931

I last saw him alive on Dec 15, 1931, death is said

to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Bronchitis

Date of Onset

1/23/31

Contributory causes of importance not related to principal cause:

hypertension, etc. + aortic aneurysm

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Smith M. D. (Address) 105 West 11th St. New York City Date 12/16/31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Swanwick, (Cemetery) (City or town)

DATE OF BURIAL December 17, 1931

22 NAME OF UNDERTAKER Walter J. Nute

ADDRESS 146 Somerset Ave. St.

Received and filed DEC 22 1931 19

(Registrar)

Revised United States Standard Certificate of Death

Dec. 15, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *plumber*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *retail*, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such *retail* shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-0-30. No. 0954.

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)
 No. 61 Emerson Rd St., 2 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME
 William George Addis
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 61 Emerson Rd St., 2 Ward, (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 6 yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Anna H. Strong (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 7 Months 10 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. for State of Mass
10 Date deceased last worked at this occupation (month and year) Dec 31
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Bristol (State or country) England

13 NAME OF FATHER Edwin J. Addis
14 BIRTHPLACE OF FATHER (City) England (State or country) England
15 MAIDEN NAME OF MOTHER Elizabeth Dunbar
16 BIRTHPLACE OF MOTHER (City) England (State or country) England

17 Informant Wife (Address) Winthrop Mass

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 17 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 5, 1931, to Dec 17, 1931. I last saw him alive on Dec 16, 1931, death is said to have occurred on the date stated above, at 12:15 a.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
 Chronic myocarditis
 arteriosclerosis
 Chronic Nephritis
 Date of Onset May 20 1931

Contributory causes of importance not related to principal cause:

Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? If so, specify Syphilis, syphilis, M. D. (Signed) Winthrop, Mass. Date Dec 18, 1931 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Spring Grove Northampton (Cemetery) (City or town)
 DATE OF BURIAL Dec 22 1931

22 NAME OF UNDERTAKER Walter J. White ADDRESS Winthrop Mass

To be filed for burial permit with Board of Health or its Agent.

Registered No. 342

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm D. Childress (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 12/19/31 (Date of Issue of Permit)

Received and filed DEC 22 1931 19

(Registrar)

Revised United States Standard Certificate of Death

Dec. 15, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of *housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private janitor*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 0954.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 61 Emerson Rd. St., 2 Ward

2 FULL NAME

William George Addis

(a) Residence. No. 61 Emerson Rd. St., 2 Ward,
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Anna H. Strong (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 7 Months 10 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer for State of Mass.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Dec 3/31
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Bristol (State or country) England

13 NAME OF FATHER Edwin J. Addis

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Dunman

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant Wife Winthrop Mass (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/19/31 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

Registered No. 342

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 17 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 5, 1931, to Dec 17, 1931.

I last saw him alive on Dec 16, 1931, death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis
arteriosclerosis
Chronic nephritis
Date of Onset May 20 1931

Contributory causes of importance not related to principal cause:

Name of operation None Date of clinical What test confirmed diagnosis? clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Syphilis w. picketson (Signed) M. D. (Address) Winthrop, Mass. Date Dec 18, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL Spring Grove Northampton (Cemetery) (City or town)

DATE OF BURIAL Dec 20 1931

22 NAME OF UNDERTAKER Walter J. White

ADDRESS Winthrop Mass

Received and filed DEC 22 1931 19

(Registrar)

Revised United States Standard Certificate of Death

Dec. 17, 1921

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the appropriate term, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation as *carpenter*, *joiner*, *machinist*, etc. Distinguish exactly between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Ateliosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a *standard* certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent assigned or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *retical*, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such *retical* shall appear upon the permit. The board of health, or its agent, shall upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths *supposedly due to injury*. These include not only deaths caused directly or indirectly by traumatic (including resulting septimal), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from *injury or infection related to occupation*, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 243

1 PLACE OF DEATH
Suffolk
(County)
Chelsea
(City or Town)
No. 3 Marine Hosp.

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick J. Coakley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 4 Waldemar Av. St., Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 51 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston, (State or country) Mass.

13 NAME OF FATHER Charles

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Honora Kane

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant U.S. Marine Hospital records (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 18, 1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 17, 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 14 to Dec. 17, 1931

I last saw him alive on Dec. 17, 1931, death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary tuberculosis

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify Otis L. Anderson M. D. (Signed) U.S. Marine Hosp. (Address) Date 12/18 1931

21 PLACE OF BURIAL, Holy Cross, Malden CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Dec. 19, 1931

22 NAME OF UNDERTAKER M.J. Kelly 11 Meridian St. E. Boston ADDRESS

Received and filed 19

(Registrar of City or Town where deceased resided)

De 17, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 244

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 25 Sagamore Ave.

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Chesna Louie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

25 Sagamore Ave.

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female white

4 COLOR OR RACE

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Moses M. Louie

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

60

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife
at home9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)

1/30

11 Total time (years)
spent in this
occupation

yes.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF
FATHER

Harry M. Band

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Rebecca Sherr

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Informant
(Address)Moses M. Louie
25 Sagamore Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childers

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)Dec. 20/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

December 18

(Month)

18

(Day)

1931

(Year)

19 I HEREBY CERTIFY That I attended deceased from

January 18 1930 to December 18 1931

I last saw her alive on December 18 1931, death is said

to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Coronary Thrombosis

Date of Onset

1931

Contributory causes of importance not related to principal cause:

Arteriosclerosis

1929

Chronic Myocardial Degeneration

1930

Name of operation

none

Date of

What test confirmed diagnosis? Clinical & Lab.

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Chermes

(Address)

1562 Stanley St.

M. D.

Date 12/19/1931

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Chapel Jacob R. Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 20

1931

22 NAME OF
UNDERTAKER

Mamei Stantsky

ADDRESS

63 Green St. East

Received and filed

19

(Registrar)

Revised United States Standard Certificate of Death

Dec. 18 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-30. No. 605-b



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop.
(City or town making return)

Registered No. 245

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Franklin K. Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Birch Road, St. Ward,

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Widowed.

5a If married, widowed, or divorced

HUSBAND of Lillian Foster

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 1 Months 28 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)Boston,
Massachusetts13 NAME OF
FATHER

Soloman Young

14 BIRTHPLACE OF
FATHER (City)Wellsfleet
Massachusetts15 MAIDEN NAME
OF MOTHER

Cynthia Knowles

16 BIRTHPLACE OF
MOTHER (City)Boston
Massachusetts

17

Informant
(Address)Georgia Young Snow
69 Circuit Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Dec 19 1931.
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
Dec 11 1931, to Dec 19 1931I last saw him alive on Dec 19 1931, death is said
to have occurred on the date stated above, at 7:10 a.m.The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Chronic Myocarditis Jan 1931
Chronic Interstitial Nephritis Jan 1931

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

What test confirmed diagnosis? Funeral Hs. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Raymond B. Barker

(Address)

Winthrop Mass

Date Dec 20 1931, M. D.

21 PLACE OF BURIAL,
CREMATION OR REMOVALWinthrop, Winthrop.
(Cemetery) (City or town)

DATE OF BURIAL

December 21, 1931.

22 NAME OF
UNDERTAKER

Charles R. Bennison.

ADDRESS

Winthrop, Mass.

Received and filed

DEC 22 1931

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Franklin W. J. King
Dec. 19, 1931

Statement of occupation.—Precise statement of occupation is

every important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

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EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-m-9-30, No. 9954.

PLACE OF DEATH		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23											
Suffolk (County)		Winthrop (City or Town)		No. 91 Shirley		St.		Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)		2 FULL NAME Sarah W. Thomas (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 91 Shirley (Usual place of abode)		St.		Ward		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred 3 yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH Dec. 22, 1931 (Month) (Day) (Year)		19 I HEREBY CERTIFY That I attended deceased from Dec 3, 1931, to Dec 22, 1931 I last saw him alive on Dec 22, 1931, death is said to have occurred on the date stated above, at 4:45 P. M. The principal cause of death and related causes of importance in order of onset were as follows: Chronic Myocarditis June 1931 Chronic Intermittent Nephritis June 1931 Contributory causes of importance not related to principal cause: Pituitary tumor 1925		Name of operation: None Date of: None What test confirmed diagnosis? None Was there an autopsy? No		20 Was disease or injury in any way related to occupation of deceased? No If so, specify: None M. D. (Signed) George W. Full Date Dec 22, 1931 (Address) Winthrop, Mass.		21 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Grove Salem Mass. (Cemetery) (City or town)		DATE OF BURIAL Dec 24, 1931		22 NAME OF UNDERTAKER George W. Full		ADDRESS Salem Mass.		Received and filed Dec 24, 1931		(Registrar)									
3 SEX female		4 COLOR OR RACE wh.		5 SINGLE MARRIED WIDOWED or DIVORCED widow		(write the word)		5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		(or) WIFE of James Thomas (Husband's name in full)		6 IF STILLBORN, enter that fact here		7 AGE 82 Years 4 Months 9 Days If less than 1 day Hours Minutes		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. as silk mill		10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation		12 BIRTHPLACE (City) Yarmouthport (State or country) Mass.		13 NAME OF FATHER Isaac Graham		14 BIRTHPLACE OF FATHER (City) Yarmouthport (State or country) Mass.		15 MAIDEN NAME OF MOTHER Rosella Foss		16 BIRTHPLACE OF MOTHER (City) Saco (State or country) Maine		17 Informant Mrs. Willis S. Perry (Address) Salem Mass.		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childers (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/23/31 (Date of Issue of Permit)		18 DATE OF DEATH Dec. 22, 1931 (Month) (Day) (Year)		19 I HEREBY CERTIFY That I attended deceased from Dec 3, 1931, to Dec 22, 1931 I last saw him alive on Dec 22, 1931, death is said to have occurred on the date stated above, at 4:45 P. M. The principal cause of death and related causes of importance in order of onset were as follows: Chronic Myocarditis June 1931 Chronic Intermittent Nephritis June 1931 Contributory causes of importance not related to principal cause: Pituitary tumor 1925		Name of operation: None Date of: None What test confirmed diagnosis? None Was there an autopsy? No		20 Was disease or injury in any way related to occupation of deceased? No If so, specify: None M. D. (Signed) George W. Full Date Dec 22, 1931 (Address) Winthrop, Mass.		21 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Grove Salem Mass. (Cemetery) (City or town)		DATE OF BURIAL Dec 24, 1931		22 NAME OF UNDERTAKER George W. Full		ADDRESS Salem Mass.		Received and filed Dec 24, 1931		(Registrar)	

Revised United States Standard Certificate of Death

See 22, 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29, No. 7180-3

1 PLACE OF DEATH

Suffolk (County)
Winthrop (City or Town)
No. 15 Elliott



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Winthrop (City or town making return)
Registered No. 247

2 FULL NAME Alice E. Winter
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Elliott St. Ward, (If death occurred in a hospital or institution, give its NAME instead of street and number)
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 9 yrs. 6 mos. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Harold R. Winter (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE 42 Years Months Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10 Date deceased last worked at this occupation (month and year) 4 months 11 Total time (years) spent in this occupation 19 yrs.

12 BIRTHPLACE (City) Webster (State or country) Mass

13 NAME OF FATHER Charles F. Groh
14 BIRTHPLACE OF FATHER (City) Dudley (State or country) Mass

15 MAIDEN NAME OF MOTHER Margaret Shanley
16 BIRTHPLACE OF MOTHER (City) Dudley (State or country) Mass

17 Informant (Address) Harold R. Winter 15 Elliott St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Wm. S. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/26/31 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 22 1931 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from December 12, 1926, to Dec 22, 1931.
I last saw her alive on December 22, 1931, death is said to have occurred on the date stated above, at 1:30am.

The principal cause of death and related causes of importance in order of onset were as follows:
Cerebral hemorrhage

Contributory causes of importance not related to principal cause:
Atherosclerosis 1925
Hypertension 1926
Chronic Interstitial Nephritis 1927

Name of operation none Date of
What test confirmed diagnosis clinical & lab Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Jacob Abrams (Signed) 562 Shirley St Winthrop, Mass Date 12/24/31 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL Dec 26, 1931

22 NAME OF UNDERTAKER Frank A. Welsh
ADDRESS 721 Broadway Chelsea

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

Class B. Winter

Revised United States Standard Certificate of Death

Reed. 2211931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *barber*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. *Person who sells goods* should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returning retained for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997.

1 PLACE OF DEATH

Middlesex
(County)

Cambridge
(City or Town)

No. 330 Mt. Auburn St.
Cambridge Hospital

2 FULL NAME Fairman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 165 Grovers Ave.
(Usual place of abode)

Length of residence in city or town where death occurred

Yrs.

Mos.

days. How long in U. S., if of foreign birth?

Yrs.

Mos.

Days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE

0

Years

0

Months

0

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country)

Cambridge
Mass.

13 NAME OF FATHER

John Fairman

14 BIRTHPLACE OF FATHER (City)
(State or country)

England

15 MAIDEN NAME OF MOTHER

Laura Ward

16 BIRTHPLACE OF MOTHER (City)
(State or country)

New York

17

Informant
(Address)

Benjamin Temney

271 Beacon St. Boston

A TRUE COPY.

Frederick H. Burke

ATTEST:

Dec 28 1931

(Registrar of city or town where death occurred)

DATE FILED

19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Cambridge
(City or town making return)

Registered No. 1650

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(U. S.
War Veteran,
specify WAR)

St., Ward

Winthrop

(If nonresident, give city or town and state)

St., Ward

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

12 -- 23-- 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
19, to 19

I last saw h..... alive on 19, death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benjamin Tenney Jr.

M. D.

(Address) 271 Beacon St.

Date 12-23-31

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Crematory
(Cemetery) (City or town)

DATE OF BURIAL Dec 26 1931

19

22 NAME OF UNDERTAKER Benj F Wyeth

ADDRESS Cambridge

Received and filed

JAN 9 1932

19

(Registrar of City or Town where deceased resided)

William T. Ainsman
Dec. 23, 1931

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH <i>Suffolk</i> (County) <i>Northampton</i> (City or Town)		2 FULL NAME <i>Justin Edward *Grenard</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		Registered No. <i>2378</i>	
No. <i>94</i> <i>Lincoln</i> St., Ward <i>31st</i>		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR) <i>249</i>	
(a) Residence. No. <i>94</i> <i>Lincoln</i> St., Ward <i>31st</i>		(Usual place of abode)		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred <i>10</i> yrs. <i>8</i> mos. <i>16</i> days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Male</i>		4 COLOR OR RACE <i>White</i>		5 SINGLE MARRIED WIDOWED or DIVORCED <i>Single</i> (write the word)	
6 IF STILLBORN, enter that fact here.					
7 AGE <i>10</i> Years <i>8</i> Months <i>16</i> Days Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>High school</i>					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>C.B. Jewett & Co.</i>					
10 Date deceased last worked at this occupation (month and year)					
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) <i>Northampton</i> (State or country) <i>Mass.</i>					
13 NAME OF FATHER <i>Justin E. *Grenard</i>					
14 BIRTHPLACE OF FATHER (City) <i>East Boston</i> (State or country) <i>Mass.</i>					
15 MAIDEN NAME OF MOTHER <i>Catherine Mary Moran</i>					
16 BIRTHPLACE OF MOTHER (City) <i>East Boston</i> (State or country) <i>Mass.</i>					
17 Informant (Address) <i>24 Lincoln St. Northampton</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
<i>Wm D. Childress</i> (Signature of Agent or Board of Health or other)					
<i>Health Officer</i> (Official Designation) <i>12/28/31</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>Dec 25 1931</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from <i>Dec 23</i>, 19<i>31</i>, to <i>Dec 25</i>, 19<i>31</i>. I last saw him alive on <i>Dec 25</i>, 19<i>31</i>, death is said to have occurred on the date stated above, at <i>2 P.</i> m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
<i>Broncho pneumonia</i> Date of onset <i>Dec 24</i>					
Contributory causes of importance not related to principal cause: <i>See 13</i>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>C. Grenard</i> M. D. (Address) <i>Northampton</i> Date <i>12/26/31</i>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>St. Paul's Roman Catholic</i> (Cemetery) (City or town)					
DATE OF BURIAL <i>Dec 28</i> 19<i>31</i>					
22 NAME OF UNDERTAKER <i>Richard G. Gifford</i>					
ADDRESS <i>7 Bennington St. Boston</i>					
Received and filed <i>DEC 28 1931</i> (Registrar)					

Revised United States Standard Certificate of Death

Dec 25, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

PLACE OF DEATH		(County)		(City or Town)		Registered No. 250	
1	No. 65	Belleme Ave	St.,	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2	FULL NAME Bernard J. McCabe				{ (If U. S. War Veteran, specify WAR)		
(If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a)	Residence. No. 65 Belleme Ave		St.,	Ward,	(If nonresident, give city or town and state)		
(Usual place of abode)							
Length of residence in city or town where death occurred				yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED					
Male	White	Widowed					
5a If married, widowed, or divorced HUSBAND of Anna McCabe (Give maiden name of wife in full)							
(or) WIFE of C. O. Neill (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE	87	Years	Months	Days	If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired						
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston & Ry.						
	10 Date deceased last worked at this occupation (month and year) 12 yrs						
	11 Total time (years) spent in this occupation						
12 BIRTHPLACE (City) New York City (State or country) N.Y.							
PARENTS	13 NAME OF FATHER John McCabe						
	14 BIRTHPLACE OF FATHER (City) Ireland (State or country)						
	15 MAIDEN NAME OF MOTHER Mary Eager						
	16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)						
17 Informant (Address) Six 65 Belleme Ave North							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
(Signature of Agent of Board of Health or other) Health Officer							
(Official Designation) (Date of Issue of Permit) 12/26/31							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH Dec 26 1931 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from 1931 to 1931, I last saw him alive on Dec 25 1931, death is said to have occurred on the date stated above, at 2:15 A.M.							
The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Hemorrhage							
Contributory causes of importance not related to principal cause: Myocarditis							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy?							
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. P. Dunne, M. D. (Address) 12/26/1931							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Maiden (Cemetery) (City or town)							
DATE OF BURIAL Dec 28 1931							
22 NAME OF UNDERTAKER G. D. Roach							
ADDRESS 28 & 30 N. Death St. Boston							
Received and filed DEC 28 1931 19 (Registrar)							

Revised United States Standard Certificate of Death

Dec. 26, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for some reason, his certificate cannot be obtained early enough for this purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resuscitation), and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 0954.

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. Station Hospital, Fort Banks St., Womens Ward		Registered No. 2379	
1		2 FULL NAME		Baby Whalley		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) 357	
(a) Residence. No.		St.		Ward,		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		yrs.		mos.		days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)			
Male		White		SINGLE					
5a If married, widowed, or divorced									
HUSBAND of (Give maiden name of wife in full)									
(or) WIFE of (Husband's name in full)									
6 IF STILLBORN, enter that fact here Stillborn									
7 AGE 0 Years 0 Months 0 Days If less than 1 day 0 Hours 0 Minutes									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10 Date deceased last worked at this occupation (month and year)									
11 Total time (years) spent in this occupation									
12 BIRTHPLACE (City) Fort Banks, Massachusetts (State or country)									
13 NAME OF FATHER Arthur T. Whalley									
14 BIRTHPLACE OF FATHER (City) Salem (State or country) Massachusetts									
15 MAIDEN NAME OF MOTHER Mary S. Nolan									
16 BIRTHPLACE OF MOTHER (City) Waltham (State or country) Massachusetts									
17 Informant (Address) Arthur T. Whalley									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
(Signature of Agent of Board of Health or other) Wm. S. Childress									
(Official Designation) Health Officer (Date of Issue of Permit) 12/26/31									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH December 26 1931 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from December 26, 1931 to December 26, 1931.									
I last saw him alive on ---, 19---, death is said to have occurred on the date stated above, at 4:30 A. M.									
The principal cause of death and related causes of importance in order of onset were as follows:									
Stillbirth									
Contributory causes of importance not related to principal cause:									
Name of operation None Date of ---									
What test confirmed diagnosis? Clinical Was there an autopsy? No									
20 Was disease or injury in any way related to occupation of deceased? No									
If so, specify John A. Worrell, Captain, U. S. M. D. (Signed) (Address) Fort Banks, Mass. Date 12/26/31									
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Salem (Cemetery) (City or town)									
DATE OF BURIAL December 27 1931									
22 NAME OF UNDERTAKER Francis Murphy									
ADDRESS Northorne, Blvd. Salem, Mass.									
Received and filed 19---									
(Registrar)									

Revised United States Standard Certificate of Death

Dec. 26, 1901

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a printed and certified of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is made.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997.

1 PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. U.S. Marine Hospital

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George H. Hollywood

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 33 Pleasant Park Rd.

St.,

Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Mary A. McElroy

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 65

Years 3

Months 16

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Master Mariner

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Merchant Marine

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Chelsea,

(State or country)

Mass.

13 NAME OF FATHER

Edward J. Hollywood

14 BIRTHPLACE OF FATHER (City)

New York,

(State or country)

N.Y.

15 MAIDEN NAME OF MOTHER

Ann Guy

16 BIRTHPLACE OF MOTHER (City)

Boston,

(State or country)

Mass.

17

Reco ds U.S. Marine Hospital

Informant (Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec. 28, 1931

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 252

(If U. S.

War Veteran,
specify WAR)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

Ward, Winthrop, Mass.

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 26, 1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from December 17, 31 Dec. 26, 1931

I last saw him alive on Dec. 26, 1931

to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma, rectum

Contributory causes of importance not related to principal cause:

Name of operation Colostomy 1929

What test confirmed diagnosis? Laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify John T. Hazel

(Signed) U.S. Marine Hosp. 12/26 31

(Address) Date 19

21 PLACE OF BURIAL, Holy Cross, Malden

CREMATION OR REMOVAL

DATE OF BURIAL December 29, 1931

22 NAME OF UNDERTAKER M.J. Kelly

ADDRESS 11 Meridian St. E.B.

Received and filed 2 19

(Registrar of City or Town where deceased resided)

George T. Hallgren
Dec. 26, 1931

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954

PLACE OF DEATH		STANDARD		CERTIFICATE OF DEATH		Registered No. 2573	
1	PLACE OF DEATH (County) <u>Suffolk</u> (City or Town) <u>Huntrop</u> No. <u>15 Hutchinson</u> St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)						
2 FULL NAME <u>Charles E. Hill</u>		(If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)	
(a) Residence. No. <u>15 Hutchinson</u> St., Ward,		(Usual place of abode)				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Single</u> (Write the word)					
5a If married, widowed, or divorced							
HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here							
7 AGE Years Months <u>3</u> Days If less than 1 day Hours Minutes							
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10 Date deceased last worked at this occupation (month and year)					
		11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) (State or country) <u>Huntrop Mass</u>							
13 NAME OF FATHER <u>William Lindsey</u>							
14 BIRTHPLACE OF FATHER (City) (State or country) <u>St. Louis Mo</u>							
15 MAIDEN NAME OF MOTHER <u>Susan Thomas</u>							
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Huntrop Mass</u>							
17 Informant (Address) <u>William Lindsey, 15 Hutchinson St., Huntrop</u>							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
(Signature of Agent of Board of Health or other) <u>Wm. D. Childress</u>							
(Official Designation) <u>Health Officer</u> (Date of Issue of Permit) <u>12/29/31</u>							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH <u>December 27, 1931</u> (Month) (Day) (Year)							
19 I HEREBY CERTIFY That I attended deceased from <u>Dec 24</u> , 19 <u>31</u> , to <u>Dec 27</u> , 19 <u>31</u> .							
I last saw her alive on <u>Dec 26</u> , 19 <u>31</u> , death is said to have occurred on the date stated above, at <u>5:30</u> a.m.							
The principal cause of death and related causes of importance in order of onset were as follows:							
<u>Delayed neonatal</u>							
<u>neonatal</u>							
Contributory causes of importance not related to principal cause:							
<u>None</u>							
Name of operation <u>None</u> Date of What test confirmed diagnosis <u>James J. Was there an autopsy?</u>							
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Dr. William M. D.</u> M. D. (Address) <u>15 Hutchinson St., Huntrop</u> Date <u>Dec 27</u> , 19 <u>31</u>							
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Michael's Boston</u> (Cemetery) (City or town)							
DATE OF BURIAL <u>Dec. 29</u> , 19 <u>31</u>							
22 NAME OF UNDERTAKER <u>Charles E. Hill</u> ADDRESS <u>24 Hancock St. South</u>							
Received and filed <u>DEC 31 1931</u> 19 (Registrar)							

United States Standard Certificate
Dec. 27, 1903

GOVERNING THE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

9.—The industry or business in which the work was done.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *electrical engineer*, *stationary engineer*, etc. Avoid the term "boiler," making more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

The principal cause of death and related causes of importance in order of onset were as follows:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

Gen. Laws, Chap. 46, Sec. 9.

Sec. 45, G. L., as amended.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen Laws, Chap. 38, Sec 7.*

Sec. 46, G. L. as amended.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

illness from disease unrelated to any form of injury

death is needed.

supposably di-

and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-30. No. 605-b

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)
STANDARD CERTIFICATE OF DEATH		Registered No. <u>254</u>
1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. <u>121 Bartlett Road</u> st., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME <u>Elizabeth Mary (Stanley) Blandford</u> { (If U. S. War Veteran, specify WAR)		
(deceased is a married, widowed or divorced woman, give also maiden name)		
(a) Residence. No. <u>121 Bartlett Road</u> st., Ward, (If nonresident give city or town and state)		
Length of residence in city or town where death occurred <u>31</u> yrs. <u>10</u> mos. <u>4</u> days. How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u> (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of <u>Sidney E. Blandford</u> (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE <u>57</u> Years <u>5</u> Months <u>X</u> Days If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>	
10 Date deceased last worked at this occupation (month and year) <u>Dec 1928</u>		11 Total time (years) spent in this occupation <u>34 yrs</u>
12 BIRTHPLACE (City) (State or country) <u>Ireland</u>		
PARENTS	13 NAME OF FATHER <u>Robert Stanley</u>	
	14 BIRTHPLACE OF FATHER (City) (State or country) <u>Ireland</u>	
	15 MAIDEN NAME OF MOTHER <u>Martha Holmes</u>	
	16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u>	
17 Informant <u>Sidney E. Blandford</u> (Address) <u>121 Bartlett Rd.</u>		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>N. M. D. Chidress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>12/30/31</u> (Date of Issue of Permit)		
MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH <u>1</u> (Month) <u>8</u> (Day) <u>1</u> (Year)		
19 I HEREBY CERTIFY, That I attended deceased from <u>1-1</u> , 19 <u>30</u> , to <u>12-28</u> , 19 <u>31</u>		
I last saw <u>her</u> alive on <u>12-28</u> , 19 <u>31</u> , death is said to have occurred on the date stated above, at <u>2:15</u> p. m.		
The principal cause of death and related causes of importance in order of onset were as follows:		
<u>Edema of Lungs.</u> <u>marked pneumonia</u> Date of Onset		
Contributory causes of importance not related to principal cause:		
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____		
20 Was disease or injury in any way related to occupation of deceased? _____		
If so, specify _____		
(Signed) <u>Harry Aspell</u> , M. D. (Address) <u>Winthrop</u> Date <u>19</u>		
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop Winthrop</u> (Cemetery) (City or town)		
DATE OF BURIAL <u>Dec. 30</u> 19 <u>31</u>		
22 NAME OF UNDERTAKER <u>Charles R. Bennison</u>		
ADDRESS <u>Winthrop, Mass.</u>		
Received and filed <u>DEC 31 1931</u> 19 <u>31</u>		
A TRUE COPY, ATTEST: (Registrar)		

Revised United States Standard Certificate of Death

Dec. 28, 1923

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, as, heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either its first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate aforesaid provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-30. No. 605-b

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)
STANDARD CERTIFICATE OF DEATH		Registered No. 255		
1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 34 Chester Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)		
2 FULL NAME Otto John Hintze (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If nonresident give city or town and state)		
(a) Residence. No. 34 Chester Ave. St., Ward, (Usual place of abode)		(If nonresident give city or town and state)		
Length of residence in city or town where death occurred 35 yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married		
5a If married, widowed, or divorced HUSBAND of Ida Ricker (Give maiden name of wife in full)				
(or) WIFE of (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 74 Years 6 Months Days If less than 1 day Hours Minutes				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Salesman				
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. E & F King Co.				
10 Date deceased last worked at this occupation (month and year) Dec 24, 1931				
11 Total time (years) spent in this occupation. 5 yrs.				
12 BIRTHPLACE (City) (State or country) Chelsea Massachusetts				
13 NAME OF FATHER Otto Henry William Hintze				
14 BIRTHPLACE OF FATHER (City) (State or country) Dornitz Germany				
15 MAIDEN NAME OF MOTHER Elizabeth Forsyth				
16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland				
17 Informant (Address) Thomas H. Hintze, 20 Grampian Way, Dorchester.				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/30/31 (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH Dec 25 1931 (Month) (Day) (Year)				
19 I HEREBY CERTIFY. That I attended deceased from Dec 25 1931, to Dec 25 1931.				
I last saw him alive on Dec 25 1931, death is said to have occurred on the date stated above, at 11 A. m.				
The principal cause of death and related causes of importance in order of onset were as follows:				
Angina Pectoris Date of Onset Dec 27 1931				
Contributory causes of importance not related to principal cause:				
Name of operation none Date of				
What test confirmed diagnosis Pammel Chandra Was there an autopsy? no				
20 Was disease or injury in any way related to occupation of deceased? no				
If so, specify				
(Signed) Raymond B. Parker M. D.				
(Address) W. H. H. Mass Date Dec 29 1931				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)				
DATE OF BURIAL Dec. 30, 1931				
22 NAME OF UNDERTAKER Charles R. Bennison,				
ADDRESS Winthrop Mass.				
Received and filed DEC 31 1931				
A TRUE COPY, ATTEST: (Registrar)				

Revised United States Standard Certificate of Death

Dec. 28, 1931

Statement of occupation.—Precise statement of occupation is every important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children, not gainfully employed, may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*phone family*, *cook*—*hold*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, or officer and the date of his death. . . . *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or to its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45 G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made. . . . *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Revised United States Standard Certificate of Death

Dec. 28 1907

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store*, *factory*, *mill*, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term *laborer*, when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

1 PLACE OF DEATH

No. 24

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Female Lishner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 50

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 257

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,
specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec

30

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 30

1931, to

19

I last saw him alive on

19

to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Stillborn

Contributory causes of importance not related to principal cause:

Deaths in mother

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Frank F. Harder

M. D.

(Address)

36 Suffolk St.

Date Dec 31, 1931

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth Joseph Hobson

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 31

1931

NAME OF UNDERTAKER

Charles J. Boogusch

ADDRESS

73 Village St. Boston

Received and filed

1931

(Registrar)

Revised United States Standard Certificate of Death

Dec 31 1903

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-0-30. No. 9054.

PLACE OF DEATH		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk. (County) Wintthrop (City or Town) No. 145 Revere St. Ward							Registered No. 258	
								(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME Elizabeth Reagan Pagan (If deceased is a married, widowed or divorced woman, give also maiden name.)						(If U. S. War Veteran, specify WAR)		
(a)	Residence. No. 145 Revere (Usual place of abode)		St. Ward		(If nonresident, give city or town and state)				
Length of residence in city or town where death occurred			YRS.	mos.	days.	How long in U. S., if of foreign birth?			
			YRS.	mos.	days.				
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3	SEX	4	COLOR OR RACE	5	SINGLE MARRIED WIDOWED or DIVORCED	(write the word)			
	Female		White		Married				
5a	If married, widowed, or divorced								
HUSBAND of	Bernard Pagan (Give maiden name of wife in full)								
(or) WIFE of	Bernard Pagan (Husband's name in full)								
6	IF STILLBORN, enter that fact here.								
7	AGE		73	Years	Months	Days	If less than 1 day		
							Hours	Minutes	
OCCUPATION	8	Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
	9	Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
	10	Date deceased last worked at this occupation (month and year)							
	11	Total time (years) spent in this occupation							
12	BIRTHPLACE (City)		Boston						
	(State or country)		Mass.						
PARENTS	13	NAME OF FATHER							
		Michael Reagan							
	14	BIRTHPLACE OF FATHER (City)							
		Ireland							
		(State or country)							
15	MAIDEN NAME OF MOTHER		Margaret Reagan						
16	BIRTHPLACE OF MOTHER (City)		Ireland						
	(State or country)								
17	Informant B. Pagan								
	(Address) 145 Revere St								
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
Wm. D. Childress (Signature of Agent of Board of Health or other)									
Health Officer 11/7/32 (Official Designation) (Date of Issue of Permit)									
18	DATE OF DEATH		Jan 31		1932				
			(Month)		(Day)		(Year)		
19	I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932, to Jan 31, 1932.								
	I last saw him alive on Jan 31, 1932, death is said to have occurred on the date stated above, at 2:00 p.m.								
The principal cause of death and related causes of importance in order of onset were as follows:									Date of Onset
S pneumonia									
Contributory causes of importance not related to principal cause:									
Name of operation									
Date of									
What test confirmed diagnosis?									
Was there an autopsy?									
20	Was disease or injury in any way related to occupation of deceased?								
	If so, specify								
	(Signed) J. H. Maly, M. D.								
	(Address) 145 Revere St, Date 1/31/32								
21	PLACE OF BURIAL, CREMATION OR REMOVAL Epk Nova Bedford (Cemetery) (City or town)								
	DATE OF BURIAL Jan 4, 1932								
22	NAME OF UNDERTAKER John H. Maly								
	ADDRESS Wintthrop								
Received and filed JAN 4 1932 (Registrar)									

Revised United States Standard Certificate of Death

Elizabeth R. Chapman
Dec 31, 1931

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not familiarly employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *real merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by *vitalism* (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-d

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston (City or town making return)	
1	PLACE OF DEATH	Boston (City or Town)		Registered No. 259	
		Forest Hills Hospital		St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Baby Sandler (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 45 Perkins St., Ward, Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and state)					
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Female	White	MARRIED WIDOWED or DIVORCED			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here. Stillborn					
7 AGE Years Months Days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation				
12 BIRTHPLACE (City) (State or country) Boston, Mass.					
PARENTS	13 NAME OF FATHER Samuel Sandler				
	14 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass.				
	15 MAIDEN NAME OF MOTHER Anna Kuppenol				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.				
17 Informant Samuel Sandler (Address) Winthrop, Mass.					
A TRUE COPY.					
ATTEST: (Registrar of city or town where death occurred)					
DATE FILED July 31, 1931					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH July 28, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from 19 to 19					
I last saw h alive on 19, death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance in order of onset were as follows: Date of onset					
Premature (? 6 mos)					
Contributory causes of importance not related to principal cause:					
Rupture aminonic sac 4 dys ago					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased?					
If so, specify (Signed) Rob't Slater, M. D. (Address) Boston, Mass. Date 19					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Boston (Cemetery) (City or town)					
DATE OF BURIAL July 30, 1931					
22 NAME OF UNDERTAKER J H Levine ADDRESS Boston, Mass.					
Received and filed 15 1931					
(Registrar of City or Town where deceased resided)					

8598

Stillborn (banded)

July 28, 1931

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-d

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. 10016	
1 { Suffolk (County) Boston (City or Town)				Boston (City or town making return)	
2 FULL NAME Timothy J. Donovan		No. Boston City Hospital		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. 400 Avenue		St. Ward, Winthrop		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs. mos. days		How long in U. S., if of foreign birth? yrs. mos. days	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX m.	4 COLOR OR RACE w.	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED m.			
5a If married, widowed, or divorced HUSBAND of Mgt J McCoart (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 40 Years		If less than 1 day Months Days Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trucking				
	10 Date deceased last worked at this occupation (month and year) 11/26/31				
11 Total time (years) spent in this occupation yrs.					
12 BIRTHPLACE (City) (State or country) Ireland					
PARENTS	13 NAME OF FATHER John J. Donovan				
	14 BIRTHPLACE OF FATHER (City) (State or country) Ireland				
	15 MAIDEN NAME OF MOTHER Ellen Lane				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland				
17 Informant (Address) Mgt J. Donovan, Winthrop, Mass.					
A TRUE COPY.					
ATTEST: (Registrar of city or town where death occurred)					
DATE FILED 12/2/31					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Nov 27, 1931 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 11/27, 1931, to 11/27, 1931.					
I last saw him alive on 11/27, 1931, death is said to have occurred on the date stated above, at 6:35 P.M.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Rheumatic heart disease 10 yrs (Endocarditis)					
Pulmonary edema 1 wk					
Contributory causes of importance not related to principal cause:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? Yes					
20 Was disease or injury in any way related to occupation of deceased? If so, specify John J. Arent, M. D. (Signed) Boston, Mass. Date 11/27/1931 (Address)					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)					
DATE OF BURIAL Nov 30, 1931					
22 NAME OF UNDERTAKER John J. Costello					
ADDRESS Boston, Mass.					
Received and filed JAN 15 1932					
(Registrar of City or Town where deceased resided)					

Kimball J. S. Journal
Apr. 27, 1932

