

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.

100m-9-31. No. 3385-f

1 PLACE OF DEATH

No. 22

Rivers ave

St.,

Ward {

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

Registered No. 1

2 FULL NAME

Elizabeth and Francis Baker

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

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

(a) Residence. No. 22

Rivers 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

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles H. Baker

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

83

Years

4

Months

23

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)

12-32

11 Total time (years) spent in this occupation

64

12 BIRTHPLACE (City)

Hartford

(State or country)

Conn

13 NAME OF FATHER

William H. Franchise

14 BIRTHPLACE OF FATHER (City)

Conn

(State or country)

15 MAIDEN NAME OF MOTHER

Milinda Jones

16 BIRTHPLACE OF MOTHER (City)

N. Y.

(State or country)

17

Informant

(Address)

Don Walter G. Baker

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)

Health Officer

(Date of Issue of Permit)

1/4/33

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



(City or town making return)

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

Jan 1

(Month)

(Day)

1933

(Year)

19 I HEREBY CERTIFY That I attended deceased from

10:30 a.m. 1933 to 1:30 p.m. 1933

I last saw him alive on 12/3/32, 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:

Date of Onset

Endocarditis 1 yr

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? 1

20 Was disease or injury in any way related to occupation of deceased? 1

If so, specify

(Signed) Charles J. Franchise, M. D.

(Address) 151 Pleasant St. Winthrop Date 1/2/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 4 - 33

19

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS

151 Pleasant St. Winthrop

Received and filed

JAN 6 1933

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 *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*, *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, 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 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 such a permit for the removal of a human body, not previously obtained, from one town to another within the commonwealth cannot be effected early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retinal, 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 retinal 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 a registrar may require.... *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.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.

100m-9-31. No. 3385-f

PLACE OF DEATH		No.		St.,		Ward	
1		Suffolk		Dorchester		Registered No. 2	
2		Full Name		George Harding Randall		(If U. S. War Veteran, specify WAR)	
(a)		Residence		No. 85 Sumner 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 MARRIED WIDOWED or DIVORCED (write the word)					
Male	White	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	67 Years	8 Months	24 Days	If less than 1 day Hours Minutes			
OCCUPATION		10 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
		Bookkeeper					
		11 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		Bank					
		12 Date deceased last worked at this occupation (month and year)					
		1933					
		13 Total time (years) spent in this occupation					
		23					
14 BIRTHPLACE (City) (State or country)							
Bridgewater, Maine							
15 NAME OF FATHER							
William Randall							
16 BIRTHPLACE OF FATHER (City) (State or country)							
Bridgewater, Maine							
17 MAIDEN NAME OF MOTHER							
Sarah Allen							
18 BIRTHPLACE OF MOTHER (City) (State or country)							
Yarmouth, Maine							
19 Informant (Address)							
Mrs. C. B. Randall, 85 Sumner St., Boston							
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)							
1/4/33							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH		Jan		1		1933	
(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 10:15 P. m.							
The principal cause of death and related causes of importance in order of onset were as follows:							
Natural Causes, Probably							
Angina Pectoris							
Contributory causes of importance not related to principal cause:							
Name of operation							
What test confirmed diagnosis? histology							
Date of							
Was there an autopsy? No							
20 Was disease or injury in any way related to occupation of deceased?							
If so, specify							
(Signed) Raymond S. Park							
(Address) 151 Pleasant St., Boston							
Date Jan 3, 1933							
21 PLACE OF BURIAL, CREMATION OR REMOVAL							
Yarmouth, Me.							
(Cemetery) (City or town)							
DATE OF BURIAL							
Jan 1933							
22 NAME OF UNDERTAKER							
151 Pleasant St., Boston							
ADDRESS							
Received and filed							
JAN 6 1933							
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 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 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>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 printed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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:

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

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

75m-5-32. No. 5469

PLACE OF DEATH		No.		Ward		Registered No.	
Suffolk (County)		Wentworth Community Hospital		St. 1		3	
2 FULL NAME		Baby Girl		Kastasia		(If U. S. War Veteran, specify WAR)	
(a) Residence. No.		72 Washington St.		Ward, 60		(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			
1 SEX		2 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		18 DATE OF DEATH	
Female		White		Single		June 2, 1933	
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.				Fullborn			
7 AGE				If less than 1 day			
Years				Months			
Days				Hours			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				11 Total time (years) spent in this occupation			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				12 BIRTHPLACE (City)			
10 Date deceased last worked at this occupation (month and year)				(State or country)			
13 NAME OF FATHER				14 BIRTHPLACE OF FATHER (City)			
John S. Kastasia				Watertown, Mass.			
15 MAIDEN NAME OF MOTHER				16 BIRTHPLACE OF MOTHER (City)			
Mary Keile				Watertown, Mass.			
17 Informant (Address)				18 DATE OF BURIAL			
John S. Kastasia				Jan 3, 1933			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:				21 PLACE OF BURIAL, CREMATION OR REMOVAL			
(Signature of Agent of Board of Health or other)				(Cemetery) (City or town)			
Wm. S. Cuddeback				Woodlawn Cemetery, Mass.			
(Official Designation)				22 NAME OF UNDERTAKER			
Health Officer				Michael J. Caggiano			
(Date of Issue of Permit)				ADDRESS			
1/13/33				78 Santoga St. East Boston			
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

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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 such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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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.*

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, 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
<i>Contributory causes of importance not related to principal cause:</i>	

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 *own 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.

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.

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.

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) Winthrop, Mass. (City or town) No. 285 Pleasant		St.,	Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
	2 FULL NAME Sarah H. Walker (If deceased is a married, widowed or divorced woman, give also maiden name.)		St.,	Ward, { (If U. S. War Veteran, specify WAR)
(a) Residence. No. 285 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 40 yrs. — mos. — days. How long in U. S., if of foreign birth? 48 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 James S. Walker (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 66 Years 0 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. at home			
	10 Date deceased last worked at this occupation (month and year) June 1930. 11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Halifax (State or country) Nova Scotia				
PARENTS	13 NAME OF FATHER George Harvey			
	14 BIRTHPLACE OF FATHER (City) Halifax (State or country) Nova Scotia			
	15 MAIDEN NAME OF MOTHER Lachael Brown			
	16 BIRTHPLACE OF MOTHER (City) Halifax (State or country) Nova Scotia			
17 Informant Logan Walker (Address) 285 Pleasant St. 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) H.C. (Official Designation) Jan. 7/33 (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH Jan. 5 1933 (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from July 23 1932, to Jan 4 1933. I last saw him alive on Jan 4 1933, death is said to have occurred on the date stated above, at 4:45 a.m. The principal cause of death and related causes of importance in order of onset were as follows: Cancer of esophagus mar. 1931 Cancer of larynx Feb. 1932 Contributory causes of importance not related to principal cause:				
Name of operation Gastrostomy Date of 1/6/33 What test confirmed diagnosis Pathology Was there an autopsy?				
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Gynecic Pickin sac M. D. (Signed) Winthrop, Mass. Date Jan 6 1933 (Address)				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Cambridge, Cambridge (Cemetery) (City or town) Mass. 1933 DATE OF BURIAL Jan 7, 1933				
22 NAME OF UNDERTAKER Edwin E. Brown ADDRESS 44 Winthrop St. Winthrop				
Received and filed 19				
A TRUE COPY, ATTEST: JAN 1 1933 (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, as *66 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>	May 3, 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 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 retinal, 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 retinal shall appear upon the permit. The board of health, 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, gonorrhea, 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-5-32. No. 5469



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

Registered No. 5

2 FULL NAME Orrea French
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 95 Hermon St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 48 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
MARRIED
WIDOWED
OR DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of May Josephine Sawyer
(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. Police officer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired) Winthrop
10 Date deceased last worked at this occupation (month and year) 1925
11 Total time (years) spent in this occupation 20

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

13 NAME OF FATHER Humphrey French

14 BIRTHPLACE OF FATHER (City) Bedford
(State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Susan Eaton

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

17 Informant Mrs. May J. French
(Address) 95 Hermon 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. B. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/7/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 5 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 5 1933, to Jan 5 1933, 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:

Acute myocarditis

Date of Onset
IMPORTANT

Dec 31 1932

Contributory causes of importance not related to principal cause:

Cerebral hemorrhage
Hypertension

Jan 1935

Name of operation no Date of
What test confirmed diagnosis? Physical Examination 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) (Address) Winthrop Mass Date Jan 6 1933

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

DATE OF BURIAL January 7 1933 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed JAN 17 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

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:	

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:

- 1.—The trade, profession, or particular kind of work done.
- 2.—The industry or business in which the work was done.
- 3.—The month and year the deceased last worked at the occupation.
- 4.—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, 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.

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 as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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-S-32. No. 5469

renton Notified 1-31-33



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. 6

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)

2 FULL NAME Jessie Catherine (Garman) Ennis

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

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

(a) Residence. No. 555 East State St.

Ward, Trenton, N.J.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 16 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)

6a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William Edwin Ennis

(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, Music Teacher

9 Industry or business in which work was done, as silk mill, (Retired)

10 Date deceased last worked at this occupation (month and year) Dec. 1932 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Lykens (State or country) Pennsylvania

13 NAME OF FATHER Jonas Garman

14 BIRTHPLACE OF FATHER (City) Snyder County (State or country) Pennsylvania

15 MAIDEN NAME OF MOTHER Sarah Wirt

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

17 Informant (Address) Blanche E. O. Graham 555 East State St Trenton N. J.

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

William P. Childers (Signature of Agent of Board of Health or other)

Health Officer Jan 8/33 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 7 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 3 1933, to January 7 1933

I last saw her alive on January 6 1933, 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:

Acute otitis media (left ear)

Date of Onset IMPORTANT

Jan 2/33

Contributory causes of importance not related to principal cause:

Pneumococcus Meningitis Type 4 Jan 5/33

Name of operation Lumbar puncture Date of Jan 5/33 What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

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

If so, specify no

(Signed) Jacob Abrams M. D.

(Address) 562 Stanley St. Date 1/8/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Bowling Green, Va.

(Cemetery) (City or town)

DATE OF BURIAL Jan 11, 1933

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass

Received and filed JAN 17 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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.*

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

Example

	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>	

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:

- 1.—The trade, profession, or particular kind of work done.
- 2.—The industry or business in which the work was done.
- 3.—The month and year the deceased last worked at the occupation.
- 4.—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 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.

The fulfillment of the 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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-5-32. No. 5469

PLACE OF DEATH

Chelsea notified - 1-31-33
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. 7

No. 249 Shore Drive St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Mary Celia Long (Reid) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 72 Williams St., Chelsea, Wt. (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. 4 days. How long in U. S., if of foreign birth? 50 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 (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years 4 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. 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) St. John (State or country)

13 NAME OF FATHER Stephen B. Reid

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

15 MAIDEN NAME OF MOTHER Easter Sheppard

16 BIRTHPLACE OF MOTHER (City) St. John (State or country)

17 Informant (Address) Daughter Mrs. Wood 249 Shore Drive 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)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 7 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 4 1933 to Jan. 6 1933, death is said to have occurred on the date stated above, at 11:25 P.M. The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Acute nephritis
Partial heart block
Urinary suppression, acute

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?

If so, specify (Signed) Barnett H. Rosenfield, M. D. (Address) 306 Washington St. Date Jan 8 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wyoming, close max (Cemetery) (City or town)

DATE OF BURIAL January 10 1933

22 NAME OF UNDERTAKER Frank S. Brown ADDRESS East Boston

Received and filed JAN 17 1933 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 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. If 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 heart or complication which causes death, *not* the mode of dying, e. g., disease, 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>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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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. 8

PLACE OF DEATH

1

(County) Winthrop Mass.
(City or Town)

No. 19 Sagamore Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eulchie Fine

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

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 19 Sagamore 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 35 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 Benjamin Fine (Give maiden name of wife in full)

(or) WIFE of (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. Housekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dec. 10 1932
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 32 yrs.

12 BIRTHPLACE (City) Gerdingen (State or country) Russia

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Gerdingen (State or country) Russia

15 MAIDEN NAME OF MOTHER Unknown

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

17 Informant Benjamin Fine (Address) 19 Sagamore 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)

(Official Designation)

(Date of Issue of Permit) 1/11/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 11 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov. 19, to Jan 11, 19 1933

I last saw him alive on Nov. 19, 19 1933, 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:

Natural Causes, Probably Date of Onset

Acute Myocarditis Jan 10, 33

Contributory causes of importance not related to principal cause:

Chronic Arteriosclerosis 1920

Name of operation None Date of None
What test confirmed diagnosis? Investigation Was there an autopsy? No

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

If so, specify

(Signed) Benjamin Fine M. D.

(Address) Winthrop Board of Health Date Jan 11 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel E. Cemetery (Cemetery) (City or town)

DATE OF BURIAL Jan 12 1933

22 NAME OF UNDERTAKER Louis Spiller

ADDRESS 3 Old Church Ave. Dor.

Received and filed 19

JAN 11 1933

(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. Demand 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:

Atherosclerosis	Date of onset
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 may 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 rectory 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, or if the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 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. 201 Winthrop

St., Ward {

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

Registered No. 9

2 FULL NAME

Jane Peers

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

(a) Residence. No. 201 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? 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

William Peers (Give maiden name, wife in full)

(or) WIFE of

William Peers (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

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 15 yrs

12 BIRTHPLACE (City) England (State or country)

13 NAME OF FATHER William Eades

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

15 MAIDEN NAME OF MOTHER Catherine Not Known

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

17 Informant A. Peers (Address) 201 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)

(Official Designation)

(Date of Issue of Permit) 1/13/33

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. 9

2 FULL NAME

Jane Peers

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

(a) Residence. No. 201 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? yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 11 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 3 1933, to Jan 11 1933, last saw her alive on Jan 11 1933, 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:

Bronchopneumonia

Date of Onset 1/9/33

Contributory causes of importance not related to principal cause:

Bronchitis -

1/3/33

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

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

If so, specify

(Signed) T. P. W. Layton, M. D.

(Address) 270 Comm. St. - Boston Date 1/12/1933

21 PLACE OF BURIAL, Holy Cross Malden (City or town)

DATE OF BURIAL January 14 1933

22 NAME OF UNDERTAKER Frederick A. Magrath

ADDRESS East 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 *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
<i>Contributory causes of importance not related to principal cause:</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 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 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 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 medical attendance, or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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-5-32. No. 5469

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 9 Grovers Ave

St.,

Ward {

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

Registered No. 10

2 FULL NAME Emma Dorothy (Gillespie) Gillespie

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

(a) Residence. No. 9 Grovers Ave

(Usual place of abode)

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 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 Herbert M. Gillespie

(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

OCCUPATION:

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

House work

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)

Jan. 11, 1933

11 Total time (years)

spent in this occupation

16

12 BIRTHPLACE (City) Farnumsville

(State or country)

Massachusetts

13 NAME OF FATHER

Joseph Gillespie

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Jane Bullock

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Informant (Address)

Herbert M. Gillespie

9 Grovers 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. S. Gillespie

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/13/33

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

Jan

12

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 22

1932, to

Jan 12

1933

I last saw him alive on Jan 12, 1933, 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:

Chronic industrial nephritis

Date of Onset

IMPORTANT

1930

Acute industrial nephritis

Dec 20 1932

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis? Blood chemistry 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)

Winthrop Mass

Date Jan 13 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Farnumsville, Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 14

1933

19

22 NAME OF UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop, Mass

Received and filed

JAN 17 1933

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 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 janitor*, *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, 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. 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, it may be obtained by the board of health, or employed by it, or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 convalidate 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 and as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
...He 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-5-32. No. 5469

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 516 Pleasant St. St., Ward {		Registered No. 11	
								(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Matthew F. Butler (If deceased is a married, widowed or divorced woman, give also maiden name.)							
		(a) Residence. No. 516 Pleasant St. 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 WIDOWED or DIVORCED Widowed					
6a If married, widowed, or divorced									
HUSBAND of Margaret J. Queenan Butler (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	
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.		Provision Merchant							
10 Date deceased last worked at this occupation (month and year)		July 1926		11 Total time (years) spent in this occupation		50			
12 BIRTHPLACE (City)		Kentville							
		(State or country) n.N.S.							
13 NAME OF FATHER		Patrick Butler							
14 BIRTHPLACE OF FATHER (City)		Ireland							
15 MAIDEN NAME OF MOTHER		Catherine Lyons							
16 BIRTHPLACE OF MOTHER (City)		Cannot Be Learned							
		(State or country)							
17 Informant (Address)		J. Thomas Butler 516 Pleasant 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 1/13/33 (Official Designation) (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH		January 12		1933					
19 I HEREBY CERTIFY, That I attended deceased from Jan 5 to Jan 12, 1933, to Jan 12, 1933									
I last saw him alive on Jan 12, 1933, death is said to have occurred on the date stated above, at 5:12 m.									
The principal cause of death and related causes of importance in order of onset were as follows:									
Myocarditis									
Contributory causes of importance not related to principal cause:									
Broncho-pneumonia									
Date of onset 20 days									
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) Richard W. King, M. D. (Address) 308 Summer St. Date 1/13/33 1933									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden Cemetery (City or town)									
DATE OF BURIAL Jan 14 1933									
22 NAME OF UNDERTAKER John J. O'Malley									
ADDRESS Winthrop									
Received and filed 19 JAN 17 1933 (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*, *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, 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 important 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>Asterofoleolosis</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 of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 **supposed due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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-5-32. No. 5469

1 PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)

No. 125 Washington Ave. St.,

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

Registered No. 12

2 FULL NAME

Anna L. Shurtleff

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

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

(a) Residence. No.

125 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

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

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

81

Years

9

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.

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 1927

11 Total time (years) spent in this occupation

50

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF FATHER

Samuel A. Shurtleff

14 BIRTHPLACE OF FATHER (City)

(State or country)

Farmington N. H.

15 MAIDEN NAME OF MOTHER

Hannah P. Savery

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Barre, Mass.

17

Informant (Address)

Mr. B. G. Wardson
125 Washington Ave.

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. [Signature]

(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

Jan 13 1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

1927, to Jan 12, 1933

I last saw him alive on Jan 12, 1933, 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

Date of Onset

IMPORTANT

1927

Contributory causes of importance not related to principal cause:

Broncho-Pneumonia

Jan 8
1933

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

Quintal E. Johnson

M. D.

(Address) 123 Winthrop St.

Date Jan 19 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Barre, Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 15

1933

22 NAME OF UNDERTAKER

J. J. Warriman, Jr.

ADDRESS

125 Washington St. Boston

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

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.

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-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 13

1 PLACE OF DEATH
SUFFERLO
(County)
WINTHROP
(City or Town)
No. 52 WASHINGTON AVE St., Ward

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

2 FULL NAME LILLIAN (PARRY) BLAZO
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 51 BATES 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 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 (write the word) MARRIED
or WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of CHARLES R BLAZO
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 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) JAN-33 11 Total time (years) spent in this occupation 48

12 BIRTHPLACE (City) ROCHESTER
(State or country) NY

13 NAME OF FATHER P PARRY

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

15 MAIDEN NAME OF MOTHER NOT KNOWN

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

17 Informant CHAS A BLAZO
(Address) 51 BATES 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 (Official Designation) 1/18/33
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 16 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 16 1933, to Jan. 16, 1933
last saw him alive on Jan 16, 1933, 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:

arteriosclerosis 1930
Hypertension 1931
Coronary Thrombosis Jan 16, 1933
S.S.-P.M.

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? blinkat Was there an autopsy? NO

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

If so, specify S. W. Dickinson M. D.
(Signed) (Address) WINTHROP MASS. Date July 19 33

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

DATE OF BURIAL JAN 18 1933

22 NAME OF UNDERTAKER Michael H. White
ADDRESS 151 Pleasant St

Received and filed JAN 23 1933 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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*, *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 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, 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.

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 he has appointed to issue such permits, or if there is no such board, 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 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 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, as amended by *Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

Shut up
(County)
Wentworth
(City or Town)
No. *64* *Washington* *St.* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME

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

(a)

Residence. No.

Washington *St.* Ward, *Wentworth*
(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 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.

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.

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

none

12 BIRTHPLACE (City)

(State or country)

Wentworth *N.H.*

PARENTS

13 NAME OF FATHER

Thomas McMan

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Elizabeth Gallagher

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17 Informant (Address)

Wm. J. McMan, 64 Washington St., Wentworth, N.H.

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

Wm. J. McMan
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

11/9/33
(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. *275*

18 DATE OF DEATH

1 *17* *33*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

1 *1933*, to *1* *17* *1933*

I last saw him alive on *1-16* *1933*, death is said to have occurred on the date stated above, at *8* *4* *m.*

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:

Chronic myocarditis

Name of operation *none* Date of *none*

What test confirmed diagnosis? *none* Was there an autopsy? *none*

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

If so, specify *Heart attack* (Signed) *Wm. J. McMan* M. D. (Address) *Wentworth, N.H.* Date *11/9/33*

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

DATE OF BURIAL *Jan 10* 19 *33*

22 NAME OF UNDERTAKER *James J. McMan*

ADDRESS *Wentworth, N.H.*

Received and filed *Jan 27 1933* (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 *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*, *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:

Atherosclerosis

Date of onset
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. 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 aforesaid after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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, 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 to do so from the board of 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. All certify to such deaths only as

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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-5-32. No. 5469



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. 15

1 PLACE OF DEATH (County) Winchester
(City or Town)
No. 40 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles A. Sawyer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Shirley St., Ward, (If U. S. War Veteran, specify WAR)
(Usual place of abode)
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 M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Alance Coggeshall
(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 4 Months 12 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. Retired
10 Date deceased last worked at this occupation (month and year) 1925 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Sterling (State or country) Mass

13 NAME OF FATHER Luke E Sawyer

14 BIRTHPLACE OF FATHER (City) Sterling (State or country) Mass

15 MAIDEN NAME OF MOTHER Martha Burke

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

17 Informant E. S. Newlon
(Address) 40 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) 1/19/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 18 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 14 1933 to Jan 18 1933
I last saw him alive on Jan 18 1933, 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:
Subar Pneumonia Jan 14/33
Type III
Contributory causes of importance not related to principal cause:
Myocarditis chronic

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 Chronic
(Signed) Wm. D. Childress M. D.
(Address) 123 Broadway St Date Jan 19 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill (Cemetery) Sterling (City or town) Mass

DATE OF BURIAL Jan. 24 19 33

22 NAME OF UNDERTAKER East Boston
ADDRESS East Boston

Received and filed JAN 23 1933 19 33
(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.

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. 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 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.

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

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

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

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

1 PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. U.S. Naval Hospital

St., Ward

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

Registered No. 53

Chelsea

(City or town making return)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

2 FULL NAME

Willard Baxter McLeod

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

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

(a) Residence. No. 145 Somerset av.

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 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 36 Years — Months — Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traffic man
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bachelor & Snyder Boston, Mass.
10 Date deceased last worked at this occupation (month and year) 1/12/1933 11 Total time (years) spent in this occupation 14

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

13 NAME OF FATHER Walter McLeod

14 BIRTHPLACE OF FATHER (City) --- (State or country) Canada

15 MAIDEN NAME OF MOTHER Ada Helen Baxter

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

17 Informant Donald McLeod (Address) 145 Somerset ave., Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 1/18/1933 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 18, 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1933, to Jan. 18, 1933

I last saw him alive on Jan. 18, 1933, 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: Paralytic ileus 1/16/1933 Date of onset

Contributory causes of importance not related to principal cause:

General peritonitis 1/4/1933 (?) Gangrenous appendicitis 1/4/1933 (?)

appendectomy 1/14/1933
Name of operation operation Date of operation
What test confirmed diagnosis? operation Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify J. A. Benjamin, M. D.
(Signed) U.S. Naval Hosp. Date 1/18/1933
(Address)

21 PLACE OF BURIAL Chelsea, Mass. Winthrop
CREMATION OR REMOVAL (Cemetery) (City or town)
DATE OF BURIAL Jan. 20, 1933 19

22 NAME OF UNDERTAKER Chas. R. Bennison
ADDRESS Winthrop, Mass.

Received and filed FEB 1 1933 19

(Registrar of City or Town where deceased resided)

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 Sufferth (County) Wintthrop (City or Town) No. Wintthrop Community Hospital Ward		To be filed for burial permit with Board of Health or its Agent. 17 Registered No.	
2 FULL NAME Francis Wallace Dame (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. River 14 Jones Road (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. days.		Ward, (If nonresident give city or town and state) 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 2 Years 6 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) River mass (State or country)			
PARENTS	13 NAME OF FATHER Edgar Joseph Dame		
	14 BIRTHPLACE OF FATHER (City) Roxbury mass (State or country)		
	15 MAIDEN NAME OF MOTHER Eileen Thomas		
	16 BIRTHPLACE OF MOTHER (City) River mass (State or country)		
17 Informant Chas. Russell (Address) 14 Jones Road River			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. C. Underpess (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/20/23 (Date of Issue of Permit)			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH Jan 19 1933 (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.) Multiple burns (Scalds) caused by accidental exposure to hot fluid. (Poured hot water upset from a gas stove by himself or by another child)			
(See reverse side for description for unknown person)			
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? River (Signed) J. J. Ryan M. D. (Address) 100 South St. Date Jan 19 1933			
21 PLACE OF BURIAL, CREMATION OR REMOVAL New Calvary Boston (Cemetery) (City or town)			
DATE OF BURIAL January 21 1933			
22 NAME OF UNDERTAKER Thomas F. Carroll (Address) 9 Atlantic Ave. River			
Received and filed Jan 20 1933 (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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 19 Palmira 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. 18

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

2 FULL NAME Frank E. Rosendorf
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 19 Palmira 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 Leah A. Werson
 (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 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 (Candy)
 9 Industry or business in which work was done, as mill, saw mill, bank, etc. Brand Confectionery
 10 Date deceased last worked at this occupation (month and year) Nov. 32. 11 Total time (years) spent in this occupation. 3wks.

12 BIRTHPLACE (City) Richmond, Va.
 (State or country)

13 NAME OF FATHER Michael J. Rosendorf

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

15 MAIDEN NAME OF MOTHER Leah Gleason

16 BIRTHPLACE OF MOTHER (City) Philadelphia, Pa.
 (State or country)

17 Mrs. Frank E. Rosendorf,
 (Informant) 19 Palmira St., Winthrop
 (Address)

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)
 (Official Designation) 1/24/33
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 1 20 33
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/18/33 to Jan 20, 1933

I last saw him alive on Jan 19, 1933, 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:

Edema of Lungs. 1/13/33
 IMPORTANT

Contributory causes of importance not related to principal cause:

Covering the chest

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 Forest Hills-Boston.
 (Cemetery) (City or town)

DATE OF BURIAL January, 22, 1933

22 NAME OF UNDERTAKER A. L. Eastman Co.

ADDRESS Boston-Brookline.

Received and filed JAN 23 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of 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. 3.

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 "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 complication, 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
<i>Contributory causes of importance not related to principal cause:</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 last position. The principal cause in the above example is cerebral hemorrhage.

RULES OF PRACTICE.

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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 of 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.*

Gen. Laws, Chap. 38, Sec. 6.

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

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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

1 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. 19

2 FULL NAME Walter J. Flaherty

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

(a) Residence. No. 41 Pleasant Park 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.

(If nonresident, give city or town and state)

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 Cora Vosborg (Give maiden name of wife in full)

(or) WIFE of (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

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Presses 10 Date deceased last worked at this occupation (month and year) Jan 21 1933 11 Total time (years) spent in this occupation. 25

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

13 NAME OF FATHER Daniel Flaherty

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

15 MAIDEN NAME OF MOTHER Sarah Warner

16 BIRTHPLACE OF MOTHER (City) Cannot be Learned (State or country)

17 Informant Cora Flaherty (Address) 41 Pleasant Pk. Road

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) 1/23/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 21 1933 (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 2:27 P. M.

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

Natural Cause. Probably Cerebral Hemorrhage

Date of Onset IMPORTANT Jan 21, 1933

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) (Address) Winthrop Board of Health Date Jan 21 1933 M. D.

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

DATE OF BURIAL Jan 23 1933

22 NAME OF UNDERTAKER John J. Moley

ADDRESS

Received and filed 19

JAN 23 1933 (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 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*, *wearer*, 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, 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

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker or of any other person shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed, not within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 countercheck 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 of 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 these laws calls for the observance of the following rules of practice:

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

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

(3) **Medical Examiners** 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-5-32. No. 5469



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. 20

1 PLACE OF DEATH (County) _____ (City or Town) 42 Pearl Ave Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

No. 42 Pearl Ave

2 FULL NAME Maurice Goldberg (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 42 Pearl 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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Jennie Wagner (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. Tailor

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) 1932 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Russia (State or country)

13 NAME OF FATHER Max Goldberg

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

15 MAIDEN NAME OF MOTHER Sarah W. W. W. W.

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

17 Informant (Address) 42 Pearl 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) Health Officer (Date of Issue of Permit) 1/24/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 23 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 17 1933, to Jan 23 1933

I last saw him alive on Jan 23 1933, death is said to have occurred on the date stated above, at 2 P. m.

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

Lober Pneumonia Jan 18, 1933

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) Samuel Smith M. D. (Address) 18 Irving St Date Jan 23 1933

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

DATE OF BURIAL Jan. 24 1933

22 NAME OF UNDERTAKER Charles Boogusch

ADDRESS 33 Village Green

Received and filed _____ 19 _____

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 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 such a permit for the removal of a human body, not previously interred, from one town to another with the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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, Acts of 1931, as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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.

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 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-'32. No. 5469

1 PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

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

(a) Residence. No.

(Usual place of abode)

141 Mountain 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
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

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)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop
Mass

13 NAME OF FATHER

Angelo Santosa

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

PARENTS

15 MAIDEN NAME OF MOTHER

Margaret Terminiello

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston

Mass.

17

Informant (Address)

Angelo Santosa

141 Mountain Ave Res.

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)

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. 91

(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 24

(Month)

1933

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 22

1933

to Jan 24

1933

I last saw him alive on Jan 24, 1933, death is said

to have occurred on the date stated above, at 6:10 a.m.

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

Pneumonia
(7 months)

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation

What test confirmed diagnosis? Clinical

Date of

Was there an autopsy? No

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

If so, specify

H. L. Mackay

(Signed)

125 West St.

Date

1/24/33

M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

Jan. 30

1933

22 NAME OF UNDERTAKER

L. Buonfiglio

ADDRESS

Revere

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 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, 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 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 accorded 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 outlining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. This certificate cannot be obtained early enough for the purpose, or is insufficient, if a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.

100m-9-31. No. 3385-f

1 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. *22*

No. *38 Thomson-Park* St., Ward

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

2 FULL NAME *Emma Louise Adams*

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

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

(a) Residence. No. *35 Thomson-Park* 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 *Widow* (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *William H. Adams*
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE *66* Years *9* 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. *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) *St. John, N.B.*
(State or country)

13 NAME OF FATHER *John Armstrong*

14 BIRTHPLACE OF FATHER (City) *St. John N.B.*
(State or country)

15 MAIDEN NAME OF MOTHER *Frances White*

16 BIRTHPLACE OF MOTHER (City) *St. John, N.B.*
(State or country)

17 Informant *87 Hill 85 Thomson Park*
(Address) *Wentworth, 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 Health Officer) *Wm. L. ...* (Date of Issue of Permit) *1/26/53*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *1* *4* *19*
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *19* to *4*, 19

I last saw him alive on *19*, 19, death is said to have occurred on the date stated above, at *12* m.

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

Date of Onset
Chronic Bronchitis
Contributory causes of importance not related to principal cause:
renal 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) *...* M. D.
(Address) *...* Date *16* 19

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

DATE OF BURIAL *Jan 26-1953* 19

22 NAME OF UNDERTAKER *Chas R. ...*
ADDRESS *Wentworth, 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

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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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

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

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **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 of *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—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*, *writing 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>	1914
<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-5-32. No. 5469

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.	
1 Suffolk County Wintthrop (City or Town) No. 50 Coral Ave St., Ward {		STANDARD CERTIFICATE OF DEATH		Registered No. 23 (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Bella Kalish (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. 50 Coral Ave St., Ward, Wintthrop (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? 28 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			18 DATE OF DEATH Jan 26 1933 (Month) (Day) (Year)		
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Harry Kalish (Husband's name in full) (or) WIFE of			19 I HEREBY CERTIFY That I attended deceased from Nov 26 1932 to Jan 16 1933. I last saw him alive on Jan 26 1933, 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: carcinoma of thyroid		
6 IF STILLBORN, enter that fact here. 7 AGE 67 Years Months Days If less than 1 day Hours Minutes			Date of Onset IMPORTANT Nov 1932		
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) 11 Total time (years) spent in this occupation 40 yrs					
12 BIRTHPLACE (City) (State or country) Russia			Contributory causes of importance not related to principal cause: cardiac failure		
13 NAME OF FATHER George Kellerman			Name of operation: Date of: What test confirmed diagnosis? Was there an autopsy?		
14 BIRTHPLACE OF FATHER (City) (State or country) Russia			20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Date (Address) 17 Central St. Jan 16 1933		
15 MAIDEN NAME OF MOTHER Emma Cornish			21 PLACE OF BURIAL, CREMATION OR REMOVAL Telford Memorial Cemetery (City or town)		
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia			DATE OF BURIAL Jan 28 1933		
17 Informant (Address) Harry Kalish 50 Coral Ave			22 NAME OF UNDERTAKER Emanuel Stenitsky ADDRESS 63 Green St. Boston		
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. L. Andrews (Official Designation) Health Officer (Date of Issue of Permit) 1/27/33					
Received and filed 19 (Registrar)					

RETURN OF CERTIFICATES OF DEATH

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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," 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.*

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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
<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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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) Wentworth
(City or Town) Wentworth Community
No. Wentworth Community 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. 2310

2 FULL NAME Thomas F. Sullivan

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

(a) Residence. No. 174 Baywater St., 1 Ward, East Boston
(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 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE St. 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Mary Connors (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. Septic Plumber
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Boston
10 Date deceased last worked at this occupation (month and year) 11/1/32 11 Total time (years) spent in this occupation 24

12 BIRTHPLACE (City) Salisbury (State or country) Mass.

13 NAME OF FATHER Thomas Sullivan

14 BIRTHPLACE OF FATHER (City) Salisbury (State or country) Mass.

15 MAIDEN NAME OF MOTHER Catherine Sheehan

16 BIRTHPLACE OF MOTHER (City) Salisbury (State or country) Mass.

17 Informant Mrs. Mary Sullivan (Address) 174 Baywater 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) H. D. Sullivan
(Official Designation) Jan 30 1933
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 29 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from No Death 23 1932 to January 29 1933.
I last saw him alive on January 28 1933, death is said to 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:

Chronic nephritis
Chronic myocarditis
Date of Onset 1

Contributory causes of importance not related to principal cause:
Branchio. Pneumonia Dec. 19-1932

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. Trauger M. D.
(Signed) (Address) 476 Shirley St. Date Jan 29, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Burial Ground
(Cemetery) (City or town)

DATE OF BURIAL Jan 31 1933

22 NAME OF UNDERTAKER W. C. Sullivan
ADDRESS _____

Received and filed JAN 30 1933 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*—*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, and 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 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:

Atherosclerosis	Date of onset
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 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 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.

Correction made by daughter

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. 25

1 PLACE OF DEATH (County) Wendrop
(City or Town)
No. 249 Shore Drive St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 249 Shore Drive St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

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

5a If married, widowed, or divorced HUSBAND of Abraham D Osgood (Give maiden name of wife in full)
(or) WIFE of Abraham D Osgood (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. 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) Dec 24 1931 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Russia (State or country) Russian

13 NAME OF FATHER Samuel Yassov

14 BIRTHPLACE OF FATHER (City) Russia (State or country) Russian

15 MAIDEN NAME OF MOTHER Chane Lewis

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

PARENTS

17 Informant (Address) Abraham D Osgood
249 Shore Drive
Wendrop
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) 11/30/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 29, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933 to Jan 13, 1933
last saw her alive on Jan 13, 1933, 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:
Cerebral hemorrhage Date of Onset 1 IMPORTANT

Contributory causes of importance not related to principal cause:
Plumtree Log Leg ?

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) Ruben Furman, M. D.
(Address) 108 Maple St. Wob. Date Jan 1933

21 PLACE OF BURIAL Sharon Hills West Roxbury
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Jan 30 1933

22 NAME OF UNDERTAKER Haris Rosenthal
ADDRESS 447 Blue Hill Ave
Received and filed JAN 30 1933 1933
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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, 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.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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, certificate, shall forthwith be transcribed on the certificate and the board of health, or its agent, upon receipt of such statement and of the town for registration, it and transmit it to the clerk given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.*

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

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

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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)		Boston (City or Town)		No. Boston City Hospital		St.,		Ward		Registered No. 316	
1		PLACE OF DEATH											
2		FULL NAME		Sabina M Sawyer									
				(If deceased is a married, widowed or divorced woman, give also maiden name.)									
		(a) Residence. No. 31 Center		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		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)							
Fem		W		married		married							
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)													
(or) WIFE of Frank E (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. 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) Jan 1933											
		11 Total time (years) spent in this occupation 38 yrs											
12 BIRTHPLACE (City) Portland Me (State or country)													
PARENTS		13 NAME OF FATHER Henry Aleen											
		14 BIRTHPLACE OF FATHER (City) Ireland (State or country)											
		15 MAIDEN NAME OF MOTHER Mary Dolan											
		16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)											
		17 Informant F E Sawyer (Address) Washington D C											
A TRUE COPY. Thomas J. Mulaney (Registrar of city or town where death occurred)													
DATE FILED Jan 12 19 33													
MEDICAL CERTIFICATE OF DEATH													
18 DATE OF DEATH Jan 10 1933 (Month) (Day) (Year)													
19 I HEREBY CERTIFY, That I attended deceased from Jan 2 19 33 to Jan 10 19 33													
I last saw her alive on Jan 10 19 33 death is said to have occurred on the date stated above, at 5.50A.													
The principal cause of death and related causes of importance in order of onset were as follows:													
broncho pneumonia dys													
acute glomerular nephritis dys													
Contributory causes of importance not related to principal cause:													
Name of operation 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 (Signed) J F Dyoh M. D. (Address) B C H Date Jan 10 19 33													
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Portland Me (Cemetery) (City or town)													
DATE OF BURIAL Jan 11 19 33													
22 NAME OF UNDERTAKER W H Graham													
ADDRESS Boston													
Received and filed. FEB 18 1933 19													
(Registrar of City or Town where deceased resided)													



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)

Boston
(City or Town)

No. **Haynes Memorial Hospital** St., Ward {



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston
(City or town making return)

Registered No. **521**

**STANDARD
CERTIFICATE OF DEATH**

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

(a) Residence. No. **292** **Winthrop** 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.

(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			MEDICAL CERTIFICATE OF DEATH	
3 SEX fem	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)	18 DATE OF DEATH Jan 15 1933 (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 Jan 11 1933 to Jan 15 1933 I last saw him/her alive on Jan 15 1933 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: scarlet fever 1/10/33 acute bilateral mastoiditis operation therefore acute purulent bronchitis 1/14/33 Contributory causes of importance not related to principal cause:	
6 IF STILLBORN, enter that fact here. 7 AGE 6 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 school 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) Milton (State or country) Mass				
13 NAME OF FATHER Arthur S				
14 BIRTHPLACE OF FATHER (City) Melrose (State or country) Mass			Name of operation mastoidectomy Date of 1/15/33 What test confirmed diagnosis? autopsy Was there an autopsy? yes	
15 MAIDEN NAME OF MOTHER Mary Norris			20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) E. C. Smith, M. D. (Address) Haynes Mem Hosp Date 1/15/1933	
16 BIRTHPLACE OF MOTHER (City) E Boston (State or country)			21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Boston (Cemetery) (City or town)	
17 Informant Father (Address) Winthrop			DATE OF BURIAL Jan 16 1933	
A TRUE COPY. <i>James J. Murphy</i> ATTEST: _____ (Registrar of city or town where death occurred)			22 NAME OF UNDERTAKER E. A. Lane ADDRESS 201 Bowdoin St Dor	
DATE FILED Jan 18 1933			Received and filed FEB 15 1933 _____	
(Registrar of City or Town where deceased resided)				

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469

1

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 30 Sagamore Ave

St.,

Ward {

2 FULL NAME Joseph F. O'Hern
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Sagamore 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 Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Ellen Coveney (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

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. Wine Merchant

10 Date deceased last worked at this occupation month and year July 1920 11 Total time (years) spent in this occupation 30

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

13 NAME OF FATHER Patrick

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

15 MAIDEN NAME OF MOTHER Cannot be Learned

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

17 Informant Joseph F. O'Hern (Address) 30 Sagamore 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)

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. 28

(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 4 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 6 1933, to February 4, 1933. I last saw him alive on February 3, 1933, 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:
Cerebral Hemorrhage Date of Onset IMPORTANT June 6/33

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. Trauger (Address) 476 Shirley Date Feb. 4, 1933 M. D.

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

DATE OF BURIAL Feb. 6 1933 19

22 NAME OF UNDERTAKER John J. Moley

ADDRESS Winthrop

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

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 body 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 board of health is permitted. 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 such a permit for the removal of a human body not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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 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.

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 designated *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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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 Community Hospital, Ward

2 FULL NAME

Seward Henry W.

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

(a) Residence. No.

229 Washington Ave. Winthrop

(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

(Give maiden name of wife in full)

(or) WIFE of

Gertrude Diertterly
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

68

Years

1

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Director

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

Pub Utilities
State House

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

1933

11 Total time (years)
spent in this
occupation

30

12 BIRTHPLACE (City)
(State or country)

Sullivan N.H.

13 NAME OF
FATHER

Samuel A. Seward

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

Sullivan N.H.

15 MAIDEN NAME
OF MOTHER

Harriet Lebreaux

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

Swansey N.H.

17

Informant
(Address)

Allan Brooks
187 State House

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.

29

(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

Feb — — 4 — 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

February 1, 1933, to February 4, 1933

I last saw him alive on February 4, 1933, 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:

Date of Onset

Cerebral Hemorrhage Feb 1-33

Contributory causes of importance not related to principal cause:

Diabetes

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. Franzen

M. D.

(Address)

476 Shilby St

Date Feb 4 1933

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Ridgeland Watertown

DATE OF BURIAL

Feb 7 1933

19

22 NAME OF
UNDERTAKER

J. S. W. C. M. A. M.

ADDRESS

Boston

Received and filed

19

FEB 6

1933 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, 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:

<i>Atherosclerosis</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 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.

100m-9-31. No. 3385-f

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
STANDARD CERTIFICATE OF DEATH		Registered No. <u>30</u>			
1	PLACE OF DEATH	Suffolk (County)			
		Winthrop (City or Town)			
No. <u>115 Loring Road</u>		St.,	Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME <u>John Henry Colburn</u>		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR <u>First War</u>)	
(a) Residence. No. <u>115 Loring Rd.</u>		St.,	Ward,		
Length of residence in city or town where death occurred <u>17</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)			
Male	White	MARRIED Married.			
5a If married, widowed, or divorced					
HUSBAND of <u>Ellen Davis Gish</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>85</u> Years <u>4</u> Months <u>24</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) <u>Killingly</u> (State or country) <u>Connecticut</u>					
13 NAME OF FATHER <u>Charles Colburn</u>					
14 BIRTHPLACE OF FATHER (City) <u>Unable to obtain</u> (State or country)					
15 MAIDEN NAME OF MOTHER " " "					
16 BIRTHPLACE OF MOTHER (City) " " " (State or country)					
17 Informant <u>Ellen D. Colburn</u> (Address) <u>115 Loring 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>Wm. D. Childress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>2/16/33</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>February</u> <u>5</u> <u>1933</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from _____, 19____					
I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at <u>24</u> m.					
The principal cause of death and related causes of importance in order of onset were as follows: <u>Natural Causes. Probably</u> <u>Chronic Myocarditis</u> Date of Onset <u>Jan 1933</u>					
Contributory causes of importance not related to principal cause:					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis <u>autopsy</u> Was there an autopsy? <u>no</u>					
20 Was disease or injury in any way related to occupation of deceased? _____					
If so, specify <u>Raymond B. Parker</u> M. D. (Signed) _____ (Address) <u>Medical Board of Health</u> Date <u>Feb 4</u> 19 <u>33</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Oak Grove Medford</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>Feb 7</u> 19 <u>33</u>					
22 NAME OF UNDERTAKER <u>Charles P. Bennison</u> ADDRESS <u>Winthrop Mass.</u>					
Received and filed <u>Feb 7</u> 19 <u>33</u> (Registrar)					
A TRUE COPY, ATTEST:					

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 stored 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 interview, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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, 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:

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.

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 septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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-5-32. No. 5469

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 39 Waldemar Ave

St.,

Ward {

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

Registered No. 231

2 FULL NAME Margaret M. Miller Mullen

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

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 39 Waldemar Ave

(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

(write the word)

Female

White

WIDOWED

or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Dr. Francis H. Mullen

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE 83

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)

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

PARENTS

13 NAME OF FATHER

John Miller

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Mrs. Walter Ward

39 Waldemar 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) 3/7/23

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

Feb

6

33

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1932, to Feb 6, 1932

I last saw him alive on Jan 1, 1932, 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:

Date of Onset
IMPORTANT

Heart failure, pneumonia

Contributory causes of importance not related to principal cause:

Chronic bronchitis

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 Calvary Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 9 1933

19

22 NAME OF UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Received and filed

FEB 9 1933

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, 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 body 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 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 insubstantive, a physician who is a 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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. 48, G. L., as amended by Chap. 42, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 **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.

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 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*—*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 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 complications, 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.

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)		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. 1408	
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 Kenneth Carl Cohen (If deceased is a married, widowed or divorced woman, give also maiden name.)				{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 21 Hutchinson (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?
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 Clara Goldenberg (Give maiden name of wife in full)					
(or) WIFE of (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. electrician					
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 1932					
11 Total time (years) spent in this occupation yrs					
12 BIRTHPLACE (City) E Boston (State or country) Mass					
PARENTS					
13 NAME OF FATHER Joseph Cohen					
14 BIRTHPLACE OF FATHER (City) Russia (State or country)					
15 MAIDEN NAME OF MOTHER Jennie Bowers					
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)					
17 Informant (Address)					
A TRUE COPY					
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)					
DATE FILED Feb 9 1933					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb 6 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933 to Feb 6, 1933 I last saw him alive on Feb 6, 1933, death is said to have occurred on the date stated above, at 5.12 P.m. The principal cause of death and related causes of importance in order of onset were as follows: acute cholecystitis 5 mos persistant biliary fistula 5 mos Contributory causes of importance not related to principal cause: secondary hemorrhage 8 dys excision of cholecystectomy 8/24/32 Name of operation biliary fistula Date Feb 5/33 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 L. V. Ragsdale, M. D. (Signed) (Address) Mass Gen Hosp Date 2/7 1933					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Jacob Woburn (Cemetery) (City or town)					
DATE OF BURIAL Feb 7 1933					
22 NAME OF UNDERTAKER M Stanetsky ADDRESS Boston					
Received and filed FEB 20 1933 19					
(Registrar of City or Town where deceased resided)					

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

33

PLACE OF DEATH

Suffolk
(County)

Boston

(City or Town)

No. 74 Fenwood Rd

St.,

Ward

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

Registered No. 1482

2 FULL NAME Christopher Ahern

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

(a) Residence. No. River 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

M

4 COLOR OR RACE

W

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

Catherine E. Keefe

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

41

Years

4

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

custodian

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

Elks Home

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

Feb 1933

11 Total time (years) spent in this occupation

3

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

13 NAME OF FATHER

Michael S Ahern

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Ellery Helfelter

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

17

Informant (Address)

Hospital Records

A TRUE COPY

ATTEST

(Registrar of city or town where death occurred)

DATE FILED

Feb

11

19

33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb

8

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb 7

1933 to

Feb 8

1933

I last saw him alive on Feb 8, 1933, death is said

to have occurred on the date stated above, at 8.24 A. M.

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

Date of onset

cerebral oedema

24 hrs

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) J. P. Powers

M. D.

(Address) 74 Fenwood Rd

Date 2/8/ 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Feb

11

1933

22 NAME OF UNDERTAKER

J. F. O'Maley

ADDRESS

Winthrop

Received and filed

FEB 21 1933

19

(Registrar of City or Town where deceased resided)

MARGIN RESERVED FOR BINDING

50m-2-30. No. 7997.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital, 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. 134

2 FULL NAME Edwin C. Gilman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 26 Elmwood Ave. Winthrop, St., Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? 11 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 Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
6a If married, widowed, or divorced HUSBAND of Annie Batchelder Hunt (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE 81 Years Months Days If less than 1 day Hours Minutes		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer		
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) 1935		
11 Total time (years) spent in this occupation 50		
12 BIRTHPLACE (City) Boston (State or country) Mass.		
13 NAME OF FATHER Samuel Gilman		
14 BIRTHPLACE OF FATHER (City) Meredith (State or country) New Hampshire		
15 MAIDEN NAME OF MOTHER Jeannette Rae		
16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland		

17 Informant Harris N. Gilman
(Address) 24 State 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:
William D. Childers
(Signature of Agent of Board of Health or other)
Agent
(Official Designation)
Feb. 9th 1933
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 9 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 28 1933, to Feb 9 1933.
I last saw him alive on Feb 9 1933, 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:
Bronchial pneumonia
Date of Onset IMPORTANT Jan 30 1933

Contributory causes of importance not related to principal cause:
Chronic myeloid leukemia
1930

Name of operation none Date of What test confirmed diagnosis Carmel's test 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. Parker, M. D.
(Address) Winthrop, Mass. Date Feb 7 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or town)
DATE OF BURIAL February 11, 1933

22 NAME OF UNDERTAKER Chas. G. Bellino
ADDRESS 300 Meridian St. E. Boston, Mass.

Received and filed FEB 10 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 board of health to 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 transmission (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 *that of home housework*, write *housework* only occupation was *that of home housework* in answer to Question 9, 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 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
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.

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-5-32. No. 5469

1 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.

Registered No. 35

Suffolk (County)
Winthrop (City or Town)
No. 58 Somerset Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J. Cody
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 58 Somerset 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 <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u> (write the word)
----------------------	---------------------------------	---

6a If married, widowed, or divorced HUSBAND of Catherine E. Edwards Cody
(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 Months Days If less than 1 day Hours Minutes

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

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

10 Date deceased last worked at this occupation (month and year) Feb 1 1933

11 Total time (years) spent in this occupation 57

12 BIRTHPLACE (City) St. John
(State or country) N. B.

13 NAME OF FATHER Walter

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

15 MAIDEN NAME OF MOTHER Elizabeth Scott

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

17 Informant (Address) Catherine Cody
58 Somerset Ave.

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)
Health Officer (Official Designation) 2/13/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2 (Month) 11 (Day) 1933 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2-11, 1933, to 2-11, 1933
I last saw him alive on 2-11, 1933, 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:
Angina Pectoris
Contributory causes of importance not related to principal cause:
Chronic 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? No
If so, specify _____ M. D.
(Signed) Hunter Kelly
(Address) Winthrop Date 2-13 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Feb. 14 1933

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

Received and filed _____ 19 _____
FEB 13 1933
(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.

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, employed 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 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.

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 enturne 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

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

RULES OF PRACTICE

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

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

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

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

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

100-m-9-31. No. 3385-f

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
1	Suffolk (County) Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 31	
No. 914 Shirley St.		St.,		Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Mary Elizabeth Chase		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 183 Weston St.		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 (write the word) Married			
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Charles F. Chase (Husband's name in full)					
6 IF STILLBORN, enter that fact here					
7 AGE 80	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. 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) 11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) (State or country) Dattner England					
13 NAME OF FATHER Walter D. Chase					
14 BIRTHPLACE OF FATHER (City) (State or country) 15 MAIDEN NAME OF MOTHER 16 BIRTHPLACE OF MOTHER (City) (State or country)					
17 Informant (Address) Mrs. F. Chase 183 Weston St. Waltham 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) Health Officer					
(Official Designation) (Date of Issue of Permit) 2/13/33					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH February 12 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from November 12, 1932, to February 12, 1933. I last saw her alive on February 12, 1933, 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: Angina Pectoris Date of Onset Jan. 1933					
Contributory causes of importance not related to principal cause: Atherosclerosis 1926 Senility 1932					
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 Jacob Abrams (Signed) 562 Shirley St. W. M. D. (Address) Date 2/13/1933					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Cemetery Waltham (City or town) DATE OF BURIAL Feb 15 1933 19					
22 NAME OF UNDERTAKER Charles R. Bennett ADDRESS 183 Weston St. Waltham					
Received and filed FEB 13 1933 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 officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 of its agent, upon receipt of such statement and certificate, shall forthwith return 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 by Chap. 46, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 appreciably 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 *out 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 *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, 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-2-30. No. 7997-

Suffolk (County)		Boston (City or Town)		No. Peter Bent Brigham Hosp		St.		Ward		Registered No. 1631	
1 PLACE OF DEATH		2 FULL NAME		Walter Kempton Bliss		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)		37	
(a) Residence. No. 16 Fremont		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)					
M		W		MARRIED		widowed or DIVORCED		married			
5a If married, widowed, or divorced											
HUSBAND of Bertha - (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 26 Days If less than 1 day Hours Minutes											
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electrician											
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 1933											
11 Total time (years) spent in this occupation 20 yrs											
12 BIRTHPLACE (City) Boston (State or country) Mass											
13 NAME OF FATHER Ezira Bliss											
14 BIRTHPLACE OF FATHER (City) New Bedford (State or country) Mass											
15 MAIDEN NAME OF MOTHER Candace Stripp											
16 BIRTHPLACE OF MOTHER (City) Fairhaven (State or country) Mass											
17 Informant Wife (Address) Winthrop											
A TRUE COPY.											
ATTEST: (Registrar of city or town where death occurred)											
DATE FILED Feb 16 19 33											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH Feb 13 1933 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from Feb 6 1933, to Feb 13 1933. I last saw him alive on Feb 13 1933, death is said to have occurred on the date stated above, at 9.18 P. M.											
The principal cause of death and related causes of importance in order of onset were as follows:											
brain tumor malignant mos.											
broncho pneumonia 1 dy											
Contributory causes of importance not related to principal cause:											
Name of operation Exp craniotomy Date of 2/11/33											
What test confirmed diagnosis? autopsy Was there an autopsy? yrs											
20 Was disease or injury in any way related to occupation of deceased?											
If so, specify. (Signed) C. L. Clay, M. D. (Address) P. B. Brigham Hosp Date 2/14/ 19 33											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)											
DATE OF BURIAL Feb 16 19 33											
22 NAME OF UNDERTAKER R. H. White											
ADDRESS Winthrop											
Received and filed 19											
(Registrar of City or Town where deceased resided)											



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. <u>38</u>	
2		STANDARD CERTIFICATE OF DEATH		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Suburb (County)		Winthrop (City or Town)		No. <u>110 Summit Ave.</u> St. Ward {	
FULL NAME <u>Freda G. Miller</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. <u>110 Summit Ave.</u> St. Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred <u>19</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>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 <u>20</u> Years <u>4</u> Months Days		If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Pupil</u>			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Public School</u>			
10 Date deceased last worked at this occupation (month and year) <u>1929</u>		11 Total time (years) spent in this occupation <u>16</u>			
12 BIRTHPLACE (City) <u>Lynn, Mass.</u> (State or country)					
13 NAME OF FATHER <u>Albert Miller</u> (Address)					
14 BIRTHPLACE OF FATHER (City) <u>Poland</u> (State or country)					
15 MAIDEN NAME OF MOTHER <u>Zetta White</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Poland</u> (State or country)					
17 Informant <u>Albert Miller</u> (Address) <u>110 Summit 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:					
(Signature of Agent of Board of Health or other) <u>Wm. L. Childress</u>					
(Official Designation) <u>Health Officer</u> (Date of Issue of Permit) <u>2/16/33</u>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>February 15 1933</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <u>March 10 1923</u> to <u>Feb. 15 1933</u>					
I last saw her alive on <u>February 15, 1933</u> death is said to have occurred on the date stated above, at <u>11:30</u> m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
<u>Pulmonary Tuberculosis</u> Date of Onset <u>March 1923</u> IMPORTANT					
Contributory causes of importance not related to principal cause: <u>none</u>					
Name of operation. Date of What test confirmed diagnosis? <u>Microscopic</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>Wm. L. Childress</u> , M. D. (Address) <u>Boston Mass</u> Date <u>2-16 1933</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>First View Quelling, A. H. H.</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>February 16, 1933</u>					
22 NAME OF UNDERTAKER <u>Benjamin F. Salmon</u>					
ADDRESS <u>420 Harvard St., Brookline</u>					
Received and filed <u>FEB 23 1933</u> 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 *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*, *woodchurnist*, 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 complications, 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>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 cause was contracted, the duration of his last illness, when last seen alive 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. 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 to do so from the board of 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 **unavoidably 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. E.—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)		Boston (City or Town)		No. N E Deaconess Hospital		St.,		Ward		Boston (City or town making return)		Registered No. 1680	
2		FULL NAME		Margaret Dwyer		Cosgrove		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)							
(a)		Residence. No.		92 Cliff 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		(write the word)											
M		W		MARRIED		married											
5a		If married, widowed, or divorced		HUSBAND of		(Give maiden name of wife in full)											
(or)		WIFE of		James M Cosgrove		(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.		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)		Ireland		(State or country)											
13		NAME OF FATHER		--Dwyer													
14		BIRTHPLACE OF FATHER (City)		Ireland		(State or country)											
15		MAIDEN NAME OF MOTHER		-													
16		BIRTHPLACE OF MOTHER (City)		Ireland		(State or country)											
17		Informant		James M Cosgrove		(Address)		Winthrop									
A		TRUE COPY.															
ATTEST:				Registrar of City or town where death occurred													
DATE FILED		Feb		17		19		33									
MEDICAL CERTIFICATE OF DEATH																	
18		DATE OF DEATH		Feb		15		1933		(Month)		(Day)		(Year)			
19		I HEREBY CERTIFY, That I attended deceased from		Dec		28		1932, to		Feb		15		1933			
		I last saw her alive on		Feb		15		1933, death is said									
		to have occurred on the date stated above, at		6.35Am.													
		The principal cause of death and related causes of importance in order of onset were as follows:		carcinoma of stomach		about 1 yr											
		Contributory causes of importance not related to principal cause:															
		Name of operation		biopsy of gland		Date of		Dec 30/32									
		What test confirmed diagnosis?		no		Was there an autopsy?		no									
20		Was disease or injury in any way related to occupation of deceased?		no													
		If so, specify		E. D. Kiefer		(Signed)		M. D.									
		(Address)		605 Commonwealth Ave		Date		2/15/		19		33					
21		PLACE OF BURIAL, CREMATION OR REMOVAL		Winthrop Mass		(City or town)											
		DATE OF BURIAL		Feb		17		19		33							
22		NAME OF UNDERTAKER		J F O'Maley													
		ADDRESS		Winthrop													
Received and filed				MAR 7 1933													
(Registrar of City or Town where deceased resided)																	

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

PLACE OF DEATH		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	Suffolk County Wintthrop (City or Town) No. <u>Wintthrop Community Hospital</u> Ward {		18,936	Registered No. <u>40</u>
2	FULL NAME <u>Burton Stedman Clark</u> (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. <u>Wintthrop: 17 Cliff Ave</u> St., <u>Ward</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	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word)		
<u>Male</u>	<u>White</u>	<u>Married</u>		
5a If married, widowed, or divorced HUSBAND of <u>William M. Skelding</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>52</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>Architect</u> 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Architect</u> 10 Date deceased last worked, at this occupation (month and year) <u>Sept 1932</u> 11 Total time (years) spent in this occupation <u>33</u>			
12 BIRTHPLACE (City)	<u>Worcester</u>			
	<u>Mass.</u>			
13 NAME OF FATHER	<u>Stedman Clark</u>			
14 BIRTHPLACE OF FATHER (City)	<u>Worcester</u>			
	<u>Mass.</u>			
15 MAIDEN NAME OF MOTHER	<u>Mary P. Coleman</u>			
16 BIRTHPLACE OF MOTHER (City)	<u>Worcester</u>			
	<u>Mass.</u>			
17	Informant <u>Franklin Clark</u> (Address) <u>17 Cliff Ave</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)				
2310				
(Official Designation)				
(Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH		<u>Feb 16 1933</u> (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.) <u>Poisoning by methyl alcohol, self administered, presumably with suicidal intent</u>				
(See reverse side for description for unknown person)				
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? <u>Worcester, Mass.</u> (City or town)				
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Holy Cross Cemetery</u> (Cemetery) (City or town)				
DATE OF BURIAL <u>Feb 16 1933</u>				
22 NAME OF UNDERTAKER <u>John F. Murphy</u>				
ADDRESS <u>Wintthrop</u>				
Received and filed <u>FEB 20 1933</u>				
(Registrar)				

BOSTON HEALTH DEPT

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Wentworth Mass.
(City or town making return)

Registered No. 41

PLACE OF DEATH

1

(County)
Wentworth Mass.
(City or Town)

No. Wentworth Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mr. Walter P. Gleason
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 592 Ocean Ave St., Seven 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 American 5 SINGLE MARRIED married (write the word)
WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Mrs. Pearl E. Berry Gleason
(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 7 Months 1 Days 1 Hours 10 Minutes
(If less than 1 day)

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. Hardware Business
10 Date deceased last worked at this occupation (month and year) Feb 1933 11 Total time (years) spent in this occupation 10

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

13 NAME OF FATHER Mr. Lewis P. Gleason

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

15 MAIDEN NAME OF MOTHER Mrs. Nancy Perry

16 BIRTHPLACE OF MOTHER (City) Templeton
(State or country) New Hampshire

17 Informant Mrs. Walter P. Gleason
(Address) 18 Village St. Reading Mass

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) 9/17/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 16th 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1933, to Feb 16, 1933

I last saw him alive on Feb 16, 1933, 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:

Lobar pneumonia Date of Onset Feb 7, 32

Contributory causes of importance not related to principal cause:

Arteriosclerotic heart disease

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum Was there an autopsy? No

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

If so, specify _____

(Signed) Michael L. ... M. D.

(Address) 114 ... Date Feb 16 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Samuel Hill Reading Mass
(Cemetery) (City or town)

DATE OF BURIAL Feb 18th 1933

22 NAME OF UNDERTAKER Frank Lee Edgerley

ADDRESS Reading Mass

Received and filed _____ 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 *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife*. In answer to Question 2 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, asphyxia, 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 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
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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 a funeral interment by a satisfactory certificate of the attending physician, if any, called. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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. 44, Acts of 1931, as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 suspiciously 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) thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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.

PLACE OF DEATH 		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston 43 (City or town making return)	
		STANDARD CERTIFICATE OF DEATH		Registered No. 1734	
1 PLACE OF DEATH Suffolk (County) Boston (City or Town) No. Peter Bent Brigham Hosp St., Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Maria Urbinati (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 6 Argyle 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 MARRIED WIDOWED or DIVORCED Wid	(write the word)		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of Luigi Urbinati (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. 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					
PARENTS 13 NAME OF FATHER unknown 14 BIRTHPLACE OF FATHER (City) Italy (State or country) 15 MAIDEN NAME OF MOTHER Unknown 16 BIRTHPLACE OF MOTHER (City) Italy (State or country)					
17 Informant Daughter Silvia Winthrop (Address)					
A TRUE COPY. ATTEST: [Signature] (Registrar of city or town where death occurred)					
DATE FILED Feb 21 1933					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb 17 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Feb 6 1933 to Feb 17 1933					
I last saw her alive on Feb 17 1933 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:					
lobar pneumonia					2 wk
empyema, left					1 wk
Contributory causes of importance not related to principal cause:					
Name of operation _____ 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? no					
If so, specify _____ (Signed) C. L. Clay M. D. (Address) P. B. Brigham Hosp Date 2/17/ 1933					
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael's Boston (Cemetery) (City or town)					
DATE OF BURIAL Feb 19 1933					
22 NAME OF UNDERTAKER A. Jannini ADDRESS Boston					
Received and filed MAR 7 1933 19					
(Registrar of City or Town where deceased resided)					

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
(County)		OFFICE OF THE SECRETARY		Registered No. 13	
(City or Town)		DIVISION OF VITAL STATISTICS			
No. 50		STANDARD		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
St.,		CERTIFICATE OF DEATH			
2 FULL NAME <u>Arthur Leonard Johnson</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. <u>50</u> St., <u>Ward,</u> (Usual place of abode) (If nonresident, give city or town and state)					
Length of residence in city or town where death occurred <u>25</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 MARRIED WIDOWED OR DIVORCED (write the word)			
<u>Male</u>	<u>White</u>	<u>Married</u>			
6a If married, widowed, or divorced HUSBAND of <u>Anna Taylor Johnson</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>3</u> Months <u>18</u> Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Offendant</u>					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Spinning</u>					
10 Date deceased last worked at this occupation (month and year) <u>June 16, 1927</u> 11 Total time (years) spent in this occupation <u>28 yrs.</u>					
12 BIRTHPLACE (City) (State or country) <u>Massachusetts</u>					
13 NAME OF FATHER <u>Alfred Johnson</u>					
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Worcester</u>					
15 MAIDEN NAME OF MOTHER <u>Frances Edison</u>					
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Worcester</u>					
17 Informant (Address) <u>Wm. L. Childress</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. L. Childress</u> (Signature of Agent of Board of Health or other)					
(Official Designation) <u>Health Officer</u> (Date of Issue of Permit) <u>2/20/33</u>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>Feb 18</u> <u>1933</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <u>19</u> to <u>19</u>					
I last saw him alive on <u>19</u> death is said <u>to have occurred on the date stated above, at 6 P. m.</u>					
The principal cause of death and related causes of importance in order of onset were as follows: <u>Natural Causes. Probably</u> <u>Cerebral Hemorrhage</u> <u>Previous hemorrhage July 16 1927</u> Contributory causes of importance not related to principal cause: <u>Dribetia</u>					
Name of operation <u>Personal autopsy</u> Date of <u>Feb 15 1933</u> What test confirmed diagnosis <u>Personal autopsy</u> Was there an autopsy? <u>Yes</u>					
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>By means of Board</u> M. D. (Signed) <u>Wm. L. Childress</u> (Address) <u>Wm. L. Childress</u> Date <u>Feb 19</u> 19 <u>33</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) DATE OF BURIAL <u>Feb 19</u> 19 <u>33</u>					
22 NAME OF UNDERTAKER <u>Richard B. White</u> ADDRESS <u>151 Pleasant St</u>					
Received and filed <u>FEB 23 1933</u> 19 <u>33</u> (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 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 substantial reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 conneissage 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. 414, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 these laws calls for the observance of the following rules of practice:

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 category 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*, *pinite 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 *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, 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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469

1 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)

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 *Ethel Fredman Rodger*
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. *66 Plummer St.* 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? *6* 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 *Arthur W. Rodger* (Give maiden name of wife in full)
 (or) WIFE of *Arthur W. Rodger* (Husband's name in full)
 6 IF STILLBORN, enter that fact here.
 7 AGE *37* 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. *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) *January 1933* 11 Total time (years) spent in this occupation
 12 BIRTHPLACE (City) *Florida* (State or country)
 13 NAME OF FATHER *Lawrence B. Winthrop*
 14 BIRTHPLACE OF FATHER (City) *Elizabeth* (State or country) *Ch. F.*
 15 MAIDEN NAME OF MOTHER *Eleonor M. Unknown*
 16 BIRTHPLACE OF MOTHER (City) *Friedrichs* (State or country) *Ch. B.*
 17 *Husband Arthur W. Rodger*
 Informant (Address)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February 18 1933*
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from *August 22 1932*, to *February 18 1933*
 I last saw her alive on *February 18 1933*, death is said to have occurred on the date stated above, at *12:55 P. M.*
 The principal cause of death and related causes of importance in order of onset were as follows:
Pregnancy + operation therefore (cesarian section) Date of Onset *June 1932*
IMPORTANT
2/18/33
 Contributory causes of importance not related to principal cause:
Pulmonary Embolism *2/18/33*
 Name of operation *Cesarian Section* Date of *2/18/33*
 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 Abrams* M. D.
 (Address) *602 Shirley St.* Date *2/19/1933*
 21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop* (Cemetery) *Winthrop* (City or town)
 DATE OF BURIAL *February 21 1933*
 22 NAME OF UNDERTAKER *Richard G. White*
 ADDRESS *51 Plummer 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) *2/20/33* (Date of Issue of Permit)

Received and filed *FEB 22 1933* 19
 (Registrar)

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 to the undertaker 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 of death, the date of his last illness, the date of the disease of which he died, defined as required by section one of the Act, the name of the person with whom he lived, the date of his death, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Gen. Laws Chap. 46, Sec. 9.

en. Laws, Chap. 46, Sec. 9.

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 indeterminate 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*, *cottonmill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief mechanical engineer*, *mining engineer*, *stationary engine* of the occupation can be secured. Do not use more precise "mechanic," but give the exact occupation, as *carpenter*, *millwright*, *machinist*, etc. Distinguish carefully between *tail machinist* and *wholesale machinists*. 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 earlier morbid conditions causing death. As related causes, name other morbid complications 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.

	Date of onset
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

No undertaker or other person shall bury or cause to be buried 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 was 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 be furnished for registration any other necessary information which 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

Sec. 46, U. S. 43 UNITED STATES: _____

RULES OF PRACTICE

RULES OF PRACTICE

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

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

(3) **Medical Examiners** will investigate and certify to the cause of death of persons who die **unusually, suspiciously, or suddenly**, **unusually due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septocutaneous) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

75m-5-32, No. 5469

1 PLACE OF DEATH

County Suffolk
City or Town Wintursh
No. 1000 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. 45

2 FULL NAME

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

(a) Residence. No. 66 St., Ward
(Usual place of abode)

(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 <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Single</u>
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 <u>2</u> Months <u>2</u> Days	If less than 1 day Hours <u> </u> Minutes <u> </u>	
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) <u> </u> 11 Total time (years) spent in this occupation <u> </u>		
12 BIRTHPLACE (City) <u>Wintursh</u> (State or country) <u>Mass.</u>		
13 NAME OF FATHER <u>Arthur V. Dodge</u>		
14 BIRTHPLACE OF FATHER (City) <u>Manfield</u> (State or country) <u>Mass.</u>		
15 MAIDEN NAME OF MOTHER <u>Esther Ferguson</u>		
16 BIRTHPLACE OF MOTHER (City) <u>Florida</u> (State or country)		
17 Informant (Address) <u>Wm. S. Childress</u>		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <u>Feb</u> <u>30</u> <u>1933</u> (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from <u>February 18</u> , 19 <u>33</u> , to <u>February 20</u> , 19 <u>33</u> I last saw him alive on <u>February 20</u> , 19 <u>33</u> , death is said to have occurred on the date stated above, at <u>6:45 A.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Congenital Atelectasis</u> Contributory causes of importance not related to principal cause: <u>Cesarian Section of mother 7/18/33</u>
Name of operation <u>Cesarian Section</u> Date of <u>2/10/33</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 <u> </u> (Signed) <u>Wm. S. Childress</u> M. D. (Address) <u>151 Pleasant St</u> Date <u>2/21/1933</u>
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Wintursh</u> (Cemetery) (City or town)	DATE OF BURIAL <u>Feb. 21, 1933</u> <u>19</u>
22 NAME OF UNDERTAKER <u>Richard H. White</u> ADDRESS <u>151 Pleasant St</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)
Wm. S. Childress
(Official Designation) (Date of Issue of Permit) 2/21/33

Received and filed FEB 25 1933 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 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, asthma, etc. As principal cause name the disease causing death. As related causes, name either 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
<i>Contributory causes of importance not related to principal cause:</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

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the undertaker of death made as above provided and in the possession of the certificate desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. Such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and deaths 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

No. 100 Shirley St. St., Ward

2 FULL NAME

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

(a) Residence. No. 100 Shirley St. St., Ward

(Usual place of abode)

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? 10 yrs. 0 mos. 0 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 Elizabeth A. Baker
(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 11 Months 0 Days If less than 1 day
Hours 0 Minutes8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General laborer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10 Date deceased last worked at this occupation (month and year) Jan 1935 11 Total time (years) spent in this occupation. 6012 BIRTHPLACE (City) Boston
(State or country) Mass.13 NAME OF FATHER Joseph P. Baker14 BIRTHPLACE OF FATHER (City) Germany
(State or country)15 MAIDEN NAME OF MOTHER Gertrude Zohler16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)17 Informant (Address) Elizabeth A. Baker
100 Shirley St. Boston

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) 2/23/33 (Date of Issue of Permit)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 2-78(If death occurred in a hospital or institution,
give its NAME instead of street and number.)(If U. S.
War Veteran,
specify WAR.) 46

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 21 1933
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from
January 5 1932, to Feb 21 1933I last saw him alive on February 20, 1933, 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:Cerebral hemorrhage Date of Onset 1932Contributory causes of importance not related to principal cause: Feb.
Terminal Broncho-pneumonia 16, 1933Name 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 (Signed) Joel A. Baker M. D.
(Address) 100 Shirley St. Date 2/22/3321 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Church
(Cemetery) (City or town)DATE OF BURIAL Feb 23 193322 NAME OF UNDERTAKER Joseph P. BakerADDRESS 100 Shirley St.

Received and filed _____ 19 _____

FEB 23 1933 (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—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>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 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 death....
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 approved 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 traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease *resulting from injury or infection related to occupation*, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts


 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Strong 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. 1988

2 FULL NAME

Iacomo

Biancardi

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

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

47

(a) Residence. No.

6 Argyle

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)

Wid

5a If married, widowed, or divorced

HUSBAND of

Angelina Severino

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

storekeeper

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

Feb 1933

11 Total time (years)

spent in this

occupation. 12

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF
FATHER

Frank Biancardi

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Italy

15 MAIDEN NAME
OF MOTHER

Maria DiMartino

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

17

Informant

Frank Biancardi

(Address)

Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb

28

1933

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Feb

22

1933

(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)

bullet wound of the head

homicidal

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)

G B Magrath

M. D.

(Address)

Boston

Date 2/24/ 19 33

22 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

Feb

27

19 33

23 NAME OF
UNDERTAKER

R S Caggiano

ADDRESS

East Boston

MAR 7 1933

Received and filed

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

South
(County)

(City or Town)
No. *17 South St* St., Ward {

2 FULL NAME

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

(a) Residence. No. *17 South St*
(Usual place of abode)

St., Ward,

Length of residence in city or town where death occurred

9 yrs. — mos.

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

30 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

(Give maiden name of wife)

(or) WIFE of

(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.

Moving Picture

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

Operator

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

July 1932

11 Total time (years)

spent in this occupation

15m

12 BIRTHPLACE (City)

(State or country)

Glacina Austria

13 NAME OF FATHER

Nathan Messenger

14 BIRTHPLACE OF FATHER (City)

(State or country)

Glacina Austria

15 MAIDEN NAME OF MOTHER

Maria Black

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Glacina Austria

17

Informant (Address)

Mary Messenger 17 South 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)

3/24/33

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.

48

(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 24 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

January 10 1929 to February 24 1933

I last saw him alive on *Feb 24 1933*, death is said

to have occurred on the date stated above, at 1:00 p.m.

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

mitral stenosis

Date of Onset

1925

Contributory causes of importance not related to principal cause:

Acute Cardiac Dilatation

1933

Name of operation *none* Date of *no*
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) *Jacob Abrams*
(Address) *161 South St*

Date *2/24/33* M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth Jacob. Holman

DATE OF BURIAL *Feb. 24 1933*

22 NAME OF UNDERTAKER

Louis Speller

ADDRESS *3 Woodlawn Ave. Dor.*

Received and filed

FEB 28 1933

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 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*—*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, *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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 which 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-5-32. No. 5469



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)
Wintthrop (City or Town)
No. *59 Wintthrop* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Walter H. Hayes* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *59 Wintthrop* St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 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 MARRIED (write the word)
Widowed or DIVORCED *Married*

5a If married, widowed, or divorced HUSBAND of *Charlotte E. Horton*
(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

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Gateman Ferry Dept. City of Boston.*
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. 1930*
11 Total time (years) spent in this occupation *4 yrs*

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

13 NAME OF FATHER *George E. Hayes*
14 BIRTHPLACE OF FATHER (City) *Brookfield* (State or country) *Me.*

15 MAIDEN NAME OF MOTHER *Anna Brooks*
16 BIRTHPLACE OF MOTHER (City) *Wilmington* (State or country) *N. H.*

17 Informant *George E. Hayes* (Address) *371 Falcon St. East 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) *2/24/33* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb 25 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Feb 23 1933* to *Feb 25 1933*, 19 *33*
I last saw him alive on *Feb 25 1933*, 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:

auricular fibrillation ?
cardiac decompensation Feb 24

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 *Louis Cohen* (Signed) _____, M. D.
(Address) *17 Central St.* Date *2/27/1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Edenwood East Bridge water* (Cemetery) (City or town)
DATE OF BURIAL *Feb 26* 19 *33*

22 NAME OF UNDERTAKER *David J. Dooly*
ADDRESS *135 London St. E. Boston*

Received and filed *FEB 28 1933* 19 *33*

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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, the 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.

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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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. 7907-



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

Foxboro
(City or town making return)

Registered No. *37*

1 PLACE OF DEATH
Worcester
(County)
Foxboro
(City or Town)
No. *State Hospital* St., Ward {

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

2 FULL NAME *Daniel Ewan*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. *2 Jewell* St., Ward, *Winthrop Man.*
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *0* yrs. *1* mos. *18* 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 DIVORCED

5a If married, widowed, or divorced
HUSBAND of *Eric Muddock*
(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 *4* Months *12* 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. *Paper concern*
10 Date deceased last worked at this occupation (month and year) *1930* 11 Total time (years) spent in this occupation *34 yrs.*

12 BIRTHPLACE (City) *Burlington*
(State or country) *N.J.*

13 NAME OF FATHER *Charles Ewan*

14 BIRTHPLACE OF FATHER (City) *New Jersey*
(State or country)

15 MAIDEN NAME OF MOTHER *Margaret Luthwaite*

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

17 Informant *Records Foxboro State*
(Address) *Hwy 11 Man.*

A TRUE COPY.

ATTEST: *J. W. Richardson*
(Registrar of city or town where death occurred)

DATE FILED *Feb 27* 19*33*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb 27* 19*33*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Jan 9* 19*33*, to *Feb 27* 19*33*.
I last saw him alive on *Feb 27* 19*33*, death is said to have occurred on the date stated above, at *3.10* m. *PM*.

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

Lymphatic Leukemia Date of onset *1930*

Contributory causes of importance not related to principal cause:

Severe Anemia *Oct.* 19*32*

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) *Joseph E. Witter* M. D.

(Address) *H. Foxboro Man.* Date *2-27-1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Burlington N.J.*
(Cemetery) (City or town)

DATE OF BURIAL *March 2* 19*33*

22 NAME OF UNDERTAKER *Fred W. Tape*

ADDRESS *145 Main St. Winthrop*

Received and filed *MAR 1 1933* 19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. 21 Somerset Ave. St., Ward {

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

Registered No. 5

2 FULL NAME

Henry Jackson Hayes

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

(a) Residence. No.

21 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

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)

Widowed

5a If married, widowed, or divorced
HUSBAND of

Mary J. Mac Donald

(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.

Retired Carpenter

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

Ferry Service City of Boston

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

June 1932

11 Total time (years)
spent in this
occupation

15

12 BIRTHPLACE (City)
(State or country)Boston
Mass.13 NAME OF
FATHER

Daniel F. Hayes

14 BIRTHPLACE OF
FATHER (City)

Halifax

(State or country)

U. S.

15 MAIDEN NAME
OF MOTHER

Alice Young

16 BIRTHPLACE OF
MOTHER (City)

East Boston

(State or country)

Mass.

17

Informant
(Address)Mrs. Mary E. Fielding
21 Somerset 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)

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.

(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

Feb.

28

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 25, 1932 to Feb. 28, 1933

I last saw him alive on Feb. 24, 1933, death is said

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:Date of Onset
IMPORTANT

Carcinoma of the esophagus 5-1-33

Contributory causes of importance not related to principal cause:

Name of operation Exploratory - M. G. Hoar Date of June 1932

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) Edmund J. Moran

(Address) 114 Huntington St., Boston

Date Feb. 28 1933

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

March 2,

1933

22 NAME OF
UNDERTAKER

W. J. Kelly

ADDRESS

11 Meridian St., Boston

Received and filed

MAR 7 1933

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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 *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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31. No. 3385-f

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)
STANDARD CERTIFICATE OF DEATH		Registered No. 52
PLATE OF DEATH 1 Suffolk (County) Winthrop (City or Town) No. Winthrop Community Assoc. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME Walter Barlow Knowlton (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)
(a) Residence. No. 106 Bellevue Ave. 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 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 44 Years 11 Months 24 Days 44 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. Hardware store		
10 Date deceased last worked at this occupation (month and year) Sept. 1932 11 Total time (years) spent in this occupation. 20		
12 BIRTHPLACE (City) (State or country) Chelsea Massachusetts		
13 NAME OF FATHER Charles D. Knowlton		
14 BIRTHPLACE OF FATHER (City) (State or country) Rockland Maine		
15 MAIDEN NAME OF MOTHER Mary Barlow		
16 BIRTHPLACE OF MOTHER (City) (State or country) Rockland Maine		
17 Informant (Address) Mrs. Helen W. Drew 106 Bellevue 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. Cullen (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/2/33 (Date of Issue of Permit)		
MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH February 28 1933 (Month) (Day) (Year)		
19 I HEREBY CERTIFY That I attended deceased from January 1 1933 to February 28 1933 I last saw him alive on February 26, 1933 , 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: Carcinoma of esophagus 1931 Contributory causes of importance (not related to principal cause): General carcinomatosis Jan 1933		
Name of operation Biopsy Date of October 1932 What test confirmed diagnosis? Chemical & Laboratory Was there an autopsy? no		
20 Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) James A. Briggs M. D. (Address) 502 Stanley St., Winthrop 3/1/1933		
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL March 3 1933		
22 NAME OF UNDERTAKER Charles P. Benson ADDRESS Winthrop, Mass.		
Received and filed MAR 7 1933 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 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 other than the receiving tomb to another, or to 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 the case 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 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

....He 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 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**, 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*. 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" 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 related to principal cause, name other important diseases.

Example
Myocardial degeneration

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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

1

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Station Hosp., Ft. Banks, Mass. St., Officers Ward

2 FULL NAME
William Fayssoux Stewart, Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Barnes St., Prov., R.I.
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 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 Alice Richmond Macmillan
(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 10 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. Officer

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) Oct 1922

11 Total time (years) spent in this occupation 24

12 BIRTHPLACE (City) San Francisco, Calif.
(State or country)

PARENTS

13 NAME OF FATHER William Fayssoux Stewart, Sr.

14 BIRTHPLACE OF FATHER (City) Newport, R.I.
(State or country)

15 MAIDEN NAME OF MOTHER Lillian Pinckney

16 BIRTHPLACE OF MOTHER (City) Elkton, Md.
(State or country)

17 Informant Mrs. William F. Stewart, Jr.,
(Address) 19 Barnes St., Prov., R.I.

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)

3/2/33
(Date of Issue of Permit)

STANDARD
CERTIFICATE OF DEATH

Registered No. 53
(If U. S. Spanish-Amer. War Veteran, specify WAR) & World Wars
(If death occurred in a hospital or institution, give its NAME instead of street and number)

18 DATE OF DEATH Feb. 28, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1933 to Feb. 28, 1933
I last saw him alive on Feb. 28, 1933, death is said to have occurred on the date stated above, at 4:50 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:
1. Carcinoma of colon, hepatic flexure.
2. Intestinal obstruction, due to 1.
3. Perforation of cecum, due to 2.
4. Peritonitis, acute, diffuse, due to 3.
Contributory causes of importance not related to principal cause:

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? No
If so, specify A. B. Croft
(Signed) J. G. COMPTON, Major, P. C. USA, M. D.
(Address) Ft. Banks, Mass. Date Mar 1 1933.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington, Wash. D. C.
(Cemetery) (City or town)
DATE OF BURIAL March 3, 1933.

22 NAME OF UNDERTAKER Chas. R. Bennison,
ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed MAR 7 1933 19
(Registrar)

A TRUE COPY, ATTEST:

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 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, 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:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Contributory causes of importance not related to principal cause:

Date of onset

1915

1921

July 5, 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 age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 to another, or from one place to another, or its agent, until he has received a permit from the board of health or its agent, notested 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 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-2-30, No. 7997-d



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 **Buffolk**
 (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.)
 2 FULL NAME **Sarah L. Ball**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. **31 Prospect** 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 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 **77** 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. **at home**

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

12 BIRTHPLACE (City) **Canada**
 (State or country)

13 NAME OF FATHER **Thomas Ball**

14 BIRTHPLACE OF FATHER (City) **Canada**
 (State or country)

15 MAIDEN NAME OF MOTHER **Mary Brayton**

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

17 Informant **C R Bennison**
 (Address) **Winthrop**

A TRUE COPY.

ATTEST:
 (Signature of city or town where death occurred)

DATE FILED **March 2** 19. **33**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb 28** **1933**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Feb 15** 19 **33** to **Feb 28** 19 **33**

I last saw h. or alive on **Feb 28** 19 **33** .., death is said to have occurred on the date stated above, at **1.50A.m.**

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

arterio sclerosis general **2 yrs**
 cerebral hemorrhage **8 dys**

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 J Rhees** M. D.
 (Address) **Asst Dir** Date **2/28/19 33**

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

DATE OF BURIAL **March 2** 19 **33**

22 NAME OF UNDERTAKER **C Bennison**
 ADDRESS **Winthrop**

Received and filed **MAR 7 1933** 19.....

(Registrar of City or Town where deceased resided)

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

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

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

Registered No. 55

No. Wentworth Com Hosp St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene A. Snow
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55 Court Rd. 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 M. 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

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

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 4 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fish Dealer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Market. 10 Date deceased last worked at this occupation (month and year) Apr/33 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Chatham (State or country) Mass

13 NAME OF FATHER Samuel Snow

14 BIRTHPLACE OF FATHER (City) Chatham (State or country) Mass.

15 MAIDEN NAME OF MOTHER Lucy Jones

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

17 Informant (Address) Gertrude H. Snow 55 Court Rd. Wentworth

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) 3/13/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 2nd 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Feb 25 to March 2 1933. I last saw him alive on March 2 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:

Broncho Pneumonia Date of Onset IMPORTANT Feb 27

Contributory causes of importance not related to principal cause:

Name of operation 1st stage Prostatectomy Date of 1-25-1930 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) E. A. Rogers M. D. (Address) 20 Crescent in River Date 3/2 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Sea Side Chatham (Cemetery) (City or town)

DATE OF BURIAL March 6, 1933

22 NAME OF UNDERTAKER Chas. A. Rollins ADDRESS E. Boston Mass.

Received and filed MAR 13 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 have 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, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.* He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 within recent medical attendance 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 septilemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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—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:	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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)
Wrentham
(City or Town)
No. 115 Summit Ave. St., Ward {

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

(City or town making return)

Registered No. 56

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

2 FULL NAME

Emma Sunderland Anderson

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

(a) Residence. No. 115 Summit 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. 6 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)

Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Rufus Anderson
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

79 Years 8 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.

at home

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

retiree

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

Feb 21

11 Total time (years) spent in this occupation

X

12 BIRTHPLACE (City)

(State or country)

West Springfield
Mass

13 NAME OF FATHER

George W. Hyde

14 BIRTHPLACE OF FATHER (City)

(State or country)

Norwich
Conn

15 MAIDEN NAME OF MOTHER

Jane Ann. Mocker

16 BIRTHPLACE OF MOTHER (City)

(State or country)

East Hartford
Conn

17

Informant (Address)

Frederick E. Anderson
Southampton 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)



Ward {

18 DATE OF DEATH

March

4

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb 21, 1933, to March 4, 1933

I last saw her alive on March 3, 1933, 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:

Date of Onset

Cerebral Hemorrhage

Mar 2 1933

Contributory causes of importance not related to principal cause:

Chronic myocarditis

1930.

Name of operation

None

Date of

What test confirmed diagnosis? Manual Obs. 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) Wrentham Mass

Date Mar 4, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

MA Auburn

(Cemetery)

(City or town)

DATE OF BURIAL

Monday March 6

1933

19

22 NAME OF UNDERTAKER

Chas. R. Demmus

ADDRESS

Wrentham Mass

Received and filed

MAR 13 1933

19

A TRUE COPY, ATTEST:

(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, where same was contracted, the direction of his last illness, when last seen alive 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, or a board of health is created, 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 it is a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains 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 clerk or registrar may require. — *Chap. 114, Sec. 43, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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 retired 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*, *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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469



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. 57

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)

No. 41 Shirley St.

St.,

Ward {

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

2 FULL NAME William Grant Marshall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 41 Shirley 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 19 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 Laura Kelly Marshall (Give maiden name of wife in full)
(or) WIFE of Kelly (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 4 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. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10 Date deceased last worked at this occupation (month and year) Dec-1930 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Berwick (State or country) U.S.

13 NAME OF FATHER Steven Marshall

14 BIRTHPLACE OF FATHER (City) Berwick (State or country) U.S.

15 MAIDEN NAME OF MOTHER Margaret Marshall

16 BIRTHPLACE OF MOTHER (City) Berwick (State or country) U.S.

17 Informant Wife Laura Kelly Marshall (Address) 41 Shirley 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) 3/16/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 4 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from April 14 1932 to March 4 1933
I last saw him alive on March 3 1933, 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:

Chronic Myocardial Degeneration Date of Onset April 1932. IMPORTANT

Contributory causes of importance not related to principal cause: Acute Cardiac Distention 1933

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 Jacoby Abraham M.D. (Signed) 562 Shirley St. Date 3/5/33 (Address) Winthrop, Mass.

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

DATE OF BURIAL March 6 1933

22 NAME OF UNDERTAKER Richard H. White ADDRESS 151 Pleasant St.

Received and filed MAR 13 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of 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 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained for the removal of such body has been sooner obtained hereunder. 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, certificate, or its agent, upon receipt of such statement and 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar, in the place where the deceased died his name and 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, un-
related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is received.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently 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.

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" without 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 causes 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469

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.	
1 PLACE OF DEATH	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 58	
	No. 169 Cottage Pk. Rd	St.,	Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Thomas J. Hayes		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 169 Cottage Pk. 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	4 COLOR OR RACE	5 SINGLE (write the word)			
Male	White	MARRIED WIDOWED or DIVORCED Married			
5a If married, widowed, or divorced					
HUSBAND of Mary M. Burke Hayes (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	
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. Tailor				
	10 Date deceased last worked at this occupation (month and year) Nov 1 1933				
11 Total time (years) spent in this occupation 35					
12 BIRTHPLACE (City) New York (State or country) N. Y.					
PARENTS	13 NAME OF FATHER Patrick Hayes				
	14 BIRTHPLACE OF FATHER (City) Ireland (State or country)				
	15 MAIDEN NAME OF MOTHER Cannot be learned				
	16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)				
17 Informant Agnes Hayes (Address) 169 Cottage Pk 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 (Official Designation)					
3/7/33 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH March 5 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from March 2 1933, to March 5 1933					
I last saw him alive on March 5 1933, death is said to have occurred on the date stated above, at P. P. m.					
The principal cause of death and related causes of importance in order of onset were as follows: Sudden pneumonia today					
Contributory causes of importance not related to principal cause: In bed today					
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? L If so, specify (Signed) J. M. D. (Address) Date 6/6 1933					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)					
DATE OF BURIAL Mar 8 1933 19					
22 NAME OF UNDERTAKER John F. C. Males ADDRESS Winthrop					
Received and filed MAR 12 1933 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*—*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>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 intentment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 con- 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.* He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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 **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 **fouled 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 STATISTICSSTANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 Suffolk (County)
 Boston (City or Town)
 No. Greater Boston Bickus Cholsun Hosp Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Wyzanski
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Winthrop Arms 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.

Boston
(City or town making return)

Registered No. 2381

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

59

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Wid (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 82 Years Months Days If less than 1 day Hours Minutes

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

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) 1919 11 Total time (years) spent in this occupation 20 yr

12 BIRTHPLACE (City) (State or country) Poland

13 NAME OF FATHER - Wyzanski

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

15 MAIDEN NAME OF MOTHER -

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

PARENTS

17

Informant (Address)

A C Webber

Boston

A TRUE COPY.

ATTEST:

(Registrar, city or town where death occurred)

DATE FILED

March 13

19 33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 8 1933
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1 19 33 to March 8 19 33
 I last saw him alive on March 8 19 33 death is said to have occurred on the date stated above, at 5.30P.m.
 The principal cause of death and related causes of importance in order of onset were as follows:

broncho pneumonia Mar 24

Contributory causes of importance not related to principal cause:
 arterio sclerosis ?
 sclerotic nephritis ?

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 M Gerstein M. D.
 (Signed) 466 Warren St Date 3/9/ 19 33
 (Address) Boston

21 PLACE OF BURIAL, CREMATION OR REMOVAL Sharon East Boston
 (Cemetery) (City or town)
 DATE OF BURIAL March 10 19 33

22 NAME OF UNDERTAKER J S Waterman & Sons
 ADDRESS Boston

Received and filed 19

MAR 13 1933

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469



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. *60*

PLACE OF DEATH

No. *9 Fawn Bar St.* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Elizabeth Corbry Todd*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *9 Fawn Bar St.* 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 *George Todd*
(Give maiden name of wife in full)
(husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE *76* Years *4* 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 *20*

12 BIRTHPLACE (City) *Ontario*
(State or country) *Can*

13 NAME OF FATHER *H. P. Crosby*

14 BIRTHPLACE OF FATHER (City) *Ontario*
(State or country) *Can*

15 MAIDEN NAME OF MOTHER *Hortense*
Hortense White

16 BIRTHPLACE OF MOTHER (City) *Ontario*
(State or country) *Can*

17

Informant (Address) *George Todd*
9 Fawn Bar St.

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. Caldwell
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *3/11/33*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *March 7, 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *March 2, 1933*, to *March 7, 1933*

I last saw her alive on *March 7, 1933*, 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:

Brain tumor
Brain tumor
March 4, 1932

Contributory causes of importance not related to principal cause:

Name of operation *Brain tumor* Date of *March 4, 1932*
What test confirmed diagnosis? *Brain tumor* Was there an autopsy? *Yes*

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

If so, specify *Brain tumor* (Signed) *Dr. H. P. Crosby* M. D.
(Address) *9 Fawn Bar St.* Date *2.1.1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Ford Hills Cemetery*
(Cemetery) (City or town) *Ontario*

DATE OF BURIAL *March 11, 1933*

22 NAME OF UNDERTAKER *Richard H. White*
ADDRESS *151 Pleasant St.*

Received and filed *MAR 12 1933* 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 attending physician. If death is caused by violence, the medical examiner shall make such certificate. If from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 be furnished for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of his death, which the clerk or registrar may require. ... *Chap. 114, Sec. 10, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years of age 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 "but give the exact occupation, as *car painter, use the word mechanic, etc.* Distinguish carefully between *retail merchant, painter, machinist, etc.* 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:	
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.

N. B.—WRITE PLAINLY, WITH UNFAADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469



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. 61

1 PLACE OF DEATH
Huffolk
(County)
Winthrop
(City or Town)
No. 9 Albmont St., Ward {

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

2 FULL NAME Cosimo Luongo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 9 Albmont 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 W 5 ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~OR~~ ~~DIVORCED~~ Married (write the word)

6a If married, widowed, or divorced
HUSBAND of Alfonzina Grande
(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 1868 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 July 10 - 1926 Total time (years)
spent in this occupation 15 years

12 BIRTHPLACE (City) Altavilla Spina
(State or country) Italy

13 NAME OF FATHER Giuseppe Luongo

14 BIRTHPLACE OF FATHER (City) Altavilla Spina
(State or country) Italy

15 MAIDEN NAME OF MOTHER Rosaria Liverino

16 BIRTHPLACE OF MOTHER (City) Altavilla Spina
(State or country) Italy

17 Informant (Address) Giuseppe Luongo
351 North St 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. Cudde
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/10/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 9, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb. 3, 1933, to March 8, 1933.

I last saw him alive on March 8, 1933, 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:

Malignant Endocarditis

Date of Onset
IMPORTANT

5 hrs.

Contributory causes of importance not related to principal cause:

Diabetes Mellitus

5 hrs.

Broncho-pneumonia

5 hrs.

Gangrene of left leg

1 hr.

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 James J. Luongo

(Signed) James J. Luongo

(Address) 261 Hanover St.

Date 3/7, 1933

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

DATE OF BURIAL March 12, 1933

22 NAME OF UNDERTAKER Michael Dello Russo

ADDRESS 34 Pine St Boston Mass.

Received and filed

MADE 13 10

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate is obtained 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 any other necessary information which can be furnished for registration any other necessary information which 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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—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

	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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

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 (City or Town)				Registered No. 62	
No. Winthrop Community Hospital St.		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Joseph Walter McIntyre, Jr. (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 125 Circuit Road St., (Usual place of abode)		Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?			
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 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. Selling 10 Date deceased last worked at this occupation (month and year) Nov. 1932 11 Total time (years) spent in this occupation 6 mos					
12 BIRTHPLACE (City) Winthrop (State or country) Mass					
13 NAME OF FATHER Joseph W. McIntyre					
14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass					
15 MAIDEN NAME OF MOTHER Katherine E. McNeil					
16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass					
17 Informant (Address) Joseph W. McIntyre 125 Circuit Road					
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) W. M. F. Quiddress Health Officer (Official Designation) 3/11/33 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH March 10 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to March 10, 1933 I last saw him alive on March 10, 1933, 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: Acute Appendicitis, suppurative, perforated, peritonitis Contributory causes of importance not related to principal cause: Chronic Valvular Disease Name of operation Appendectomy Date of March 7, 1933 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) (Address) Date 1933 21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (City or town) Winthrop DATE OF BURIAL March 13, 1933 22 NAME OF UNDERTAKER M. J. Kelly ADDRESS 11 Meridian St., East Boston					
Received and filed MAR 13 1933 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, 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
<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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. 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 by Chap. 46, Acts of 1921 and Chap. 414, Acts of 1931.*

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

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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 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-9-31. No. 3385-f



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

Winthrop
(City or town making return)
Registered No. 63

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 205 Somerset Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Charles Vernon Browne
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 205 Somerset Ave. St., Ward,
(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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED OR DIVORCED Married

6a If married, widowed or divorced
HUSBAND of Ninetta Dorothy Kansier
(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 4 Months 4 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) Sept. 1930 11 Total time (years) spent in this occupation 25
Roofing Contractor office

12 BIRTHPLACE (City) Exeter
(State or country) Maine

13 NAME OF FATHER Charles Browne

14 BIRTHPLACE OF FATHER (City) Exeter
(State or country) Maine

15 MAIDEN NAME OF MOTHER Delicia Ann Bracket

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

17 Informant Mrs. Ninetta D. Browne
(Address) 205 Somerset 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. Childers
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/15/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 13 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1930, to Mar 13, 1933
I last saw him alive on Mar 13, 1933, death is said to have occurred on the date stated above, at 11:20 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage
Chronic Hypertension
Date of Onset Oct 1930
May 1932

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis: Personal obs. 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) Winthrop, Mass. Date Mar 15, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery Winthrop
(Cemetery) (City or town)
DATE OF BURIAL March 15 1933

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed MAR 20 1933 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 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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. 2, G. L., as amended by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

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

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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 **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.**

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—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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 be transcribed and transmitted by 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 by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
 He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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-5-32. No. 5469

1 PLACE OF DEATH

2 FULL NAME

(a) Residence. No.

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

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

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

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 R Walsh**

14 BIRTHPLACE OF FATHER (City) (State or country) **Boston Mass**

15 MAIDEN NAME OF MOTHER **Catherine A. Walsh**

16 BIRTHPLACE OF MOTHER (City) (State or country) **East Boston Mass**

17 Informant (Address) **Joseph R Walsh 79 Byron 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Boston notified 4/4/33

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

No. **Winthrop Comm Hospital** Ward

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

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

Registered No. **65**

(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 **Mar 15 1933**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **Mar. 15, 1933** to **Mar. 15, 1933**

I last saw him alive on **Mar 15, 1933**, 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:

Prematurity (prem. labor) Mar 15

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Placenta Previa Mar 15

Name of operation **none** Date of What test confirmed diagnosis? **lab. examinations** Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify (Signed) **Chas. T. Williams** M. D.

(Address) **429 Beacon St. Boston** Date **Mar 19 1933**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Holy Cross Malden** (City or town)

DATE OF BURIAL **Mar 18 1933**

22 NAME OF UNDERTAKER **William A. Tleanor**

ADDRESS **55-9 Saratoga St. B.**

Received and filed **MAR 20 1933** 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 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.
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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, 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

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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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 be transmitted 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 by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 death of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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 Wentworth (City or Town) No. Wentworth Community Hospital 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 MEDICAL EXAMINER'S 18,983 CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent. Registered No. 66	
2 FULL NAME Ellen Jane Figue (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. Wentworth 394 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 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 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. Seamstress				
	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 1931		11 Total time (years) spent in this occupation. 25			
12 BIRTHPLACE (City) Carbondale (State or country) Pennsylvania					
PARENTS	13 NAME OF FATHER Thomas				
	14 BIRTHPLACE OF FATHER (City) Philadelphia (State or country) Pennsylvania				
	15 MAIDEN NAME OF MOTHER Budget Taylor				
	16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)				
17 Informant (Address) Mrs. Marion E. Armstrong 394 Shirley St. Wentworth					
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) 3265					
(Official Designation) HEALTH DEPT. Date of Issue of Permit					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH March 15 1933 (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 Causes: Cardiovascular disease. (Clinical history of Angina pectoris and of Hypertension.) [Found unconscious on door steps; died soon after arrival at a Hospital.]					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) Dr. Benjamin M. H. M.D. Wentworth, Suffolk Co. Date March 19 33					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Wentworth Cemetery (City or town) Wentworth					
DATE OF BURIAL March 18 1933					
22 NAME OF UNDERTAKER James O'Malley ADDRESS Wentworth					
Received and filed. 19 MAR 20 1933 (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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-S-32. No. 5469

PLACE OF DEATH 1		SUFFOLK (County) WINTHROP (City or Town) No. 140 COTTAGE PARK ROAD 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. 1544	
2 FULL NAME CHARLES A. LITTLEFIELD (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 140 COTTAGE PARK ROAD St. Ward, (Usual place of abode)		(If U. S. War Veteran, specify WAR) 6867		(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 MALE		4 COLOR OR RACE WHITE		5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED WIDOWED			
6a If married, widowed or divorced, HUSBAND of NENAIE SEAVES (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
8 IF STILLBORN, enter that fact here							
7 AGE 87 Years 6 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. CARPENTER		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. CABINET SHOP.					
10 Date deceased last worked at this occupation (month and year) JAN 1934				11 Total time (years) spent in this occupation 50			
12 BIRTHPLACE (City) WELLS (State or country) MAINE							
13 NAME OF FATHER JOSHUA LITTLEFIELD							
14 BIRTHPLACE OF FATHER (City) WELLS (State or country) MAINE							
15 MAIDEN NAME OF MOTHER MARY UNABLET DEAN							
16 BIRTHPLACE OF MOTHER (City) WELLS (State or country) MAINE							
17 NAME OF DECEASED MADELINE LITTLEFIELD (Address) 24 WASHINGTON AVE WINTHROP							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued: Wm. L. Childress (Signature of Agent of Board of Health or other) 3/17/33							
(Official Designation) (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH 3 16 33 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from Sept 1932 to 3/16 1933							
I last saw him alive on 3/15 1933, 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: Edema of Lungs 3/12/33							
Date of Onset IMPORTANT							
Contributory causes of importance not related to principal cause: General Arterio Sclerosis							
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 Have all cells (Signed) W. L. Childress (Address) W. L. Childress Date 3/16 1933 M. D.							
21 PLACE OF BURIAL, CREMATION OR REMOVAL PINE GROVE LYNN (Cemetery) (City or town)							
DATE OF BURIAL MARCH 17 1933							
22 NAME OF UNDERTAKER WILLIAM G. GOODRICH ADDRESS LYNN, MASS							
Received and filed MAR 20 1933 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—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. 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.* He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 **unavoidably 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



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

1 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. 2624
2 FULL NAME Orville E Johnson (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 123 Winthrop 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 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 Edith Allen (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 6 Months 3 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. physician
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) 1933 11 Total time (years) spent in this occupation 39

12 BIRTHPLACE (City) Chicopee Falls (State or country) Mass

13 NAME OF FATHER Charles T Johnson

14 BIRTHPLACE OF FATHER (City) Nahant (State or country) Mass

15 MAIDEN NAME OF MOTHER Elizabeth Edson

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

17 Informant Edith Johnson (Address) Winthrop

A TRUE COPY.

ATTEST: (Signature of city or town where death occurred)

DATE FILED March 20 19 33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 16 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 13 19 33 to March 15 19 33

I last saw him alive on March 15 19 33, death is said to have occurred on the date stated above, at 4.56A.m.

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

nephritis 3/13/33

Contributory causes of importance not related to principal cause:

broncho pneumonia 3/15/33

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) J. C. Prather M. D.

(Address) 99 Comm Ave Date 3/16/ 19 33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Camb (Cemetery) (City or town)

DATE OF BURIAL March 18 19 33

22 NAME OF UNDERTAKER J. S. Waterman Sons ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

MAR 27 1933

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31. No. 3385-f

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Sturthrop (City or town making return)
STANDARD CERTIFICATE OF DEATH		Registered No. <u>469</u>
1	PLACE OF DEATH County <u>Suffolk</u> City or Town <u>Sturthrop</u> No. <u>30 Crystal Cove Ave.</u> Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2	FULL NAME <u>Elizabeth (Matterson) Chandler</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a)	Residence. No. <u>30 Crystal Cove Ave.</u> Ward, _____ (Usual place of abode)	
Length of residence in city or town where death occurred yrs. <u>10</u> 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)
<u>Male</u>	<u>White</u>	<u>Widowed</u>
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)		
(or) WIFE of <u>Herbert Chandler</u> (Husband's name in full)		
6 IF STILLBORN, enter that fact here		
7 AGE <u>84</u> Years <u>7</u> Months <u>5</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>Home Keeper</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>Feb. 1933</u> 11 Total time (years) spent in this occupation <u>60</u>	
12 BIRTHPLACE (City) <u>Nashua</u> (State or country) <u>New Hampshire</u>		
PARENTS	13 NAME OF FATHER <u>Hazekiah Matterson</u> 14 BIRTHPLACE OF FATHER (City) <u>Shafsbury</u> (State or country) <u>Vermont</u> 15 MAIDEN NAME OF MOTHER <u>Eliza Preston</u> 16 BIRTHPLACE OF MOTHER (City) <u>Pennsylvania</u> (State or country)	
17 Informant (Address) <u>Mrs. Lura Lane</u> <u>30 Crystal Cove Ave.</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>Heath</u> <u>3/18/33</u> (Official Designation) _____ (Date of Issue of Permit)		
MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH <u>March 17, 1933</u> (Month) (Day) (Year)		
19 I HEREBY CERTIFY, That I attended deceased from <u>March 12, 1933</u> , to <u>March 17, 1933</u> I last saw him alive on <u>March 16, 1933</u> , death is said to have occurred on the date stated above, at <u>7-9</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral a</u> <u>Long ny</u> Date of Onset <u>April 1932</u>		
Contributory causes of importance not related to principal cause:		
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Cholesterol</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>D. O. Baim</u> M. D. (Address) <u>78 Washington St.</u> Date <u>Mar 18 1933</u>		
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Woodsbury</u> <u>Nashua N. H.</u> (Cemetery) (City or town)		
DATE OF BURIAL <u>March 19</u> <u>1933</u>		
22 NAME OF UNDERTAKER <u>Charles P. Bemison</u> ADDRESS <u>Sturthrop, Mass.</u>		
Received and filed _____ 19 _____ <u>MAR 20 1933</u> 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 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*. If 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*, *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 *city 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:

<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>	

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, 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 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 such a permit for the removal of a human body, shall not previously be obtained from one town to another within the commonwealth, cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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**, and those of persons found dead.

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-5-32. No. 5469

1

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)
No. 151 Bartlett Road
St., Ward {

2

FULL NAME

Ernest C Sinclair
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 151 Bartlett Road
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. If 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

(write the word)
Married

5a

If married, widowed, or divorced

HUSBAND of Margaret H. (McCarthy) Sinclair
(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 7 Months 13 Days
If less than 1 day Hours Minutes

8

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

Producer

9

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

Oil

10

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

April 1914

11

Total time (years) spent in this occupation

30

12

BIRTHPLACE (City)
(State or country)

Boston
Maine

13

NAME OF FATHER

Richard Sinclair

14

BIRTHPLACE OF FATHER (City)
(State or country)

Quebec
Can

15

MAIDEN NAME OF MOTHER

Lois Rose

16

BIRTHPLACE OF MOTHER (City)
(State or country)

Prince Edward Island

17

Informant (Address)

Wife - Margaret H. Sinclair
151 Bartlett Rd. 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. Caldwell
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
3/20/33
(Date of Issue of Permit)

18

DATE OF DEATH

Mich 17 1933
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from Jan 5 - 1933, to Mich 17, 1933.
I last saw him alive on Mich 17, 1933, death is said to have occurred on the date stated above, at 10:35 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Carcinoma - pylori
Contributory causes of importance not related to principal cause:
Name of operation Gastroenterostomy Date of Jan 23 - 1933
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) P. W. Layton
(Address) 220 Commonwealth Ave Boston
Date 3/15 1933
M. D.

21

PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)
Mt. Auburn Cemetery
DATE OF BURIAL March 20 1933

22

NAME OF UNDERTAKER
ADDRESS
Richard H. White
151 Pleasant St

Received and filed

MAR 21 1933
19
(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.

705

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*—*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, 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 continuing 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 lot 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 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, which, if death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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

1		PLACE OF DEATH		Suffolk (County)		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. 71	
2		FULL NAME		Sophie Rubin (If deceased is a married, widowed or divorced woman, give also maiden name.)		Registered No. 71			
(a)		Residence. No. 41 Cutler		St.,		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
		(Usual place of abode)						(If U. S. War Veteran, specify WAR)	
		Length of residence in city or town where death occurred 8 yrs.		mos.		days.		How long in U. S., if of foreign birth? 30 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)					
Female		White		MARRIED WIDOWED DIVORCED		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 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. Housework of 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) (State or country) Russia									
PARENTS									
13 NAME OF FATHER Samuel Rubin									
14 BIRTHPLACE OF FATHER (City) (State or country) Russia									
15 MAIDEN NAME OF MOTHER Martha Altkman									
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia									
17 Informant (Address) Morris Rubin 41 Cutler St. Wintthrop									
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 March 19/33 (Official Designation) (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH March 19, 1933 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from September 1932, to March 19, 1933. I last saw him alive on March 18, 1933, death is said to have occurred on the date stated above, at 12:30 A. M.									
The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset									
Bronchopneumonia 3-15-33									
Contributory causes of importance not related to principal cause:									
Carcinoma of stomach									
Name of operation 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 Gabriel J. Rubin (Signed) Boston, Mass. Date 3-19-1933 M. D.									
21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)									
DATE OF BURIAL March 19, 1933									
22 NAME OF UNDERTAKER William Stanchy ADDRESS 63 Green St. Wintthrop									
Received and filed MAR 21 1933 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 only occupation prior to retirement. Children not gainfully employed may be returned as that of *school* or *at home*. For a woman whose occupation was that of *house* 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 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, 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 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, 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 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 was 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 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:

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

Boston not before 4/4/33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 72

PLACE OF DEATH

No. *Winthrop Comm. Hospital* St., *1* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Francis R. Sheehan

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

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

(a) Residence. No.

*14 Thurston*St., *E. B.* 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.

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

Jennie Brecken Sheehan

(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

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.

Boston Public Schools

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

1-24-33

11 Total time (years)

spent in this occupation

14

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass

13 NAME OF FATHER

Patrick T. Sheehan

14 BIRTHPLACE OF FATHER (City)

East Boston

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Mary J. O'Neill

16 BIRTHPLACE OF MOTHER (City)

Boston Mass.

(State or country)

17

Informant (Address)

*Mrs. Jennie Sheehan
14 Thurston 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. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/28/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

*March**26**1933*

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 24 1933, to *March 26* 1933.I last saw him alive on *March 26* 1933, death is saidto have occurred on the date stated above, at *11:45 A.M.*

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

Perforated ulcer stomach

Date of onset

3-24-33

Contributory causes of importance not related to principal cause:

Name of operation

Laparotomy

Date of

3-24-33

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. Traugott

M. D.

(Address)

*476 Stuyvesant St.*Date *3-28-33*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross

(City or town)

DATE OF BURIAL

3-29

1933

22 NAME OF UNDERTAKER

William A. Traugott

ADDRESS

559 Saratoga St. E. Boston

Received and filed

19

A TRUE COPY, ATTEST:

MAR 20 1933

(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

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 hom* 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*, *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 standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, 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 reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. 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-5-32. No. 5469



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. 73

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 45 Waldemar Ave., St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cora Virginia Heath nee Howell (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Waldemar Ave., 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? 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) Clyde James Heath (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 35 Years 3 Months 23 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) Jan/33 11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) Martin's Ferry. (State or country) Ohio

13 NAME OF FATHER Robert Jason Howell

14 BIRTHPLACE OF FATHER (City) Stanton (State or country) Virginia

15 MAIDEN NAME OF MOTHER Ann Olivia Maddox

16 BIRTHPLACE OF MOTHER (City) Parkersburg (State or country) West Virginia

17 Informant Clyde J. Heath (husband) (Address) 45 Waldemar Ave. Winthrop.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 30 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to March 30, 1933, last saw her alive on March 30, 1933, 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:
Chronic Myocarditis
Acute Myocarditis
Date of Onset IMPORTANT 1930 June 29, 1933

Contributory causes of importance not related to principal cause:
Chronic Industrial Nephritis June 1, 1932

Name of operation. No Date of What test confirmed diagnosis. Personal Obs. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify. Pyramidal B. Cerebrum, M. D.
(Signed) Winthrop Mass Date Mar. 31, 1933 (Address)

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

DATE OF BURIAL April 2, 1933 19

22 NAME OF UNDERTAKER Chas. A. Rollins ADDRESS 300 Meridian St. E. Boston, Mass.

Received and filed APR 3 1933 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) 3/31/33 (Official Designation) (Date of Issue of Permit)

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 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 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, a member of the board of health, or employed by it or by the selectmen of the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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 *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*, *mechanist*, etc. Distinguish carefully between *road mechanics* and *streetcar 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, 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 the first, second, or third position. The principal cause in the above example happens to be the second cause given.

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-'31. No. 3385-f



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)
Winthrop
(City or Town)
No. 30 Orlando Ave

St., Ward {

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

Registered No. 74

2 FULL NAME George Hamilton Gibby

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

(a) Residence. No. 30 Orlando Ave

St., Ward,

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

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 Married (write the word)

5a If married, widowed, or divorced HUSBAND of Minnie C. McLeod (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 10 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank (East Boston Savings) 10 Date deceased last worked at this occupation (month and year) Mar. 27, 33 11 Total time (years) spent in this occupation

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

13 NAME OF FATHER Francis W. Gibby

14 BIRTHPLACE OF FATHER (City) St. John (State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Sarah Ann Wigley

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

17 Informant Arthur W. Gibby (Address) 23 Thornton Pk. 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. Muldrew (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/1/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 30 - 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from March 27, 1933, to March 30, 1933.

I last saw him alive on March 30, 1933, 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:

Tonsillitis - May 28, 33
Oedema of lungs - Mar. 29, 33
Brs. vltro PNEUMONIA Mar. 30, 33

Contributory causes of importance not related to principal cause:

Chronic Nephritis - Jan. 1933

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 Edward J. Struiger (Signed) 476 S. Broadway (Address) 3.31 1933. M. D.

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

DATE OF BURIAL April 2, 1933

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 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 recited by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, 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, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such removal, shall constitute a permit for such removal; provided, that said body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1917 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.*

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

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.

RULES OF PRACTICE

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease 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-2-30. No. 7997-1



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

Grafton
(City or town making return)
Registered No. 34 75

1 PLACE OF DEATH
Worcester
(County)
Grafton
(City or Town)
No. Grafton State Hospital St., Ward {

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

2 FULL NAME Arthur E. Kelley
(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, Mass.
(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. 5 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 Widower
5a If married, widowed, or divorced HUSBAND of Mary Marsh (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 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. Unknown	
	10 Date deceased last worked at this occupation (month and year)	
11 Total time (years) spent in this occupation.		
12 BIRTHPLACE (City) Brooklyn (State or country) N. Y.		
PARENTS	13 NAME OF FATHER Henry Kelley	
	14 BIRTHPLACE OF FATHER (City) Mass.	
	15 MAIDEN NAME OF MOTHER Anna Coffin	
	16 BIRTHPLACE OF MOTHER (City) Mass.	

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 28, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1931 to March 28, 1933
I last saw him alive on Mar. 27, 1933, death is said to have occurred on the date stated above, at 10:55 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:
Arteriosclerosis Unknown
Arteriosclerotic heart disease Jan. 1933
Contributory causes of importance not related to principal cause:
Broncho Pneumonia Mar. 18, 1933

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) Max Pearlstein M. D.
(Address) No. Grafton, Mass. Date 3/28 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn, Cambridge
(Cemetery) (City or town)
DATE OF BURIAL March 30, 1933

22 NAME OF UNDERTAKER Milton E. Temple
ADDRESS North Grafton, Mass.
Received and filed. APR 15 1933

17 Informant Grafton State Hosp., Records
(Address) No. Grafton, Mass.
A TRUE COPY.
ATTEST: [Signature]
(Registrar of city or town where death occurred)
DATE FILED March 28, 1933

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. 0954.

1

PLACE OF DEATH

suffolk

(County)

Stoughton

(City or Town)

No.

46 Washington Ave

Ward

(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)

2

FULL NAME

Henry St Turner

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

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

(a)

Residence. No.

46 Washington Ave

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

M

4

COLOR OR RACE

Ch

5

SINGLE
MARRIED
WIDOWED
or DIVORCED

Divorced

(write the word)

5a

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

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.

Compositor

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)

July 1932

11

Total time (years) spent in this occupation

30

12

BIRTHPLACE (City)

Boston

(State or country)

Mass

13

NAME OF FATHER

Unknown

14

BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15

MAIDEN NAME OF MOTHER

Unknown

16

BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant

Mrs. Mary J. Kilpatrick

(Address)

46 Washington 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)

18

DATE OF DEATH

3

28

33

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY, That I attended deceased from Sept 1932, to March 28, 1933

I last saw h. alive on March 24, 1933, 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:

Edema of Lungs

Contributory causes of importance not related to principal cause:

Chronic Nephritis

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.

21

PLACE OF BURIAL, CREMATION OR REMOVAL

St Paul Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 30

1933

22

NAME OF UNDERTAKER

B. Kirby

ADDRESS

East Stoughton

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 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, 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>Acute infectious</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 recent 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 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 the purpose, or its insufficiency, a certificate cannot be obtained early enough for the purpose, or is 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 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 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 septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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-'31. No. 3385-f

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY		DIVISION OF VITAL STATISTICS		STANDARD		CERTIFICATE OF DEATH		Registered No. 77	
1 PLACE OF DEATH		Suffolk (County)		Winthrop, Mass. (City or Town)		No. 450 Winthrop St. Winthrop.		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Daniel Joseph O'Brien		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{		(If U. S. War Veteran, specify WAR)			
(a) Residence. No.		450 Winthrop St. Winthrop.		Ward,		(If nonresident, give city or town and state)					
Length of residence in city or town where death occurred		2 yrs. 9 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)		6 IF STILLBORN, enter that fact here.		7 AGE		If less than 1 day	
Male		White		Married				72		Years 10 Months 2 Days Hours Minutes	
8a If married, widowed, or divorced		HUSBAND of		Mabelle Maple O'Brien (Give maiden name of wife in full)		(or) WIFE of		(Husband's name in full)			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Sanitary Foreman		9 Industry or business in which work was done, as saw mill, saw mill, bank, etc.		Sanitary Dept. City of Boston.		10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation.	
								1931		39 yrs	
12 BIRTHPLACE (City).		South Boston.		(State or country)		Mass.		13 NAME OF FATHER		Richard O'Brien	
14 BIRTHPLACE OF FATHER (City).		Ireland		(State or country)		15 MAIDEN NAME OF MOTHER		Mary A. Buckley		16 BIRTHPLACE OF MOTHER (City).	
										Ireland	
17 Informant (Address)		Mrs Mabelle O'Brien		450 Winthrop St. Winthrop.		18 DATE OF DEATH		April 2nd		1933	
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		Date of Issue of Permit		4/7/33			
MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH		April 2nd		1933		19 I HEREBY CERTIFY. That I attended deceased from November 25, 1932 to April 2nd, 1933		I last saw him alive on April 1st, 1933, death is said to have occurred on the date stated above, at 7:45 A.M.	
								The principal cause of death and related causes of importance in order of onset were as follows:		Date of Onset	
								Cerebral Hemorrhage		March 31/1933	
								Anemia		" " "	
								Contributory causes of importance not related to principal cause:		5 years ago	
								Chronic Myocarditis		5 years ago	
								Chronic Nephritis		5 years ago	
								Hypertension		5 years 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?		No		If so, specify		Tubercular		M. D.	
								(Signed)			
								(Address)		224 Chestnut St. Boston, Mass. Date April 2, 1933	
		21 PLACE OF BURIAL, CREMATION OR REMOVAL		Old Calvary, Boston, Mass.		(Cemetery)		(City or town)			
		DATE OF BURIAL		April 5,		1933.		22 NAME OF UNDERTAKER		Edwin E. Brown	
								ADDRESS		44 Winthrop St. Winthrop, Mass.	
		Received and filed		APR 12 1933		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 the last illness, when last seen alive by the physician or officer, and the date of his death, when last seen, *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 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. Notwithstanding the foregoing, a permit shall be issued to the body of a deceased person who has been buried in a 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 selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a verbal statement 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 verbal 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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 *related 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, asphemia, 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 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.

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 directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 78

PLACE OF DEATH

No.

(City or Town)

Ward

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

2 FULL NAME

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

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

(a) Residence. No.

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 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 1 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.

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

April 3 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Mar 15 1933, to April 3 1933

I last saw him alive on April 3 1933, death is said

to have occurred on the date stated above, at 4:50 p.m.

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

Tubercular Pneumonia (left)
General Septicemia with
Empyema and Abscess
Pericarditis

Contributory causes of importance not related to principal cause:

Date of Onset
IMPORTANT

Mar 25 1933
March 30 1933

Drainage of Pericardium

Name of operation

What test confirmed diagnosis?

Date of April 2 1933

Was there an autopsy? No

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

If so, specify

(Signed)

Benjamin B. Parker

M. D.

(Address)

Whittier Mass

Date April 4 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Grave in Island (Cemetery) (City or town)

DATE OF BURIAL

April 4 1933

22 NAME OF UNDERTAKER

Benjamin H. Solomon

ADDRESS

Brookline

Received and filed

19

(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, best of his knowledge and belief the name of the deceased, stating 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 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 permit, by a satisfactory certificate of the attending physician, as required by law, or in lieu thereof a certificate sufficient for the purpose. If there is no attending physician, or, if, for the purpose of the permit, his 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 such a permit for the removal of a human body, was not previously interred, from one town to another within a human body, which cannot be obtained early enough for the purpose, the common-law death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.*

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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 *at 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
<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.

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 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. 3289		79	
		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
No. Mass General Hospital St., Ward {		(If U. S. War Veteran, specify WAR)	
2 FULL NAME Thomas F Ingoldsby (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If nonresident, give city or town and state)	
(a) Residence. No. 130 Grover 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 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 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. clerk		11 Total time (years) spent in this occupation. 10	
12 BIRTHPLACE (City) Boston (State or country) Mass			
13 NAME OF FATHER John Ingoldsby			
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)			
15 MAIDEN NAME OF MOTHER Maria Plunkett			
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			
17 Informant Mrs J H O'Neil (Address) 122 Seaver St Roxbury			
A TRUE COPY.			
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)			
DATE FILED April 8 19 33			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH April 4 1933 (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from April 1 1933, to April 4 1933 I last saw him alive on April 4 1933, death is said to have occurred on the date stated above, at 8.10A m.			
The principal cause of death and related causes of importance in order of onset were as follows:			
acute cholecystitis with rupture of gall bladder and general peritonitis 10 d			
Contributory causes of importance (not related to principal cause): broncho pneumonia 3 dy			
exploration & drainage of abdomen for peritonitis secondary to perforated gall bladder. Date of operation 4/1/33 What test confirmed diagnosis? bladder Was there an autopsy? no			
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) L V Ragsdale, M. D. (Address) Asst Dir Date 4/4/ 19 33			
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Brookline (Cemetery) (City or town)			
DATE OF BURIAL April 7 19 33			
22 NAME OF UNDERTAKER F J Crosby ADDRESS Boston			
Received and filed APR 19 1933 19 _____			
(Registrar of City or Town where deceased resided)			

100

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469

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.	
1 PLACE OF DEATH	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 80	
	No. Winthrop Community Hospital	Ward		If death occurred in a hospital or institution, give its NAME instead of street and number	
2 FULL NAME		Michael William Nagle (If deceased is a married, widowed or divorced woman, give also maiden name.)		(U. S. War Veteran, specify WAR)	
(a) Residence. No. 31 Woodsworth St., 10 Ward, East Boston (Usual place of abode)		(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 36 yrs. — mos. — days. How long in U. S., if of foreign birth? 40 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 Ellen Reeliker (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			
OCCUPATION.	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	Retired Stationary Engineer				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
Met. Dis. Com.					
10 Date deceased last worked at this occupation (month and year)	11 Total time (years) spent in this occupation				
April 32	35				
12 BIRTHPLACE (City) (State or country)					
Co. Kerry Ireland					
13 NAME OF FATHER					
William Nagle					
14 BIRTHPLACE OF FATHER (City) (State or country)					
Co. Kerry Ireland					
15 MAIDEN NAME OF MOTHER					
Johanna Counihan					
16 BIRTHPLACE OF MOTHER (City) (State or country)					
Co. Kerry Ireland					
17 Informant (Address)					
George F. Nagle 31 Woodsworth 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. L. Childress (Signature of Agent of Board of Health or other Health Officer) 4/8/33					
(Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April 7 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from April 2, 1933, to April 7, 1933. I last saw him alive on April 7, 1933, 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: Broncho-Pneumonia Date of Onset IMPORTANT 4/2/33					
Contributory causes of importance not related to principal cause: Senility					
Name of operation Done What test confirmed diagnosis? Was there an autopsy? 10					
20 Was disease or injury in any way related to occupation of deceased? 10 If so, specify Fred D. O'Connell, M. D. (Signed) (Address) 2708 ... Date 19					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Walden (Cemetery) (City or town)					
DATE OF BURIAL April 10, 1933					
22 NAME OF UNDERTAKER A. F. Kelly ADDRESS 11 Indian St., E. B.					
Received and filed APR 12 1933 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, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

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 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, 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>	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.

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.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septipemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septipemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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 DEATHRegistered No. 81

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 38 Lowell Rd

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Sarah E. McLeavey Bruce

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

(a) Residence. No. 38 Lowell 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

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 of wife in full)

(or) WIFE of

Fred A. Bruce

(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)

May 1918

11 Total time (years)
spent in this
occupation

10

12 BIRTHPLACE (City)
(State or country)

New York

N. Y.

13 NAME OF
FATHER

James McLeavey

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Wales

15 MAIDEN NAME
OF MOTHER

Sarah Hagen

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

Mrs. John Murphy

38 Lowell Rd.

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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

April 11, 1933

19 I HEREBY CERTIFY, That I attended deceased from

March 1933 to April 11, 1933

I last saw him alive on April 10, 1933 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:Date of Onset
IMPORTANT

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 4/11/1933

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

April 12, 1933

19

22 NAME OF
UNDERTAKER

ADDRESS

Winthrop

Received and filed

19

(Registrar)

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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 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.

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.

GOVERNING THE

RULES OF PRACTICE

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



TOWN OF WINTHROP
OFFICE OF TOWN CLERK

CLAIRE SHELTRY

Town Clerk

Town Hall
Winthrop, Massachusetts 02152
(617) 846-1742

George Perkins

1933

=

Cemetery
1933
L

Apr 13, 33 //

2 72

#4

Funeral
Post

Carl Perkins

438 Central Ave

Milton

617-698-4522

Perkins Co Insurance
for 2

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-9-31. No. 3385-f

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital
St. Ward

2

FULL NAME

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

(a)

Residence. No. 69 Walden St.,
(Usual place of abode)
Ward,
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.

Registered No. 82

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

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed

(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 82 Years Months Days If less than 1 day Hours Minutes

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

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) April 18, 1931

11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) (State or country) Pawtucket N.H.

13 NAME OF FATHER John. Perkins

14 BIRTHPLACE OF FATHER (City) (State or country) Winthrop N.H.

15 MAIDEN NAME OF MOTHER Mary Patch

16 BIRTHPLACE OF MOTHER (City) (State or country) Winthrop N.H.

17 Informant George O. Perkins
(Address) 1927 Washington St. Boston

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 1, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to April 1, 1933
I last saw him alive on April 1, 1933, 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:
Date of Onset

Contributory causes of importance not related to principal cause:
Adrenal insufficiency

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? No
If so, specify
(Signed) C. R. Bennett, M. D.
(Address) 113 Washington St. Date 4/13/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or town)
DATE OF BURIAL April 13, 1933

22 NAME OF UNDERTAKER C. R. Bennett
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:
(Signature of Agent of Board of Health or other)
Health Officer 4/13/33
(Official Designation) (Date of Issue of Permit)

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 to illness. If the disease causing death report the occupation prior to occupation prior to retirement. Children not jointly 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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 factory written statement containing the facts as may be, a satisfactory return and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, in case of an interment as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician, who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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, 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He 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 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), agents and deaths following abortion, but also deaths from disease **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		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	Suffolk (County) Winthrop (City or Town) No. 46 Pleasant Park Road St., Ward {	STANDARD CERTIFICATE OF DEATH		Registered No. 83	
2	FULL NAME Mary E. Daly (If deceased is married, widowed or divorced, give also maiden name.)			(If U. S. War Veteran, specify WAR)	
(a)	Residence. No. 46 Pleasant Park 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	4 COLOR OR RACE	5 SINGLE	(write the word)		
Female	White	MARRIED	Widow		
5a If married, widowed, or divorced					
HUSBAND of Richard Daly (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)		11 Total time (years) spent in this occupation 25			
12 BIRTHPLACE (City) Boston		(State or country) Mass.			
13 NAME OF FATHER David Leahy					
14 BIRTHPLACE OF FATHER (City) Ireland		(State or country)			
15 MAIDEN NAME OF MOTHER Cannot be learned					
16 BIRTHPLACE OF MOTHER (City) Ireland		(State or country)			
17 Informant (Address) William B. Meroth 62 Pleasant Park Road					
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)					
Health Officer 4/13/33 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April 12 1933		(Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to April 12, 1933.					
I last saw her alive on April 4, 1933, 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:					
Diabetes mellitus		Date of onset 1920			
Arterio Sclerosis		1928			
Hypertension		1928			
Contributory causes of importance not related to principal cause:					
Auricular Fibrillation		1931			
Chronic Bronchitis		1932			
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 Sydie W. Dickinson M. D.					
(Signed) Winthrop Mass Date April 19 1933					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston (Cemetery) (City or town)					
DATE OF BURIAL April 17 1933					
22 NAME OF UNDERTAKER F. J. Tape					
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 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 as *at 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—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 *village 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.

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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 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 the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a permit may be obtained from 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.*

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RULES OF PRACTICE

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

(3) **Medical Examiners** will investigate and certify to all deaths 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-2-30. No. 7997-d

SUFFOLK (County)		BOSTON (City or Town)		BOSTON (City or town making return)	
1 PLACE OF DEATH		No. 118 Princeton St., Ward {		Registered No. 3537	
2 FULL NAME		Hermon Byron Robertson		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. 78 Atlantis St., Ward, Winthrop		(If U. S. War Veteran, specify WAR)		(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			
5a If married, widowed, or divorced HUSBAND of Cordelia Wheeler (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 30 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. stenographer				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edison Elec				
	10 Date deceased last worked at this occupation (month and year) May 1931 11 Total time (years) spent in this occupation 10				
12 BIRTHPLACE (City) East Boston (State or country) Mass					
PARENTS	13 NAME OF FATHER Artemas Robertson				
	14 BIRTHPLACE OF FATHER (City) New Brunswick (State or country)				
	15 MAIDEN NAME OF MOTHER Ella Ward				
	16 BIRTHPLACE OF MOTHER (City) New Brunswick (State or country)				
17 Informant Mrs. A. Robertson (Address) 118 Princeton St. E					
A TRUE COPY.					
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)					
DATE FILED April 15 1933					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April 13 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Oct 1 1917 to April 13 1933 , 19 33 I last saw him alive on April 12 1933 , death is said to have occurred on the date stated above, at 3.30A. m. The principal cause of death and related causes of importance in order of onset were as follows: myocarditis 10/1/17					
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) G. M. Muttart , M. D. (Address) East Boston Date 4/13/1933					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)					
DATE OF BURIAL April 15 1933					
22 NAME OF UNDERTAKER J. F. O'Maley ADDRESS Winthrop					
Received and filed APR 19 1933 19 _____					
(Registrar of City or Town where deceased resided)					

PLACE OF DEATH

Suffolk
(County)Wentworth
(City or Town)

No. 4 Prescott St

St., Ward {

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

Registered No. 85

2 FULL NAME Minnie Olive Searett Hodgdon

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

(a) Residence. No. 4 Prescott 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

George E. Hodgdon
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 9 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) Nov 1932 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Sacco (State or country) Maine

13 NAME OF FATHER George A. Searett

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

15 MAIDEN NAME OF MOTHER Sarah Olive Lombard

16 BIRTHPLACE OF MOTHER Sacco (State or country) Maine

17 Informant George E. Hodgdon (Address) 4 Prescott St. - Wentworth

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 14 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1932, to Apr. 14, 1933.

I last saw her alive on Apr. 14, 1933, death is said

to have occurred on the date stated above, at 12:30 P. M.

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

Carcinoma - relopentonal glands.

Date of Onset
IMPORTANTabout
Sept. 1932

Contributory causes of importance not related to principal cause:

Hypertension -
secondary carcinomafew months
" "Name of operation Card. Aug. 1932. Date of Aug. 1932.
What test confirmed diagnosis? Path. Was there an autopsy? No

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

If so, specify

(Signed) J. W. Layton, M. D.
(Address) 270 Commonwealth Ave. Boston Date 4/15 193321 PLACE OF BURIAL, CREMATION OR REMOVAL Wentworth - Wentworth
(Cemetery) (City or town)

DATE OF BURIAL April 17 1933

22 NAME OF UNDERTAKER Richard W. White

ADDRESS 151 Prescott St

Received and filed April 21 1933 19

(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.

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

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		
		No. <u>East Boston Relief Station</u> St., <u> </u> Ward {	Registered No. <u>3721</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)		
		2 FULL NAME <u>William Luppold</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)			
		(a) Residence. No. <u>105 Bartlett Rd</u> St., <u> </u> Ward, <u>Winthrop</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>M</u>		4 COLOR OR RACE <u>W</u>		5 SINGLE MARRIED WIDOWED or DIVORCED <u>married</u> (write the word)	
5a If married, widowed, or divorced HUSBAND of <u>Anne J Power</u> (Give maiden name of wife in full)					
(or) WIFE of <u> </u> (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <u>58</u> Years <u> </u> Months <u> </u> Days <u> </u> If less than 1 day Hours <u> </u> Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clerk</u>				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>				
	10 Date deceased last worked at this occupation (month and year) <u>April 1933</u>				
		11 Total time (years) spent in this occupation <u>13 yrs</u>			
12 BIRTHPLACE (City) <u>Boston</u> (State or country) <u>Mass</u>					
PARENTS	13 NAME OF FATHER <u>Eugene Luppold</u>				
	14 BIRTHPLACE OF FATHER (City) <u>Germany</u> (State or country)				
	15 MAIDEN NAME OF MOTHER <u>Maria Engman</u>				
	16 BIRTHPLACE OF MOTHER (City) <u>Germany</u> (State or country)				
17 Informant <u>Mrs A J Luppold</u> (Address) <u>Winthrop</u>					
A TRUE COPY.					
ATTEST: <u>James J. Mulvey</u> (Registrar of city or town where death occurred)					
DATE FILED <u>April 21</u> 19 <u>33</u>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>April 17</u> 19 <u>33</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <u> </u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> .					
I last saw him <u> </u> alive on <u> </u> , 19 <u> </u> , death is said to have occurred on the date stated above, at <u>1.03P.m.</u>					
The principal cause of death and related causes of importance in order of onset were as follows:					
<u>acute exasperation</u>					
<u>chronic myocarditis</u>					
<u>postmortem opinion</u>					
Contributory causes of importance not related to principal cause:					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>					
20 Was disease or injury in any way related to occupation of deceased? <u> </u>					
If so, specify <u>J J Siragusa</u> M. D.					
(Signed) <u>Boston</u> Date <u>4/17/1933</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Holy Cross</u> <u>Malden</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>April 20</u> 19 <u>33</u>					
22 NAME OF UNDERTAKER <u>M S Caggiano</u>					
ADDRESS <u>Boston</u>					
Received and filed <u>APR 28 1933</u> 19 <u> </u>					
(Registrar of City or Town where deceased resided)					

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31. No. 3385-f

FARMINGTON, MASSACHUSETTS		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY		DIVISION OF VITAL STATISTICS		(City or town making return)	
STANDARD		CERTIFICATE OF DEATH		Registered No. 87					
1 PLACE OF DEATH		Farmingington (County)		Windsor (City or Town)		No. 100m-9-31		St. Ward	
2 FULL NAME		Columba Whitney Tarbo		(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.		Farmingington St.		Ward				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		8 yrs. 12 mos. 12 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)					
Female	White	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	84	Years	0	Months	25	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 marked 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									
19 I HEREBY CERTIFY That I attended deceased from									
I last saw him alive on									
to have occurred on the date stated above, at 1.55 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:									
Penility									
Atherosclerosis									
Name of operation									
What test confirmed diagnosis									
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									
DATE OF BURIAL									
22 NAME OF UNDERTAKER									
ADDRESS									
Received and filed									
A TRUE COPY, ATTEST:									

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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, in case of an exhumation, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is his infirm, 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, and make such certificate. It is a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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, Acts of 1903, as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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, precision stationer* 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, 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
<i>Contributory causes of importance not related to principal cause:</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.

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-5-32. No. 5469

1

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)
No. 42 Sunnyside Ave
Ward {

2

FULL NAME

Thomas Jacobs
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 42 Sunnyside Ave
(Usual place of abode)
Ward,
Length of residence in city or town where death occurred 25 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

Widowed

6a If married, widowed, or divorced

HUSBAND of Mary Alice Wallace
(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

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.

Fruit Market

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

Apr 1925

11 Total time (years) spent in this occupation

45

PARENTS

12 BIRTHPLACE (City)

St John

(State or country)

N.B.

13 NAME OF FATHER

St John Jacobs

14 BIRTHPLACE OF FATHER (City)

St John

(State or country)

N.B.

15 MAIDEN NAME OF MOTHER

Margaret Campbell

16 BIRTHPLACE OF MOTHER (City)

St John

(State or country)

N.B.

17 Informant (Address)

Mrs. Jacobs
422 Sunnyside 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)
Health Officer
(Official Designation)
(Date of Issue of Permit)
4/22/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

20

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 6, 1931 to April 20, 1933. I last saw him alive on April 20, 1933, 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:
Edema Lungs
Contributory causes of importance not related to principal cause:
General 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) Harvey A. Kelly, M. D.
(Address) Weymouth
Date 4/20/33
21 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross Cemetery
(City or town)
Malden
DATE OF BURIAL
April 24
1933
22 NAME OF UNDERTAKER
Richard C. Kirby
ADDRESS
East Boston
Received and filed
APR 24 1933
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

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

- 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, 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, 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, 1922
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.

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 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 chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 convalidate 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. 48, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall, in all cases certifying to the town clerk or registrar in the place where the deceased died his name and 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 held, or from 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 chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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-'30, No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S 19,052
CERTIFICATE OF DEATH

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

Registered No. 89

1 PLACE OF DEATH Suffolk (County)
Waltham (City or Town)
No. 31 Hawthorne Ave St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Joseph Dolan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Hawthorne 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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Josephine Golden (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

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kenney & Co Boston Mass
10 Date deceased last worked at this occupation (month and year) April 21/33 11 Total time (years) spent in this occupation 23 yrs

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

13 NAME OF FATHER Michael J Dolan

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

15 MAIDEN NAME OF MOTHER Mary A Curran

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

17 Informant Josephine Dolan (Address) 31 Hawthorne Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
James F. Cullen (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/24/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 21 1933
(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.)
Cardio-vascular disorder associated with the use of alcohol (shot drinking)

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
Boston (City or town)

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's West Park (Cemetery) (City or town)
DATE OF BURIAL April 27 1933

22 NAME OF UNDERTAKER J. E. O'Sullivan
ADDRESS 2651 Washington St

Received and filed APR 24 1933 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 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 **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

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

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. Winthrop Hospital		St., Ward {		Registered No. 90	
2 FULL NAME Samuel Howell						(If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 8 Bryant St.						St., Ward, Everett					
Length of residence in city or town where death occurred						yrs. mos. / days How long in U. S., if of foreign birth? 12 yrs. - mos. - days.					
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX Male		4 COLOR OR RACE White		5 SINGLE MARRIED WIDOWED or DIVORCED Widower		(write the word)					
5a If married, widowed, or divorced Benneth Noel											
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 11 Months 27 Days If less than 1 day Hours Minutes											
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker											
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lark, Don and Bond factory											
10 Date deceased last worked at this occupation (month and year) Oct 1920 11 Total time (years) spent in this occupation 15-											
12 BIRTHPLACE (City) Carbonear (State or country) N. F.											
13 NAME OF FATHER William Howell											
14 BIRTHPLACE OF FATHER (City) Carbonear (State or country) N. F.											
15 MAIDEN NAME OF MOTHER Savinia Howell											
16 BIRTHPLACE OF MOTHER (City) Carbonear (State or country) N. F.											
17 Informant Richard Howell (Address) 5 Bryant St. Everett											
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) 5/11/33 (Official Designation) (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
13 DATE OF DEATH Apr 30 1933 (Month) (Day) (Year)											
14 I HEREBY CERTIFY That I attended deceased from April 29 1933, to April 30 1933, I last saw him alive on April 30, 1933, death is said to have occurred on the date stated above, at 2 P. m.											
The principal cause of death and related causes of importance in order of onset were as follows: Acute Pulmonary edema 4/30/33											
Contributory causes of importance not related to principal cause: Right lower lobe. Lobar pneumonia 4/29/33											
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 George H. Schwartz, M. D. (Signed) 43 Plymouth St. Date 4/30 1933 (Address) Z. B.											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Elmwood Cemetery (City or town) South 1933											
DATE OF BURIAL May 3 1933											
22 NAME OF UNDERTAKER James A. Gorder ADDRESS 31 Sumner St. Everett											
Received and filed MAY 4 1933 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 column 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 *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *violin* *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, injury or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assthemia, etc. As principal causes 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 required by section one, where same was 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 retinal 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 retinal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith connsign 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, puerperia, gastritis, erysipelas, meningitis, miliary, 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-5-132. No. 5469

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 Winthrop
 No. Winthrop Community Hospital Ward 6 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katie E. (Katherine) M. Hugh
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No.** 579 Saratoga 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 66 yrs. — mos. — days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

Registered No. 91
 (If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

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

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 66 Years — Months — 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) April 1933 **11** Total time (years) spent in this occupation 50

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

13 NAME OF FATHER Edward M. Hugh
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Catherine Gilgan
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Edward J. M. Hugh
 (Address) 1095 Saratoga St., E. 12

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 30 1933
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Feb 18 1933, to April 30 1933
 I last saw her alive on April 30 1933, death is said to have occurred on the date stated above, at 5:14 a.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Carcinoma of sigmoid **Date of Onset** 1933
IMPORTANT

Contributory causes of importance not related to principal cause: _____

Name of operation Colectomy **Date of** 3-13-33
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) James G. Galt **M. D.**
 (Address) _____ **Date** _____ **19** _____

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Walden (Cemetery) (City or town)
DATE OF BURIAL May 2 **19** 33

22 NAME OF UNDERTAKER W. J. Kelly
ADDRESS 11 Wendell St., E. B.

Received and filed MAY 4 1933 **19** _____
 (Registrar)

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childers
 (Signature of Agent of Board of Health or other)
Health Officer **(Official Designation)** 5/1/33 **(Date of Issue of Permit)**

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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 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

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.

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 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. 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

		Suffolk (County)		Winthrop (City or Town)		No. "House Boat"		St. Ward		Registered No. 92	
1 PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S 19074. CERTIFICATE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number)									
2 FULL NAME		ELROY ELBRIDGE CARNEY (If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a) Residence. No.		House Boat, 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	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word)									
Male	White	Widowed									
6a If married, widowed, or divorced HUSBAND of Juliet Laskey (Give maiden name of wife in full)											
(or) WIFE of (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. Builder										
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boats										
	10 Date deceased last worked at this occupation month and year April 28 1933 11 Total time (years) spent in this occupation 50										
12 BIRTHPLACE (City) East Boston (State or country) Mass											
PARENTS	13 NAME OF FATHER Joseph Carney										
	14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass										
	15 MAIDEN NAME OF MOTHER Charlotte Cousins										
	16 BIRTHPLACE OF MOTHER (City) P.E. Island (State or country)										
17 Informant Mrs. Johnson (Address) Town Hall 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) 5067 (Official Designation) 3 1933 (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH April 30, 1933. (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 Causes: Cardio-vascular disease, presumably coronary sclerosis. (Died suddenly.)											
(See reverse side for description for unknown person)											
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Medical Examiner (Address) 34 Boylston St. Date 4/2/1933. M. D.											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)											
DATE OF BURIAL May 4 1933 19											
22 NAME OF UNDERTAKER John F. O'Malley											
ADDRESS Winthrop											
Received and filed MAY 4 1933 (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

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. 7097-d

		Essex (County)		Lynn (City or Town)		Lynn (City or town making return)	
1 PLACE OF DEATH		No. Union Hospital		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Minnie Quimby (Barker)				{ (If U. S. War Veteran, specify WAR)	
(a) Residence		No. 66 Summit Avenue		St.,		Ward, Winthrop	
Length of residence in city or town where death occurred		yrs.		mos.		6 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)			
F		W		WIDOWED Married			
5a If married, widowed, or divorced		HUSBAND of					
(or) WIFE of		Harry W. Quimby (Give maiden name of wife in full)					
		(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	
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)		Apr. 1933		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City)		Newport,		(State or country) N. H.			
13 NAME OF FATHER		Henry L. Barker					
14 BIRTHPLACE OF FATHER (City)		Troy,		(State or country) N. H.			
15 MAIDEN NAME OF MOTHER		Cannot be learned					
16 BIRTHPLACE OF MOTHER (City)		"		(State or country) "			
17 Informant (Address)		Kenneth Quimby, Summer St., Cohasset					
A TRUE COPY.		Joseph H. Attwell					
ATTEST		(Registrar of city or town where death occurred)					
DATE FILED		May 5,		1933			
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH		April 20, 1933		(Month) (Day) (Year)			
19 I HEREBY CERTIFY. That I attended deceased from April 6, 1933, to April 19, 1933.							
I last saw her alive on April 19, 1933, 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:							
Phlebitis 4-18-33							
Contributory causes of importance not related to principal cause:							
Acute myocarditis 4-18-33							
Name of operation		Septum & Polyp		Date of 4-6-33			
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 A. Lyons					
(Signed)		Lynn, Mass.		Date 4-20-33			
(Address)							
21 PLACE OF BURIAL, CREMATION OR REMOVAL		--Charlestown, N. H.					
DATE OF BURIAL		April 23,		(Cemetery) (City or town) 1933			
22 NAME OF UNDERTAKER		Herman W. Parker & Sons					
ADDRESS		Lynn, Mass.					
Received and filed		MAY 18 1933					
		19					
(Registrar of City or Town where deceased resided)							

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-L

1 PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Ft. Banks, Mass. St., Womens' Ward

(Widowed, Maiden Name:)

2 FULL NAME Elizabeth Moore (Elizabeth Roath)

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

(a) Residence. No. 9 Cliff Avenue

(Usual place of abode)

St. -- Ward, Winthrop, Massachusetts

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 6 mos. 2 days. How long in U. S., if of foreign birth? 50 yrs. 2 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 Henry Moore (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years 6 Months 2 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) Apr. 22, 1933 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Birmingham (State or country) England

13 NAME OF FATHER John Roath

14 BIRTHPLACE OF FATHER (City) Wales (State or country) England

15 MAIDEN NAME OF MOTHER Eliza Prescott

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

17 Informant Mrs. Florence Burns, grand-daughter, (Address) No. 6 Revere 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) 5/4/33

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 94

(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

18 DATE OF DEATH May 2nd 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 23, 1933, to May 2, 1933.

I last saw her alive on May 2, 1933, death is said

to have occurred on the date stated above, at 5:00 A.M.

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

1. Bronchial pneumonia, acute. 2. Nephritis, parenchymatous, acute.

Contributory causes of importance not related to principal cause: Accidental injuries sustained while jumping from burning building.

1. Concussion of brain. 2. Wound, lacerated, occipitotemporal region, scalp. 3. In length of operation None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

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

If so, specify

(Signed) A. G. Compton, Major, M. C.

(Address) Ft. Banks, Mass. Date May 2, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Ridge, Sharon, Mass. (Cemetery) (City or town)

DATE OF BURIAL May 4, 1933

22 NAME OF UNDERTAKER Charles R. Benson,

ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed MAY 4 1933

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 *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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, fitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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-5-32. No. 5469

1

PLACE OF DEATH

Suffolk
(County)
Winton
(City or Town)
No. 239 Pleasant St., Ward {
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME

Elizabeth G. Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a)

Residence. No. 239 Pleasant St., 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.

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. 95
Registered No. 1378

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W.

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED

(write the word)
Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of John M. Kelly
(Give maiden name of wife in full)
(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.

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

PARENTS

12 BIRTHPLACE (City) (State or country)

East Boston
Mass.

13 NAME OF FATHER

John Little

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

England

15 MAIDEN NAME OF MOTHER

Ellenor Farney

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

Boston
Mass.

17 Informant Mrs. Holmes
(Address) 239 Pleasant St. South

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)
5/9/33
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

5

8

33

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

5/1

1933

to

5/8

1933

I last saw him alive on

5/8

1933

death is said to have occurred on the date stated above, at

10 H.

m.

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

Angina Pectoris
5/8

Contributory causes of importance not related to principal cause:

General Arterio Sclerosis 7

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) Harvey A. Kelly
(Address) 20 Pleasant St.
Date 5/9/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Calvary, Boston
(Cemetery) (City or town)

DATE OF BURIAL

May 10
1933

22 NAME OF UNDERTAKER

P. Kirby
ADDRESS
East Boston

Received and filed

MAY 15 1933

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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—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 merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so 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-9-31, No. 3385-f

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		inthrop (City or town making return)
		Registered No. <u>96</u>
1 PLACE OF DEATH 1 <u>Southfolk</u> (County) <u>inthrop</u> (City or Town) No. <u>41 Sargent</u> St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME <u>Charles William Dorr</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		
(a) Residence. No. <u>41 Sargent</u> St., Ward, (If nonresident, give city or town and state)		
Length of residence in city or town where death occurred <u>32</u> 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)
6a If married, widowed, or divorced HUSBAND of <u>Emma Phillips</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>61</u> Years <u>3</u> Months <u>17</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>bookkeeper</u>	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>store</u>	
10 Date deceased last worked at this occupation (month and year) <u>Dec. 1932</u>		11 Total time (years) spent in this occupation <u>12</u>
12 BIRTHPLACE (City) <u>Norwell</u> (State or country) <u>Massachusetts</u>		
PARENTS:	13 NAME OF FATHER <u>William Dorr</u>	
	14 BIRTHPLACE OF FATHER (City) <u>Unable to obtain</u> (State or country)	
	15 MAIDEN NAME OF MOTHER <u>Ellen Turner</u>	
16 BIRTHPLACE OF MOTHER (City) <u>Unable to obtain</u> (State or country)		
17 Informant <u>Emma P. Dorr</u> (Address) <u>41 Sargent St</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. F. Childers</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>5/9/33</u> (Date of Issue of Permit)		
MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH <u>5</u> (Month) <u>8</u> (Day) <u>33</u> (Year)		
19 I HEREBY CERTIFY, That I attended deceased from <u>4/8/32</u> , 19 <u>32</u> , to <u>5/8</u> , 19 <u>33</u> . I last saw him alive on <u>5/8</u> , 19 <u>33</u> , death is said to have occurred on the date stated above, at <u>7 p.</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>menia</u> Date of onset <u>5/7/33</u>		
Contributory causes of importance not related to principal cause: <u>Chronic Nephritis</u>		
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>Hansen's Disease</u> (Signed) <u>Hansen</u> (Address) <u>20 Sargent St</u> Date <u>5/9</u> 19 <u>33</u> M. D.		
21 PLACE OF BURIAL <u>St. Patrick's Cemetery</u> <u>Norwell</u> <u>Mass.</u> CREMATION OR REMOVAL (Cemetery) (City or town)		
DATE OF BURIAL <u>May 10, 1933</u> 19 <u>33</u>		
22 NAME OF UNDERTAKER <u>Charles A. Bennison</u> ADDRESS <u>inthrop, Mass</u>		
Received and filed <u>MAY 15 1933</u> 19 <u>33</u>		
A TRUE COPY, ATTEST: (Registrar)		

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 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, as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.

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

He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. 46, G. L. as amended.

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

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

RULES OF PRACTICE

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

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

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

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

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 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>Apoplectosis</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-2-30, No. 7997-1

PLACE OF DEATH		Essex (County)		Danvers (City or Town)		Danvers (City or town making return)	
1		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		Andrew Lipsett		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No.		40 Sunnyside 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		6 yrs. 6 mos. 10 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			
5a If married, widowed, or divorced							
HUSBAND of		Hazel Phillips					
		(Give maiden name of wife in full)					
(or) WIFE of		(Husband's name in full)					
6 IF STILLBORN, enter that fact here.							
7		69		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.					
		Carpenter					
		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's							
(State or country) New Brunswick							
13 NAME OF FATHER William Lipsett							
14 BIRTHPLACE OF FATHER (City) St. Johns, N.B.							
(State or country)							
15 MAIDEN NAME OF MOTHER Anna Love,							
16 BIRTHPLACE OF MOTHER (City) Ireland							
(State or country)							
17 Gertrude F. Smith,							
Informant Hathorne							
(Address)							
A TRUE COPY							
ATTEST: (Registrar of city or town where death occurred)							
DATE FILED 5/16/33							
19							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH May 9, 1933.							
(Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from							
July 1, 1930 to May 9, 1933							
I last saw him alive on May 9, 1933, death is said to have occurred on the date stated above, 11.45A m.							
The principal cause of death and related causes of importance in order of onset were as follows:							
General arteriosclerosis 1916							
Contributory causes of importance not related to principal cause:							
Psychosis with Cerebral arteriosclerosis 1918							
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:							
(Signed) Solomon Gagnon, M. D.							
(Address) Hathorne Date 12/33							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Wyonine Melrose							
(Cemetery) (City or town)							
DATE OF BURIAL May 11, 1933. 19							
22 NAME OF UNDERTAKER Richard E. White							
ADDRESS Winthrop							
Received and filed 1933 19							
(Registrar of City or Town where deceased resided)							



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

1 { PLACE OF DEATH

SUFFOLK
(County)

BOSTON
(City or Town)

No. 42 Brooksdale Rd

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



BOSTON
(City or town making return)

98

STANDARD
CERTIFICATE OF DEATH

Registered No. 4417

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

2 FULL NAME Emily G Hersey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Moore St. Winthrop St., Ward, (If U. S. War Veteran, specify WAR)

(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 F	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Wid	(write the word)	18 DATE OF DEATH May 10 1933 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Francis A Hersey (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from May 6, 1933 to May 10, 1933. I last saw her alive on May 10, 1933, 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:	
6 IF STILLBORN, enter that fact here.				Date of onset	
7 AGE 56 Years 3 Months 7 Days If less than 1 day Hours Minutes				carcinoma left breast 4 yrs	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home				Contributory causes of importance (not related to principal cause):	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Name of operation - Date of	
10 Date deceased last worked at this occupation (month and year)				What test confirmed diagnosis? clin Was there an autopsy? no	
11 Total time (years) spent in this occupation				20 Was disease or injury in any way related to occupation of deceased?	
12 BIRTHPLACE (City) St. John (State or country) N B				If so, specify (Signed) G. S. Speare, M. D. (Address) Boston Date 5/10/1933	
13 NAME OF FATHER Joseph Belyea				21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Medford (Cemetery) (City or town)	
14 BIRTHPLACE OF FATHER (City) St. John (State or country) N B				DATE OF BURIAL May 13 1933	
15 MAIDEN NAME OF MOTHER Margaret Hersey				22 NAME OF UNDERTAKER R H White	
16 BIRTHPLACE OF MOTHER (City) St. John (State or country) N B				ADDRESS Winthrop	
17 Informant Son Winthrop (Address)				MAY 25 1933	
A TRUE COPY.				Received and filed 19	
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)				(Registrar of City or Town where deceased resided)	
DATE FILED May 13 1933					

MARGIN RESERVED FOR BINDING

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

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

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 7 Atlantic St. Ward {

2

FULL NAME

Channing Mac Donald
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 7 Atlantic 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

4 COLOR OR RACE

5 SINGLE MARRIED WIDOWED OR DIVORCED

(write the word)

Male White Married

5a If married, widowed, or divorced

HUSBAND Mary L. McQueeney
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 33 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. Police Officer

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

10 Date deceased last worked at this occupation (month and year) May 16 1933

11 Total time (years) spent in this occupation. 5

12 BIRTHPLACE (City) So. Framingham
(State or country) Mass

PARENTS

13 NAME OF FATHER John L. MacDonald

14 BIRTHPLACE OF FATHER (City) P. E. Island
(State or country)

15 MAIDEN NAME OF MOTHER Rosa Williams

16 BIRTHPLACE OF MOTHER (City) P. E. Island
(State or country)

17 Informant Mary Mac Donald
(Address) 7 Atlantic 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)
5/12/33
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

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.)
Pneumonia caused from strain

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) Wm. D. Childress, M. D.
(Address) Suffolk Date May 19 1933

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

DATE OF BURIAL May 13 1933

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

Received and filed. MAY 15 1933
(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. 99

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

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

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

Boston 6/8/33

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 *Suffolk* (County)
Winthrop (City or Town)
No. *Winthrop's Community Hosp.* St. *1* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Michael J. Quinlan*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *527* *Saratoga* St., *1* Ward, *E. Boston*
(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 *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed, or divorced HUSBAND of *Sophia T. Pitts* (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 Months Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Drawtender*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *State of Mass.*

10 Date deceased last worked at this occupation (month and year) *1-33* 11 Total time (years) spent in this occupation *26*

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

13 NAME OF FATHER *John Quinlan*

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

15 MAIDEN NAME OF MOTHER *Catherine Grines*

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

17 Informant *Sophia Quinlan* (Address) *527 Saratoga 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:
William D. Chedres
(Signature of Agent of Board of Health or other Agent)
Agent (Official Designation) *May 14/33* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *May 12 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *May 9 1933* to *May 12 1933*
I last saw him alive on *May 12 1933*, 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:
General Peritonitis with Intestinal obstruction
Contributory causes of importance not related to principal cause:
Ruptured Appendix
Name of operation *Appendectomy* Date of *5/6/33*
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify *Surg. H. Schwartz* (Signed) *H. Grimes Sr.* (Address) *13 Grimes St.* Date *12/19/33*

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

DATE OF BURIAL *5-15* 19 *33*

22 NAME OF UNDERTAKER *William A. Treanor*
ADDRESS *539 Saratoga St. E. B.*

Received and filed *MAY 15 1933* 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended shall furnish his last illness, at the request of an undertaker, or other authorized person or of any member of the family of the deceased, a certificate of death, containing a statement of the cause, date, age, sex, race, color, and height of the deceased, stating to the best of his knowledge and belief the name of the deceased, his supposed name at the time of his death, the date of his death, the place 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 body and remove it from a town, from one cemetery to another, 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 factory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by law to original interment, 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 for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the common-death made as above provided, and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

11.—The number of years 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, 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.*

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.

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 given.
- (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-5-32. No. 5469

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

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 99 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles M. Sherman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 99 Shirley St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
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 WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Mora A. Kennedy
(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

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. Todd Motors Co.
10 Date deceased last worked at this occupation (month and year) Aug 1947 11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) Franklinville (State or country) New York

13 NAME OF FATHER Thomas E. Sherman

14 BIRTHPLACE OF FATHER (City) New York (State or country) New York

15 MAIDEN NAME OF MOTHER Emily Talbot

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

17 Informant Mr. David Sherman (Address) 99 Shirley St. Winthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 12 1933
(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 6 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Natural causes. Probably Cerebral hemorrhages. Date of Onset May 12 1933
IMPORTANT

Contributory causes of importance not related to principal cause:
Chronic myocarditis 1931
Chronic interstitial nephritis 1931

Name of operation none Date of _____
What test confirmed diagnosis? histologic Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Raymond B. Parker M. D.
(Address) Medical Board of Health Date May 14 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Walston Burying
(Cemetery) (City or town)
DATE OF BURIAL May 15 1933 19____

22 NAME OF UNDERTAKER _____ ADDRESS _____

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
W. B. O'Leary
(Signature of Agent of Board of Health or other)
NO (Official Designation)
May 15 1933 (Date of Issue of Permit)

Received and filed _____ 19____
MAY 15 1933
(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, 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, from one grave or tomb other than the receiving tomb to another, or its cemetery, until he has received a permit from the board of health 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. If death is caused by violence, the medical examiner shall not previously interfere. If such a permit for the removal of a human body, wealth cannot be obtained early enough for the purpose, the common-dealing to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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, 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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>	1931
<i>Cerebral hemorrhage</i>	July 5, 1937
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.

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 from disease unrelated 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 medical attendance or whose physician is absent from home when the certificate of death is needed.

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

SUFFOLK

(County)

BOSTON

(City or Town)

No. New England Hospital

St.,

Ward {

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

2 FULL NAME

Flora L

Biggio

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

(a) Residence. No.

170 Herman 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
F

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

Years

Months

Days

If less than 1 day

1

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

13 NAME OF FATHER

Andrew Biggio

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Rosa Fopiano

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

17

Informant
(Address)

Andrew Biggio

Winthrop

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

May

18

19 33

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

BOSTON

(City or town making return)

Registered No. 4583

(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

May

13

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

May

13

1933

to

May

13

19 33

I last saw her alive on

May

13

19 33

, death is said

to have occurred on the date stated above, at 11.29A.

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

Date of onset

prematurity 5-6 mos

Contributory causes of importance not related to principal cause:

prematurity 5-6 mos

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)

N. R. Mason

M. D.

(Address)

483 Beacon St

Date

5/13/19 33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Calvary

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

May

16

19

33

22 NAME OF UNDERTAKER

Richard C Kirby

ADDRESS

Boston

Received and filed

MAY 20 1933

19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469

1

PLACE OF DEATH
Suffolk
Winthrop
(County)
(City or Town)
No. 33 Emerson Rd
St.,
Ward {

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Registered No. 103

2 FULL NAME William Thomson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 33 Emerson 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 25 yrs 3 mos. 2 days. How long in U. S., if of foreign birth? 30 yrs 12 mos. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OF RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(write the word)
5a If married, widowed, or divorced HUSBAND of Mary Stainforth
(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 8 Months 1 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. Coal Business
10 Date deceased last worked at this occupation (month and year) May 1921
11 Total time (years) spent in this occupation. 4 yrs
12 BIRTHPLACE (City) (State or country) Scotland
13 NAME OF FATHER William Thomson
14 BIRTHPLACE OF FATHER (City) (State or country) Scotland
15 MAIDEN NAME OF MOTHER Unknown Smith
16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland
17 Informant Mrs. Mary Thomson
(Address) 33 Emerson Rd Winthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 15 1933
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from 19 to 19
I first saw him alive on 19, 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:
Natural Causes probably
Acute Myocarditis May 15 1933
Contributory causes of importance not related to principal cause:
Diabetes Mellitus 1917.
Name of operation No. Date of
What test confirmed diagnosis? Investigation 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) Winthrop Board of Health Date May 17 1933
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL May 17 1933
22 NAME OF UNDERTAKER Frank E. Brown
ADDRESS East Street Winthrop
Received and filed MAY 22 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased furnish for registration a standard certificate of death, stating to the best of 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 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 convalidate 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 obtain as for 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31. No. 3385-f



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

Winthrop

(City or town making return)

Registered No. 104

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 24 Belcher

St.,

Ward {

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

2 FULL NAME Sarah Loretta Jones

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

(a) Residence. No. 24 Belcher

St.,

Ward,

(If U. S.

War Veteran,

specify WAR)

(Usual place of abode)

(If nonresident, give city or town and state)

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 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 George H. Jones

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years 8 Months X Days If less than 1 day Hours Minutes

OCCUPATION

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

House work

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) April, 1933 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Lubec

(State or country) Maine

13 NAME OF FATHER

William Coggins

14 BIRTHPLACE OF FATHER (City)

Lubec

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Abbie Ellis Eldridge

16 BIRTHPLACE OF MOTHER (City)

Harwich

(State or country)

Massachusetts

17

Informant (Address)

Nellie Hanson

24 Belcher 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

18 DATE OF DEATH May 15 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 21 1933 to May 15 1933

I last saw her alive on May 15 1933, 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:

Date of Onset

Cancer of Stomach June 1932

Contributory causes of importance not related to principal cause:

Name of operation none History Date of What test confirmed diagnosis Observation 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) Winthrop Mass Date May 15 1933

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

DATE OF BURIAL May 17 1933 19

22 NAME OF UNDERTAKER Charles A. Bennison

ADDRESS Winthrop, Mass

Received and filed MAY 22 1933 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 returned, 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 it is a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If for 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Distinguishing 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, 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.

RULES OF PRACTICE

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.*

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 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.**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 105

PLACE OF DEATH

Suffolk

(County)

Winthrop

(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 Augustin McLellan

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

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

Spanish
World War

(a) Residence. No. 52 Florence

(Usual place of abode)

St. Med. Ward, Boston

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 5 days. How long in U. S., if of foreign birth? 35 yrs. X mos. X days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Single
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 51 Years 1 Months 2 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 1927 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Halifax, N.S.
(State or country) Canada.

13 NAME OF FATHER John McLellan

14 BIRTHPLACE OF FATHER (City) Prince Edwards Island.
(State or country) Canada.

15 MAIDEN NAME OF MOTHER Mary McDonald

16 BIRTHPLACE OF MOTHER (City) Prince Edwards Island.
(State or country) Canada

17 Informant (Sister) Miss Bibiana McLellan
(Address) 52 Florence Street, Rosendale, 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) Health Officer (Date of Issue of Permit) 5/17/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17th 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 11th, 1933, to May 17th, 1933.

I last saw him alive on May 17th, 1933, death is said

to have occurred on the date stated above, at 7.30am.

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

Adeno-carcinoma of stomach
Metastatic carcinoma of liver
and pancreas.

Date of onset
unkn.

unkn.

Contributory causes of importance not related to principal cause:

Hemorrhage from stomach May 12

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

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. S. Coyle M. D.
(Address) Fort Banks, Mass. Date 5/17 1933.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph Cemetery, Boston.
(Cemetery) (City or town)

DATE OF BURIAL May 20, 1933

22 NAME OF UNDERTAKER P. J. McArdle
ADDRESS 91 Chelsea Street, Charlestown.

Received and filed 22 1933

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 faintly 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*, *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 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>Apoplexy</i>	1915
<i>Chronic interstitial nephritis</i>	19-1
<i>Cerebral hemorrhage</i>	July 5, 19-7

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 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, 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 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, 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 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 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.

MAKING 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-11-729. No. 7180-A

1 {
PLACE OF DEATH
Suffolk
(County)
Wentworth
(City or Town)
No 30 Myrtle ave
St., Ward {

2 FULL NAME Elizabeth R. Ireland
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No 30 Myrtle Ave. St., Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. days. How long in U. S., if of foreign birth? Life yrs. mos. days.

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 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. House Work
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) May 20 1933
11 Total time (years) spent in this occupation 40 years
12 BIRTHPLACE (City) Cambridge
(State or country) Mass.
13 NAME OF FATHER Robert W Ireland
14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
15 MAIDEN NAME OF MOTHER Letitia McTavish
16 BIRTHPLACE OF MOTHER (City) St John
(State or country) N. H.
17 Informant Miss Minnie Ireland
(Address) 30 Myrtle Ave Wentworth 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)
Health Officer 0/22/33
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH May 21 1933
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from May 19, 19, to May 19, 19, death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Natural Causes, Probably
Acute Myocardial Infarction May 21 1933
Contributory causes of importance not related to principal cause:
Probably
Chronic myocardial 19.3.2
Name of operation none Date of
What test confirmed diagnosis? histology Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Eugene B Parker M. D.
(Address) 100 Huntington Blvd of 1st St Date May 21 19 33.
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Walliston Quincy Mass
(Cemetery) (City or town)
DATE OF BURIAL May 23 1933
22 NAME OF UNDERTAKER Lewis Jones & Son Inc
ADDRESS 50 La Grange St Boston
Received and filed 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 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*—*head*, 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, injury, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name either 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	.....
<i>Chronic interstitial nephritis</i>	.....	.....	1915
<i>Cerebral hemorrhage</i>	.....	.....	1917
.....	.....	.....	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. 40B, 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 received, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his 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.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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, the hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, pleuritis, 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-2-30. No. 7997-d



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

Chelsea

(City or town making return)

Registered No. 334

1 PLACE OF DEATH

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)

2 FULL NAME Josephine Johannessen Herland

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

(a) Residence. No. 38 Madison av.

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

5a If married, widowed, or divorced

HUSBAND of Amel Herland (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 9 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) Mar. 1933 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) --- (State or country) Norway

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) --- (State or country) Norway

15 MAIDEN NAME OF MOTHER Cannot be learned

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

17 (son) Edwin Agrell Herland

Informant (Address) 38 Madison av. Winthrop

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 24, 1933 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22, 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 19 33, to May 22 19 33

I last saw him alive on May 22 1933, 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:

Myocarditis 1930
Diabetes 1932

Contributory causes of importance not related to principal cause:

none
Name of operation lab. & clin. 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) R.W. Layton M. D.
(Address) 270 Commonwealth av. 5/23/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Boston (Cemetery) (City or town)

DATE OF BURIAL May 25, 1933 19

22 NAME OF UNDERTAKER Richard H. White 151 Pleasant st. Winthrop ADDRESS

Received and filed JUN 10 1933 19

(Registrar of City or Town where deceased resided)



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)

Registered No. 4772

2 FULL NAME Albert Dunham

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

(a) Residence. No. 95 Fremont 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

M

4 COLOR OR RACE

W

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

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 72 Years 2 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.

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)

11 Total time (years)

spent in this occupation

April 5/32 5 yrs

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

13 NAME OF FATHER

Lzira R Dunham

14 BIRTHPLACE OF FATHER (City)

Abington

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Mary Bartlett

16 BIRTHPLACE OF MOTHER (City)

Paris

(State or country)

Me

17

Informant (Address)

Wife

Winthrop

A TRUE COPY.

ATTEST:

James J. Mulvey

(Registrar of city or town where death occurred)

DATE FILED

May 25

19 33

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



BOSTON

(City or town making return)

Ward {

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

Registered No. 4772

2 FULL NAME Albert Dunham

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

(a) Residence. No. 95 Fremont 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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 23 1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 6, 1933 to May 23, 1933.

I last saw him alive on May 23, 1933, 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

auricular fibrillation

& acute cardiac decompensation

1 dy

hypertrophied prostate

2 yrs

Contributory causes of importance not related to principal cause:

1st & 2d stage

Name of operation prostatectomy

Date of 5/8/33

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) H. V. Byrne

M. D.

(Address) B. C. H.

Date 5/23/1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL May 25

1933

22 NAME OF UNDERTAKER C. R. Bennison

ADDRESS Winthrop

JUN 8 1933

Received and filed 19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING 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.

50m-2-30, No. 7907-d

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass General Hospital St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4844

2 FULL NAME Peter Charles Peters

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

(a) Residence. No. 64 Prospect Ave Winthrop 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.

(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 M 4 COLOR OR RACE W 5 SINGLE married (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Marion 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 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. nnk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheep Metal Wkr
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Hartford
(State or country) Conn

13 NAME OF FATHER Minert Peters

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

15 MAIDEN NAME OF MOTHER unk

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

17 Informant Ernest Peters
(Address) Revere

A TRUE COPY.

ATTEST: James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED May 27 19 33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 25 19 33
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 19, 19 33 to May 25, 19 33
I last saw him alive on May 25, 19 33 death is said to have occurred on the date stated above, at 2.03A.m.

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

primary carcinoma of lung 8-9
with metastases to the brain, kidney mes
pericardium and regional lymph nodes

Contributory causes of importance not related to principal cause:

Name of operation subtemp. decompression Date of 5/24/33
What test confirmed diagnosis? anatomical Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. V. Ragsdale, M. D.
(Address) Asst Dir Date 5/25/19 33

21 PLACE OF BURIAL Woodlawn Everett
CREMATION OR REMOVAL (Cemetery) (City or town)
DATE OF BURIAL May 27 19 33

22 NAME OF UNDERTAKER T F Carroll
ADDRESS Revere

Received and filed JUN 8 1933 19

(Registrar of City or Town where deceased resided)



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. Haymarket Relief Hosp

St., Ward {

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

2 FULL NAME James J. Dolan

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

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 52 Center 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

M

4 COLOR OR RACE

W

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of Elizabeth Hellen

(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.

clerk

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 311 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

John Dolan

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Unk

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Wife

Winthrop

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

May 3119 33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4925

(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

May 25 1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 2319 33 toMay 2519 33I last saw him alive on May 25, 19 33, death is saidto have occurred on the date stated above, at 8.32P.

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

Date of onset

arterio sclerosis

?

hypertension

?

cerebral hemorrhage

5/28/33

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) S. Sidell

M. D.

(Address) Hay ReliefDate 5/25/ 19 33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt BenedictBoston

(Cemetery)

(City or town)

DATE OF BURIAL

May 2919 33

22 NAME OF UNDERTAKER

J J Kelley & Son

ADDRESS

Cambridge

Received and filed

JUN 8 1933

19

(Registrar of City or Town where deceased resided)



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. 111

1 PLACE OF DEATH
Plymouth
(County)
Lakerville
(City or Town)
No. Lakerville State Sanatorium Ward

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

2 FULL NAME Sarah Dawley

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

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

(a) Residence. No. 251, Washington Ave, St., Ward, Wintthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 7 mos. 9 days. How long in U. S., if of foreign birth? 23 yrs. 7 mos. 9 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED S (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 44 Years 0 Months 23 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.

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Harbor Grace (State or country) New Foundland

13 NAME OF FATHER Patrick Dawley

14 BIRTHPLACE OF FATHER (City) Harbor Grace (State or country) New Foundland

15 MAIDEN NAME OF MOTHER Celina Fitzgerald

16 BIRTHPLACE OF MOTHER (City) Harbor Grace (State or country) New Foundland

17 Informant: Lakerville State Sanatorium (Address) Madeiros, Mar

A TRUE COPY.

ATTEST: John H. Rees (Registrar of city or town where death occurred)

DATE FILED May 27 19 33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 27 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 18 1933 to May 27 1933

I last saw her alive on May 27 1933, 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:

Tuberculosis Peritonitis 9-1931 Date of onset

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

(Signed) Arthur H. Henshaw M. D.

(Address) 255 Madison Date 5-27-1933

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

DATE OF BURIAL May 31 19 33

22 NAME OF UNDERTAKER

ADDRESS

Received and filed MAY 31 1933 19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING 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.

50m-2-30, No. 7997.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

112

Woburn

(City or town making return)

Registered No. 112

1 PLACE OF DEATH
Middlesex
(County)
Woburn
(City or Town)

No. Choate Memorial Hospital St., 1 Ward {

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

2 FULL NAME George E. Leet

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

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

(a) Residence. No. 22 Bartlett Road 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. 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 MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced
HUSBAND of Maud A. Cook
(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 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. Printer
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) 1930 11 Total time (years) spent in this occupation Life

12 BIRTHPLACE (City) Charlestown
(State or country) P.E.I.

13 NAME OF FATHER William P. Leet

14 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) P.E.I.

15 MAIDEN NAME OF MOTHER Caroline Morris

16 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) P.E.I.

17 Informant George Leet Jr.
(Address) Winthrop, Mass.

A TRUE COPY.

ATTEST: June 6, 1933
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 30, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to May 30, 1933.

I last saw him alive on May 30, 1933, death is said to have occurred on the date stated above, at 3.55 p.m. P.M.

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

Coronary Thrombosis 1921

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
Laboratory

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

If so, specify Thomas E. Halpin, M. D.
(Signed) Reading, Mass. Date 5-30-1933
(Address)

21 PLACE OF BURIAL Winthrop-Winthrop-Mass
(Cemetery) (City or town)

DATE OF BURIAL June 2, 1933 19

22 NAME OF UNDERTAKER Chas. A. Rollins
ADDRESS E. Boston, Mass.

Received and filed June 6, 1933 19

June 21 1933
(Registrar of City or Town where deceased resided)

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)

BOSTON

(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

Gellis

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

(a) Residence. No. 7 Beach Rd

Winthrop.

Ward,

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

(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)

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

9 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

13 NAME OF FATHER

Samuel Gellis

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Frances Wolfson

16 BIRTHPLACE OF MOTHER (City)

(State or country)

East Boston
Mass

17

Informant
(Address)

Richardson House

Boston

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

June

6

19-33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 5101

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

2 FULL NAME

Gellis

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

(a) Residence. No. 7 Beach Rd

Winthrop.

Ward,

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

(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

May

31

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May

31

1933, to

May

31

1933.

I last saw him alive on May 31, 1933, 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:

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) S. Berman

M. D.

(Address) Boston

Date 6/1/1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Piferth Israel

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

June

4

19 33

22 NAME OF UNDERTAKER

Louis Spillen

ADDRESS

Dorchester

Received and filed

JUN 15 1933

19

(Registrar of City or Town where deceased resided)

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

PLACE OF DEATH

1

Boston
 Suffolk
 Winthrop
 (County)
 (City or Town)

No.

2 FULL NAME

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

(a) Residence. No.

(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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Boston 7/12/13
 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. 114

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

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

111 Barnes Ave St., 1 Ward, East Boston
 (If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

June 4, 1933, to June 4, 1933

I last saw him alive on June 4, 1933, 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
 IMPORTANT

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 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Paul's, Arlington
 (Cemetery) (City or town)

DATE OF BURIAL

June 8, 1933

22 NAME OF UNDERTAKER

W. F. Kelly
 ADDRESS 11 Meridian St., E. B.

Received and filed

JUN 7 1933

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, and at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge 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. 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 these 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 of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 and related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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 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 *synthesizer, 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.

INFORMANT'S NAME, ADDRESS, AND PHONE NUMBER. 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.

75m-5-32. No. 5469

PLACE OF DEATH

1

Boston notified 7/12/33
Suffolk
 (County)
Winthrop
 (City or Town)

No. *Winthrop Community St. Hospital* Ward

STANDARD
 CERTIFICATE OF DEATH

To 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

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

Whaland

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

(a) Residence. No. *111 Barnes Ave. St.* Ward, *East 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.

7 AGE — Years — Months — Days If less than 1 day
 11 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

Philip P. Whaland

14 BIRTHPLACE OF
 FATHER (City)

Haverhill,

(State or country)

Mass.

15 MAIDEN NAME
 OF MOTHER

Helen Harris

16 BIRTHPLACE OF
 MOTHER (City)

Boston

(State or country)

Mass.

17

Informant
 (Address)

Philip P. Whaland

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)

6/12/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 5 1933*
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 4 1933, to *June 5 1933*

I last saw him alive on *June 4 1933*, death is said

to have occurred on the date stated above, at *2:00 A.M.*

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

Premature 5 1/2 - 6 lbs

Date of Onset
 IMPORTANT

Contributory causes of importance not related to principal cause:

Proper presentation

Name of operation *Vernion* Date of *June 4, 1933*

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) *Wm. D. Childress* M. D.

(Address) *Boston* Date *5 1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Pauls Arlington*
 (Cemetery) (City or town)

DATE OF BURIAL *June 8 1933*

22 NAME OF UNDERTAKER *Wm. J. Kelly*

ADDRESS *11 Meridian St. 510*

Received and filed *JUN 7 1933*

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar, in the place where the deceased died his name and 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.

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, employed 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 *raft 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 complications, 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.

N. B.—WRITE PLAINLY, WITH OBLIQUE DECK IN THE MIDDLE. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 116

PLACE OF DEATH

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

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

(a) Residence. No. *267 Washington Ave. Winthrop* 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 *mal.* 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 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) *Winthrop Mass.*
(State or country)

13 NAME OF FATHER *Randolph Colby*

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

15 MAIDEN NAME OF MOTHER *Sarah Gardner*

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

17 Informant *Randolph Colby*
(Address) *267 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:

Wm. D. Giddess
(Signature of Agent of Board of Health or other)

40
(Official Designation)

June 5-33
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 5 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *June 5 1933* to *June 5 1933*

I last saw him alive on *June 5 1933*, 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:

Date of Onset

Prematurity

Contributory causes of importance not related to principal cause:

Name of operation *Clinical* Date of *June 5 1933*
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 *Yes*
(Signed) *Maurice O. Nelson* M. D.
(Address) *12 Waverley Ave. Waltham* Date *June 5 1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *First Church E. Everett*
(Cemetery) (City or town)

DATE OF BURIAL *June 5 1933*

22 NAME OF UNDERTAKER *Edwin Spiller*

ADDRESS *3 Church Ave. Dor.*

Received and filed *JUN 7 1933* 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 that 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 work done and return that, 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*, etc. The occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *machinist*, *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>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 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 could not be made 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 medical 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-5-32. No. 5469

PLACE OF DEATH

Revere
Suffolk
County
Winthrop
(City or Town)

No. Winthrop Community Hospital Ward {

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

Registered No. 117

2 FULL NAME

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

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

(a) Residence. No.

40 Dehon

St., Ward,

Revere

Length of residence in city or town where death occurred

Yrs.

Mos.

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

25 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

Oscar Glickson
(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

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.

at home.

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

June 1933

11 Total time (years)

spent in this occupation

Yrs.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Samuel Soboff.

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia.

15 MAIDEN NAME OF MOTHER

Minnie Hurwitz.

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia.

17

Informant

(Address)

Oscar Glickson
40 Dehon 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. Gulderson
(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

6/6/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 6 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 26 1933, to June 6 1933

I last saw him alive on June 6 1933, 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:

acute intestinal obstruction
perforation of ileum
Peritonitis

Date of Onset

IMPORTANT

Contributory causes of importance not related to principal cause:

adhesions of
intestines

Name of operation

Repair of Hern

Date of

What test confirmed diagnosis?

heart

Was there an autopsy?

no

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

If so, specify

William Hardson

(Signed)

(Address)

59 Starkey

Date

June 6 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Liberty Cem. Urum.

(Cemetery)

(City or town)

DATE OF BURIAL

June 6 1933

22 NAME OF UNDERTAKER

Samuel Stanitsky

ADDRESS

63 Green St. Boston

Received and filed

JUN 7 1933

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 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, 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 traumas (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.

75m-5-32. No. 5469

1 PLACE OF DEATH <i>Suffolk</i> (County) <i>Winthrop</i> (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. <i>118</i>	
2 FULL NAME <i>Benjamin Wolfe</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		No. <i>23</i> <i>Wave Way Ave.</i> St., Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. <i>23</i> <i>Wave Way Ave.</i> St., Ward, <i>Winthrop</i> (Usual place of abode)				(If U. S. War Veteran, specify WAR.)	
Length of residence in city or town where death occurred <i>1</i> yrs. <i>0</i> mos. <i>0</i> days.		How long in U. S., if of foreign birth? <i>0</i> yrs. <i>0</i> mos. <i>0</i> days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED <i>Married</i> (write the word)			
5a If married, widowed, or divorced HUSBAND of <i>Sadie Soforenko</i> (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>43</i> Years Months Days		If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Prop. of Restaurant</i>		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) <i>1 yr</i>		11 Total time (years) spent in this occupation <i>15</i>			
12 BIRTHPLACE (City) <i>Boston</i> (State or country) <i>Mass.</i>					
13 NAME OF FATHER <i>Henry Wolfe</i>					
14 BIRTHPLACE OF FATHER (City) <i>Russia</i> (State or country)					
15 MAIDEN NAME OF MOTHER <i>Rachael Zadstam</i>					
16 BIRTHPLACE OF MOTHER (City) <i>Russia</i> (State or country)					
17 Informant <i>Harry DeLotto</i> (Address) <i>Coronador Rd. Hyde Park</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 of Board of Health or other) <i>Health Officer</i> (Official Designation) <i>6/4/33</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>June 6, 1933</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from <i>June 3, 1933</i> , to <i>June 6, 1933</i> . I last saw him alive on <i>June 6, 1933</i> , death is said to have occurred on the date stated above, at <i>8 P. m.</i> The principal cause of death and related causes of importance in order of onset were as follows: <i>Coronary thrombosis</i> Date of Onset <i>June 3, 1933</i> IMPORTANT					
Contributory causes of importance not related to principal cause: <i>Myocarditis</i> <i>Diabetes mellitus</i> <i>Acute pulmonary edema</i>					
Name of operation <i>amputation of left leg</i> Date of <i>1930</i> What test confirmed diagnosis? <i>7</i> Was there an autopsy? <i>no</i>					
20 Was disease or injury in any way related to occupation of deceased? If so, specify <i>Samuel Smith</i> M. D. (Signed) (Address) <i>310 Shirley St. Winthrop</i> Date <i>June 7, 1933</i>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Beth Israel</i> (Cemetery) <i>West Rox</i> (City or town) DATE OF BURIAL <i>June 7</i> 19 <i>33</i>					
22 NAME OF UNDERTAKER <i>Jacob H. Levine</i> ADDRESS <i>206 Washington St. Dorchester</i>					
Received and filed <i>JUN 13 1933</i> 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 *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*. 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, 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 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, 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 an affidavit thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insubstantive, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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.

100m-9-31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)
Waltham
(City or Town)

No. *125 Sewall Ave*

St.,

Ward {

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

Registered No. *119*

2 FULL NAME

Gertrude F. Dunphy

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

(If U. S.

War Veteran,

specify WAR) *Le*(a) Residence. No. *58*

(Usual place of abode)

Richdale 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

(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

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.

Stenographer

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

Dr. E. F. So

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

June 1933

11 Total time (years) spent in this occupation

15

12 BIRTHPLACE (City)

(State or country)

Cambridge, Mass

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

*Edward F. Dunphy**So Boston**Mass*

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

*Mary Rogers**Cambridge**Mass*

17

Informant (Address)

Mary Dunphy
58 Richdale 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 Health or other)

Wm. F. Gaudreault

(Official Designation)

(Date of Issue of Permit)

6/12/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

(Month)

11

(Day)

1933

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

June 11, 1933, to *June 11, 1933*I last saw him alive on *June 11, 1933*, death is saidto have occurred on the date stated above, at *10:30 A.M.*

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

*Natural Causes - Probably**Acute Nephritis (cause unknown)*

Date of Onset

June 11 1933

Contributory causes of importance not related to principal cause:

Name of operation *None*

Date of

What test confirmed diagnosis? *Renal biopsy*Was there an autopsy? *No*20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

Raymond E. Park(Address) *Waltham Road of 11 tracks*Date *June 11 1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Cambridge

(Cemetery)

Cambridge

(City or town)

DATE OF BURIAL

*June**14**1933*

22 NAME OF UNDERTAKER

*Edward F. Gaudreault*ADDRESS *186 Prospect St. Cambridge*

Received and filed

*JUN 13 1933**13*

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive 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 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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, certificate, board of health, or its agent upon receipt of such statement and 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 by Chap. 48, Acts of 1922 and Chap. 414, Acts of 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died, his name and 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 had, 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 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., 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" without 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, i. e., 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
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.

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

100a-11-30, No. 605-b

1 PLACE OF DEATH
 County Suffolk
 City or Town Winthrop
 No. 20 Sewall Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Registered No. 120
 2 FULL NAME Catherine Ford
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 20 Sewall Ave 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 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 James Ford (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. 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) May 1933 11 Total time (years) spent in this occupation 30 yrs
 12 BIRTHPLACE (City) Newburyport (State or country) Massachusetts
 13 NAME OF FATHER John Chandler
 14 BIRTHPLACE OF FATHER (City) Newburyport (State or country) Massachusetts
 15 MAIDEN NAME OF MOTHER Logie Louise (Unknown)
 16 BIRTHPLACE OF MOTHER (City) Newburyport (State or country) Massachusetts
 17 Informant Mrs. Florence M. Tiffin (Address) 20 Sewall Ave Winthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 16 1933
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to June 16, 1933.
 I last saw her alive on June 16, 1933, death is said to have occurred on the date stated above, at 11:45 P.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Pericarditis Anemia Sept 1928
 Contributory causes of importance not related to principal cause:
Chronic Myocarditis Sept 1928
Chronic Interstitial Nephritis Sept 1928
 Name of operation none Date of
 What test confirmed diagnosis Laboratory was there an autopsy Yes
 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 Mass. Date June 17, 1933
 21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)
 DATE OF BURIAL June 19 1933
 22 NAME OF UNDERTAKER Windell W. Dykeman
 ADDRESS 57 Washington St. Chelsea
 Received and filed JUN 24 1933 1933
 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 (Official Designation) 6/19/33 (Date of Issue of Permit)

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*, *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*, *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:

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 may in the above example happen 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, 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, or from the clerk of the town where the person died; and no undertaker or other person shall remove 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 be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, or the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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. 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. 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 resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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-9-31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 100 Marshall St.

St.,

Ward {

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

Registered No. 121

2 FULL NAME Thomas H. Holland

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

(a) Residence. No. 100 Marshall St.

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

Married

Male

White

6a If married, widowed, or divorced

HUSBAND of Sarah Flaherty

(Give maiden name of wife in full)

(or) WIFE of

(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

OCCUPATION

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

Plumber

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

Owner

10 Date deceased last worked at this occupation (month and year) May 1933

11 Total time (years) spent in this occupation 25

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

13 NAME OF FATHER

Thomas H. Holland

14 BIRTHPLACE OF FATHER (City) Bradford
(State or country) England

15 MAIDEN NAME OF MOTHER

Sarah McDonald

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant (Address)

Mrs. T. 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:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

June 19 - 1933

(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)

Ward {

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

Registered No. 121

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

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

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 14, 1933, to June 18, 1933
last saw him alive on June 14, 1933, 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

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 June 8 1933

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

DATE OF BURIAL June 19, 1933. 19

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive 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 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 name the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal, shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

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

He 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 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 trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. 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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 122

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 21 Birch St. Winthrop

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

2 FULL NAME Joseph Hiram Star Pearson

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

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

(a) Residence. No. 21 Birch 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 8 yrs. mos. days. How long in U. S., if of foreign birth? Lif 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 Josie 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 85 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. Cashier 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. State House

10 Date deceased last worked at this occupation (month and year) June/38 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Stratam (State or country) New Hampshire

13 NAME OF FATHER Joseph Hiram Star Pearson

14 BIRTHPLACE OF FATHER (City) Stratam (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Adelaide Varston

16 BIRTHPLACE OF MOTHER (City) Stratam (State or country) New Hampshire

17 Informant Josie S. Pearson-wife (Address) 21 Birch St. 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)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 16 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 1, 1933, to July 16, 1933.

Last saw him alive on July 15, 1933 death is said to have occurred on the date stated above, at 7:40 p.m.

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

Leukemia 4 Days Date of Onset

Contributory causes of importance not related to principal cause:

General 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) Harvey A. Kelly M. D. (Address) Date 11 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett (Cemetery) (City or town)

DATE OF BURIAL June 18 1933

22 NAME OF UNDERTAKER Charles E. Rollins & Co. ADDRESS 300 Meridian St. E. B. Mass.

Received and filed JUN 19 1933 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 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 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 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. 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 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 commend 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-5-32. No. 5469

PLACE OF DEATH

1

Revere
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)

Registered No. **123**

2 FULL NAME

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

Baby Levine

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No.

(Usual place of abode)

78 Centennial St. W. 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)

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

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

Hyman Levine

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Esther Greenfield

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Chelsea, Mass.

17

Informant (Address)

Mr. Greenfield 52 Appleton St. Boston

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

2 M. H. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

June 19 - 1933

Notified 7/12/33
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)

17

(Day)

1933

(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:

Still born

Date of Onset

IMPORTANT

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)

Dr. J. M. H. Childress

M. D.

Date **6/17** 19**33**

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth Joseph Cemetery

DATE OF BURIAL

June 19 - 1933

22 NAME OF UNDERTAKER

ADDRESS

George Stansbury 63 Green St. Boston

Received and filed

(Registrar)

JUN 14 1933

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive 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 those 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 above laws calls for the observance of the following rules of practice:

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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 *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. 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:	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-5-32, No. 5469

1 PLACE OF DEATH <i>Suffolk</i> (County) <i>Wrentham</i> (City or Town) No. <i>119 Tenney St.</i> 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. <i>124</i>	
2 FULL NAME <i>Effable Cole Doane</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. <i>532 Shirley St.</i> 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 <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>Widowed</i>	18 DATE OF DEATH <i>June 19 1933</i> (Month) (Day) (Year)		
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) <i>William J. Doane</i> (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY That I attended deceased from <i>February 7 1933</i> to <i>June 19 1933</i> I last saw him alive on <i>June 19 1933</i>, death is said to have occurred on the date stated above, at <i>1:59 p.m.</i> The principal cause of death and related causes of importance in order of onset were as follows:		
6 IF STILLBORN, enter that fact here			Date of Onset IMPORTANT <i>June 18 1933</i>		
7 AGE <i>74</i> Years <i>5</i> Months Days If less than 1 day Hours Minutes			<i>Cerebral hemorrhage</i>		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Homemaker</i> 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i> 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: <i>Arteriosclerosis 1925</i> <i>Senility 1931</i>		
12 BIRTHPLACE (City) <i>Sturbridge</i> (State or country) <i>Mass</i>			Name of operation <i>none</i> Date of What test confirmed diagnosis <i>clinical</i> Was there an autopsy? <i>No</i>		
13 NAME OF FATHER <i>John Cooper</i> 14 BIRTHPLACE OF FATHER (City) <i>Sturbridge</i> (State or country) <i>Mass</i>			20 Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify (Signed) <i>Jacob Abrams</i> M. D. (Address) <i>36 Shirley St. Wrentham, Mass.</i> Date <i>6/21 1933</i>		
15 MAIDEN NAME OF MOTHER <i>Mary J. Wright</i> 16 BIRTHPLACE OF MOTHER (City) <i>Sturbridge</i> (State or country) <i>Mass</i>			21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>St. Pleasant's Arlington</i> (Cemetery) (City or town) DATE OF BURIAL <i>June 22 1933</i>		
17 Informant <i>John Lewis Brown</i> (Address) <i>33 Tenney St. Arlington</i>			22 NAME OF UNDERTAKER <i>Richard H. White</i> ADDRESS <i>151 Pleasant St.</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 of Board of Health or other) <i>Health Officer</i> (Official Designation) <i>6/21/33</i> (Date of Issue of Permit)					
Received and filed <i>1933</i> 19 (Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 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 easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit to the removal of a human body, wealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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, certificate, or its agent, upon receipt of such statement and 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.

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

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.

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 BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)
Winsted
(City or Town)

No. *8. Turner Road* St., Ward {

2 FULL NAME *George Fuller Parrie*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *308 Main St.* 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 *76* yrs. *9* mos. *24* 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 *Married to Fuller*
(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 *9* Months *22* 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. *Supp of Dist*
10 Date deceased last worked at this occupation (month and year) *5 years ago* 11 Total time (years) spent in this occupation *20*

12 BIRTHPLACE (City) *Winsted*
(State or country) *Mass*

13 NAME OF FATHER *Bonjamin Parrie*

14 BIRTHPLACE OF FATHER (City) *Marblehead*
(State or country) *U. S.*

15 MAIDEN NAME OF MOTHER *Mary Leitchburg*

16 BIRTHPLACE OF MOTHER (City) *Winsted*
(State or country) *Mass*

17 Informant *Geo Parrie Sr.*
(Address) *8 Turner Rd 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 (Official Designation) *6/21/33* (Date of Issue of Permit)

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

Winsted
(City or town making return)

Registered No. *125*

(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 19 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *Oct 20* 19*32* to *June 19* 19*33*

I last saw him alive on *June 19* 19*33*, death is said to have occurred on the date stated above, at *5* m.
The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis

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. R. Bonner* M. D. (Address) *Winsted Mass* Date *6/21* 19*33*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winsted Winsted*
(Cemetery) (City or town)
DATE OF BURIAL *June 21 1933*

22 NAME OF UNDERTAKER *C. R. Bonner*
ADDRESS *Winsted Mass*

Received and filed *JUL 1 1933*

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, 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 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 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; it was removed within thirty-six hours after such removal, unless obtained in the usual form for the removal of such body, has been sooner permitted hereunder. If the death certificate contains a rectifier, 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 rectifier 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 registration certifying the cause of death shall thereafter furnish for registration any other necessary information which 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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.

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 diseases **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

75m-5-32. No. 5469

PLACE OF DEATH

Middleboro notified 7/11/33
Suffolk
 (County)
Wrentham
 (City or Town)
 No. **77 Court Rd**



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. **126**

2 FULL NAME **May Hanson Frost** (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. **79 Pearl St. Middleboro** 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)

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 **Charles W. Frost** (Give maiden name of wife in full)
 (or) WIFE of **Charles W. Frost** (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE **73** Years Months **2** 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) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **Gloucester**
 (State or country) **Mass**

13 NAME OF FATHER **Benjamin Hanson**

14 BIRTHPLACE OF FATHER (City) **Gloucester**
 (State or country) **Mass**

15 MAIDEN NAME OF MOTHER **Elizabeth Allen**

16 BIRTHPLACE OF MOTHER (City) **Provincetown**
 (State or country) **Mass**

17 Informant **Susan L. Pope**
 (Address) **77 Court 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) **6/21/33** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 19 1933**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **June 12th 1933**, to **June 19, 1933**.
 I last saw her alive on **June 19, 1933**, death is said

to have occurred on the date stated above, at **11:45** A.M.

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

carcinoma of stomach **June 1932**
secondary toxemia

Contributory causes of importance not related to principal cause:

Name of operation **none** Date of **20**
 What test confirmed diagnosis? **Chemo** Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **no**
 (Signed) **R. J. O'Brien M. D.** M. D.
 (Address) **78 Court Ave** Date **June 19, 1933**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Oak Grove - Gloucester**
 (Cemetery) (City or town)

DATE OF BURIAL **June 21 1933**

22 NAME OF UNDERTAKER **Richard R. White**
 ADDRESS **151 Pleasant St.**

Received and filed **JUL 1 1933** 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for 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, 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 attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If for the removal of such body has been sooner 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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 term, as *housekeeper*—*private family*, *cook*—*board*, 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 *wholesale 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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 25 Ocean View

St.,

Ward {

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

2 FULL NAME

maria C m^e Rough

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

(a) Residence. No. 25 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

3 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
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

74

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

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)

1930

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

13 NAME OF FATHER

Angus Mac Donald

14 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Mary Mac Donald

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant
(Address)Austin T. M. Rough
25 Ocean View St., 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)

(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.

107

(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

21

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 20, 1933, to June 21, 1933

last saw him alive on June 20, 1933, death is said

to have occurred on the date stated above, at 1:25 a.m.

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

Date of onset

Myocarditis

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. Macdonald

M. D.

(Address)

4 Warrington St., Date 6/21/1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

June 23

1933

22 NAME OF UNDERTAKER

ADDRESS

175 Main St., Winthrop

Received and filed

(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*, *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
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 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 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 the sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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. If 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.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 128

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 10 Maple Rd

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

2 FULL NAME Frances (Thompson) Tyler

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

(a) Residence. No. 10 Maple 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 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 MARRIED WIDOWED or DIVORCED Widowed (write the word)

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

6 IF STILLBORN, enter that fact here

7 AGE 83 Years 11 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. House work 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, 1933 11 Total time (years) spent in this occupation 59

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

13 NAME OF FATHER Gamaliel Thompson

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

15 MAIDEN NAME OF MOTHER Mary Ann Pierce

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

17 Informant (Address) Mrs. Mable Johnson 10 Maple Rd 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) 1933

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 21 33 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5-1, 1933, to 6-21, 1933.

I last saw him alive on 6-21, 1933, 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:

Date of Onset

Cerebral Hemorrhage 6-19

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?

If so, specify (Signed) I have not (Address) J. W. Stensens Date 6/23/1933 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett (Cemetery) (City or town)

DATE OF BURIAL June 24th, 1933 19

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop, Mass ADDRESS

Received and filed 1933 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 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 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>	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 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. If the death certificate contains a rectal ascription 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 be furnished for registration any other necessary information which 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. 3, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiner** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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-9-31. No. 3385-f

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 41 Willow Ave

St.,

Ward {

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

Registered No. 129

2 FULL NAME Catharine Freeman Atwood

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

(a) Residence. No. 41 Willow Ave

St.,

Ward,

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

(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

(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 74

Years 2

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.

Teacher

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

School

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

5 years

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City)

(State or country)

Welfleet

Massachusetts

13 NAME OF FATHER

Eleazer H. Atwood

14 BIRTHPLACE OF FATHER (City)

(State or country)

Welfleet

Massachusetts

15 MAIDEN NAME OF MOTHER

Susannah Freeman

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Welfleet

Massachusetts

17

Informant (Address)

Frank W. Atwood

32 Kilsyth St Brookline

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) 6/34/33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Winthrop

(City or town making return)

Ward {

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

Registered No. 129

2 FULL NAME Catharine Freeman Atwood

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

(a) Residence. No. 41 Willow Ave

St.,

Ward,

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

(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.

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

June

23

(Day)

33

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June

1933, to

June 23, 1933

I last saw him alive on June 20, 1933, 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:

Date of Onset

Coronary Thrombosis

Contributory causes of importance not related to principal cause:

Gen. 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)

(Address) 200 Kilsyth St

Date

M. D. 6/24/33

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Woodlawn

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

June 25, 1933

19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the 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, the date of the deceased, his supposed 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 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 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, and which shall be accompanied, in case of an interment, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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, certificate, or its agent, upon receipt of such statement and 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 by Chap. 48, Acts of 1927 and Chap. 94, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.

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 actually 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*, *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 second, or third position. The principal cause may appear in either first, 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.

100m-9-31. No. 3385-f



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

Winthrop

(City or town making return)

Registered No.

130

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 50 Floyd St

St.,

Ward {

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

2 FULL NAME Laurence Bertram Loring

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

(a) Residence. No. 50 Floyd 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

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

(write the word)

married

6a If married, widowed, or divorced

HUSBAND of Mary Ellen Hanley

(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

11

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.

Manager

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

Printing office

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

Nov. 1932

11 Total time (years) spent in this occupation 40

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

13 NAME OF FATHER

Gustavus Loring

14 BIRTHPLACE OF FATHER (City)

Pembroke

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Mary Ellen Stephens

16 BIRTHPLACE OF MOTHER (City)

Maplewood

(State or country)

Massachusetts

17

Informant
(Address)

Mary E. Loring

50 Floyd 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 24 1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

February 12 1933 to June 24 1933

I last saw him alive on June 24 1933, 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

Chronic myocardial degeneration with valvular heart disease 1930

Contributory causes of importance not related to principal cause:

Atherosclerosis 1930

Senility 1933

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 J. Bunnell M.D.

(Address) 562 Shirley St. Date June 24 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

(Cemetery) Winthrop

(City or town)

DATE OF BURIAL

June 27, 1933

19

22 NAME OF UNDERTAKER

Charles A. Bennison

ADDRESS

Winthrop, Mass

Received and filed

1933 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, an 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, 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 a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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 most 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.

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 from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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-d

1

PLACE OF DEATH

Rampden

(County)

Monson

(City or Town)

No. Monson State Hospital

St., Ward

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

2 FULL NAME

Joseph Richard Moore

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

(a) Residence. No. 53 Fremont

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. 3

mos. 11

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

8

Years

6

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.

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)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Roburn

(State or country)

Mass.

13 NAME OF FATHER

Joseph R. Moore

14 BIRTHPLACE OF FATHER (City)

Dorchester

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Aura Chase

16 BIRTHPLACE OF MOTHER (City)

Stoneham

(State or country)

Mass.

17

Informant (Address)

Record, Monson State Hospital

A TRUE COPY.

Freelon & Ball

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 28,

1933

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Monson

(City or town making return)

Registered No.

131

(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

27,

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 25,

1933,

to June 27,

1933

I last saw him alive on June 27, 1933, death is said

to have occurred on the date stated above, at 11:28 A.M.

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

Enterocolitis

Date of onset

June 27, 1933

Contributory causes of importance not related to principal cause:

Epilepsy

Suppl. 1933

Name of operation

none

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?

If so, specify

Riley H. Guthrie

(Signed)

M. D.

(Address)

Palmer, Mass.

Date

6/27 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Windwood

Stoneham

(Cemetery)

(City or town)

DATE OF BURIAL

June 30

1933

22 NAME OF UNDERTAKER

Hangle & Bros.

ADDRESS

940 Broadway, Stoneham, Mass.

Received and filed

JUN 29 1933

1933

Freelon & Ball

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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		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	Suffolk (County) Winthrop (City or Town) No. 31 Sewall Ave., Winthrop St., Winthrop Ward	STANDARD CERTIFICATE OF DEATH		Registered No. 1932	
2 FULL NAME Louise Veronica Nicolas (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. 31 Sewall 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 Female	4 COLOR OR RACE White	5 SINGLE 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 Months Days		If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11 Total time (years) spent in this occupation.			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Student			
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation.			
12 BIRTHPLACE (City) Brewer (State or country) Maine					
13 NAME OF FATHER Arthur Nicolas					
14 BIRTHPLACE OF FATHER (City) Cambridge (State or country) Mass.					
15 MAIDEN NAME OF MOTHER Elizabeth Henrichs					
16 BIRTHPLACE OF MOTHER (City) Brattleboro (State or country) Vt.					
17 Informant (Address) Arthur Nicolas					
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 6/30/33 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH June 28 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from June 11 1933 to June 28 1933 I last saw her alive on June 28 1933, death is said to have occurred on the date stated above, at 1 P. m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Pulmonary Tuberculosis 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) E. W. Brown, M. D. (Address) 20 Cuscut Ave. Rea. Date 6/28 1933					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) (City or town)					
DATE OF BURIAL July 1st 1933					
22 NAME OF UNDERTAKER Thomas F. Carroll					
ADDRESS 9 Atlantic Ave., Brewer					
Received and filed 19					
JUL 1 1933 (Registrar)					

Revised United States Standard Certificate of Death

EXTRACTIS 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*, *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*, *sawd 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 to the principal 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, 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 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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-5-32. No. 5469



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. 133

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or town)
No. 94 Circuit Rd St. Ward {

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

2 FULL NAME Mary Susan (Bennett) Johnson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 94 Circuit Rd St., Ward,
(Usual place of abode)
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 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 95 Years 4 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) Bridgeton
(State or country) Maine

13 NAME OF FATHER William Bennett

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

15 MAIDEN NAME OF MOTHER Elva known

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country) known

17 Informant Son Dr. Clarence A. Stevens
(Address) Boudoin 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. Cullis
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 7/1/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 29 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 28 1930 to June 29 1933
I last saw her alive on June 29 1933, 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 1930

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Abundant 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) Winthrop, Mass. Date July 1 1933

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

DATE OF BURIAL July 2 1933

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 151 Pleasant St. Winthrop

Received and filed JUL 1 1933 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 or same cemetery, until he has received a permit from the board of health to be 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*
- 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.*
- 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 and return that, as *spinner, weaver, etc.*
- 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.*
- To be complete, an occupation return must state:
- 1.—The trade, profession, or particular kind of work done.
 - 2.—The industry or business in which the work was done.
 - 3.—The month and year the deceased last worked at the occupation.
 - 4.—The number of years the deceased followed the occupation.

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>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.

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 INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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

Northborough
(City or town making return)

Registered No. 134

PLACE OF DEATH

Worcester
(County)
Northborough
(City or Town)

No. Ann Hudson Ross Home

St.

Ward

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

2 FULL NAME

Margaret E. Letson

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

(a) Residence. No.

126 Bartlett Rd

St.

Ward

Northborough Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 1 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

72

Years

8

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.

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)

Chatham

(State or country)

N. B. Canada

13 NAME OF FATHER

William A. Letson

14 BIRTHPLACE OF FATHER (City)

Chatham

(State or country)

N. B. Canada

15 MAIDEN NAME OF MOTHER

Emily Clark

16 BIRTHPLACE OF MOTHER (City)

Chatham

(State or country)

N. B. Canada

17

Informant

(Address)

Mrs. E. A. Letson

126 Bartlett Rd Northborough Mass

A TRUE COPY.

ATTEST:

Harry T. Allen

(Registrar of city or town where death occurred)

DATE FILED

June 9

1933

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

(Month)

8

(Day)

1933

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 8

1933

to

June 8

1933

I last saw her alive on

June 8

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:

Chronic Myo. carditis
Aortic Stenosis
Cerebral Hemorrhage

Date of onset

Unknown

Aug.

1931

Contributory causes of importance not related to principal cause:

Cardiac decompensation with
pulmonary edema

June 5

1933

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) J. W. Stanley

M. D.

(Address) Northborough

Date June 9 1933

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Cambridge

Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

June 10

1933

22 NAME OF UNDERTAKER

S. Standish Stephenson

ADDRESS 19 Pleasant St.

Northborough Mass

Received and filed

12 1933

19

(Registrar of City or Town where deceased resided)



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

Supplement (City or town making return)

Registered No. 135 762

1 PLACE OF DEATH (County) Worcester (City or Town) North Worcester St. 1 Ward 6 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary P. Bishop (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 42 Myrtle Ave. St. 1 Ward 6 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 MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Philip P. Bishop (Give maiden name of wife in full)
(or) WIFE of Philip P. Bishop (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. 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 1933 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Ireland (State or country)

13 NAME OF FATHER John Gannon

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

15 MAIDEN NAME OF MOTHER Bridget Gannon ok

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

17 Informant Mrs. William Bishop (Address) 42 Myrtle Ave., Winthrop

A TRUE COPY. Frederick H. Barker

ATTEST: June 3 1933 (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 1 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1 1933, to June 1 1933. I last saw her alive on June 1 1933, death is said to have occurred on the date stated above, at 4.30 P.

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

Arterio Sclerosis heart disease

Contributory causes of importance not related to principal cause:

Congestion of lungs

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) William R. Morrison, M. D.
(Address) 260 Commonwealth Ave 6/1 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Winthrop (Cemetery) (City or town)

DATE OF BURIAL June 5 1933 19

22 NAME OF UNDERTAKER M. J. Kelly

ADDRESS 11 Meridian St. E. Boston

Received and filed JUL 20 1933 19

(Registrar of City or Town where deceased resided)



PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 1 Maple Pl

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

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5865

2 FULL NAME Morris Taplan

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

(a) Residence. No. 47 Nevada 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?

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

(Give maiden name of wife in full)

(or) WIFE of Ethel Taplinovitz

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. **tailor**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 1932

11 Total time (years)
spent in this
occupation. 40 yr12 BIRTHPLACE (City)
(State or country)

Russia

13 NAME OF
FATHER

Jacob Taplan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Minnie Stavitzky

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Informant
(Address)

Ethel Taplan

Winthrop

A TRUE COPY.

ATTEST:

James J. Mulvey

(Registrar of city or town where death occurred)

DATE FILED

July 5

19 33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 30 1933
(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)hypertensive heart disease with
myocarditis. Found dead.

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,	Date of injury	19
Suicide or		
Homicide?		

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) Timothy Leary, M. D.

(Address) Boston Date 7/1/ 1933

22 PLACE OF BURIAL, CREMATION OR REMOVAL Kaminski W Roxbury
(Cemetery) (City or town)

DATE OF BURIAL July 2 1933

23 NAME OF UNDERTAKER Manuel Stanetsky

ADDRESS Boston

Received and filed JUL 19 1933 19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

1

PLACE OF DEATH

Suffolk
County
Winthrop
City or Town

No. *Winthrop Community* St. Ward {

2 FULL NAME

Bartholomew Cashman

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

(a) Residence. No. *71 Morris St.* Ward, *East Boston*

(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 (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 *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) *Winthrop* (State or country) *Mass*

13 NAME OF FATHER *Charles Cashman*

14 BIRTHPLACE OF FATHER (City) *Somerville* (State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Dorothy O'Brien*

16 BIRTHPLACE OF MOTHER (City) *Boston* (State or country) *Mass*

17 Informant *Dorothy Cashman* (Address) *71 Morris 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. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *7/7/33* (Date of Issue of Permit)



Boston *8/9/33*
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. *137*

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

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

East Boston

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 6 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *July 5 1933* to *July 6 1933*

I last saw him alive on *July 6 1933*, 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:

premature delivery

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation *no* 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) *Frederick G. Magrath* M. D.
(Address) *17 Central St.* Date *7/7/1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Michael's* *Boston*
(Cemetery) (City or town)

DATE OF BURIAL *July 8 1933*

22 NAME OF UNDERTAKER *Frederick G. Magrath*
ADDRESS *64 Meridian St. East Boston*

Received and filed *111 12 1933* 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 any other necessary information which 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.

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 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*, *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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Fort Banks, Massasuchetts. St., Ward

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

Registered No. 138

2 FULL NAME

STEPHEN CURRIER

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

(a) Residence. No.

(Usual place of abode)

St., Med. 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

(write the word)

Married

5a If married, widowed, or divorced,

HUSBAND of Ruth Currier, (Maiden name 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

52

Years

unknown

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 Army

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

June 17, 1933

11 Total time (years)

spent in this occupation.

30

12 BIRTHPLACE (City)

Unknown

(State or country)

Rhode Island.

13 NAME OF FATHER

Unknown

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 (Address)

Hospital Records, Fort Banks, 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 STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

(If U. S.

War Veteran,
specify WAR

St., Med. Ward, New London, Conn.

(If nonresident, give city or town and state)

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

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

8th

1933.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 1,

19 33 to

July 8,

19 33.

I last saw him alive on July 8, 19 33, death is said

to have occurred on the date stated above, at 3:40 A. M.

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

1. Myocarditis, chronic, severe

Date of Onset
unknown

2. Cardiac decompensation, severe

unknown

3. Coronary thrombosis

unknown

Contributory causes of importance not related to principal cause:

Name of operation None

Date of

What test confirmed diagnosis? clinical findings 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 7/8 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Fort H.G. Wright, N.Y.

(Cemetery)

(City or town)

DATE OF BURIAL

July 11

19 33

22 NAME OF UNDERTAKER Charles R. Bennison,

ADDRESS # 177 Winthrop Street, Winthrop, Mass.

Received and filed JUL 12 1933 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 *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, 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 cause: 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, fitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 it's 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469



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. 139

PLACE OF DEATH

No. 30

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.)

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

(a) Residence. No. 29

(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

July

9

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

June 15, 1933, to July 9, 1933

I last saw her alive on July 9, 1933, death is said

to have occurred on the date stated above, at 11:50 P.M.

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

Date of Onset

IMPORTANT

Cerebrum of Rubeis
organs. (Rubeis)
black

June
1932

Contributory causes of importance not related to principal cause:

myocarditis

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)

(Address)

M. D.

July 12, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

July 12

1933

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

JUL 12 1933

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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, as 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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 "labored" 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.

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 post-mortem care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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-S-32, No. 5469



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. 146

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 52 Sea View Ave

St.,

Ward {

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

2 FULL NAME Margaret E. Rabbitt Dunn

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

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

(a) Residence. No. 52 Sea View 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

Widowed

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edward Dunn
(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.

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) 3/25 / 1931

11 Total time (years)
spent in this
occupation 45

12 BIRTHPLACE (City)
(State or country)

Springfield

Mass

13 NAME OF
FATHER

John Rabbitt

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Julia Feeney

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

Mildred Wells

52 Sea View 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) 7/10/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Sept 1, 1931 to July 8, 1931

I last saw him live on July 8, 1931 death is said

to have occurred on the date stated above, at 7:45 a.m.

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

Myocarditis

Date of Onset
IMPORTANT

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? h

If so, specify

(Signed)

(Address)

C. J. Mahoney
Washington

M. D.
Date 7/9 1933

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

St. Stephens Framingham

(Cemetery)

(City or town)

DATE OF BURIAL

July 10 1933

19

22 NAME OF
UNDERTAKER

ADDRESS

John F. O'Malley
Winthrop

Received and filed

19

JUL 12 1933 Registrar

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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. His 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. 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 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. 43, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 asphyxia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative ineffectiveness 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 *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 *rich, medium 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

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.

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

Walter

Clifford

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

(a) Residence. No. 79 Sagamore 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

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

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 24

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.

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)

Boston

(State or country)

Mass

13 NAME OF FATHER

John T Clifford

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Elizabeth McGivern

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

17

Informant

Father

(Address)

Winthrop

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

July

18

19 33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6236

Ward {

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

(If U. S.

War Veteran,

specify WAR)

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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 13

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 25

1933

to July 13

1933

I last saw him alive on July 13, 1933 bath is said

to have occurred on the date stated above, at 1.20Pm.

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

chronic pyelonephrosis left

Date of onset

yrs

Contributory causes of importance not related to principal cause:

congenital polycystic kidney right

Life

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)

J F Deich

M. D.

(Address)

Boston

Date 7/13/1933

21 PLACE OF BURIAL

St Joseph's

(City or town)

DATE OF BURIAL

July 17

1933

22 NAME OF UNDERTAKER

T J Mahoney & Sons

ADDRESS

Boston

Received and filed

JUL 23 1933

19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 142

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 319 Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME John J. Herbert
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 319 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? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of Catherine E. Hickey Herbert (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 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. Fish Pier 10 Date deceased last worked at this occupation (month and year) Jan 1928 11 Total time (years) spent in this occupation 25
12 BIRTHPLACE (City) Boston (State or country) Mass
PARENTS 13 NAME OF FATHER Patrick 14 BIRTHPLACE OF FATHER (City) Ireland (State or country) Ireland 15 MAIDEN NAME OF MOTHER Julia Leonard 16 BIRTHPLACE OF MOTHER (City) Ireland (State or country) Ireland
17 Informant Thomas Herbert (Address) Winthrop

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH 7 15 33 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from 1-2 1933, to 7 15 1933
I last saw him alive on 7 15 1933, 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:
Aortic Stenosis Date of Onset IMPORTANT
Contributory causes of importance not related to principal cause:
General 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? no
If so, specify Harvey and Kelly (Signed) M. D. (Address) 200 Pleasant Date 7/16 1933
21 PLACE OF BURIAL Holy Cross Malden (Cemetery) (City or town)
DATE OF BURIAL July 18 1933 19
22 NAME OF UNDERTAKER John H. O'Neil ADDRESS Winthrop
Received and filed JUL 20 1933 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) 7/17/33 (Date of Issue of Permit)

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*—*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*, *sawd 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 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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if insufficient, a physician who is a member of the board of health, or is indentured, 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 not such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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-5-32. No. 5469

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)

No. *10 Wave May ave.* St., Ward {

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

Registered No. *143*

2 FULL NAME *Alexander Krasnow*

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

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

(a) Residence. No. *10 Wave May 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 *2* yrs. mos. days. How long in U. S., if of foreign birth? *13* 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)

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 *28* Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hebrew school Teacher*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Teacher*
10 Date deceased last worked at this occupation (month and year) *July 14/33* 11 Total time (years) spent in this occupation *6 yrs*

12 BIRTHPLACE (City)..... (State or country) *Russia*

13 NAME OF FATHER *Barney Krasnow*

14 BIRTHPLACE OF FATHER (City)..... (State or country) *Russia*

15 MAIDEN NAME OF MOTHER *Ida Shulman*

16 BIRTHPLACE OF MOTHER (City)..... (State or country) *Russia*

17 Informant *Ida Krasnow* (Address) *10 Wave May 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)

(Official Designation)

(Date of Issue of Permit) *7/17/33*

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 *July 16 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *July 16 1933* to *July 16 1933*
I last saw him alive on *July 16 1933* death is said to have occurred on the date stated above, at *5* m.

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

Coronary thrombosis

Date of Onset
IMPORTANT

7/15/33

Contributory causes of importance not related to principal cause:

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

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify..... *fractured femur*
(Signed) *Jacob H. Levy* (Address) *144 Shaver Ave* Date *7/17/1933* M. D.

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

DATE OF BURIAL *July 17 1933*

22 NAME OF UNDERTAKER *Jacob H. Levy* ADDRESS *200 Washington St. Dor.*

Received and filed 19

JUL 20 1933 (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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 obtain as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require, *Chap. 46, Sec. 43, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 114, Sec. 43, G. L., Medical Examiners* shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.

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 that of home housework. 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 *road mechanics* and *automobile 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, 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>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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31. No. 3385-f



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

Winthrop
(City or town making return)
Registered No. 144

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 25 Winthrop St., Ward {

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

2 FULL NAME Elizabeth Frances (Regan) Robbins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 25 Winthrop St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
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 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) Varnum Fletcher Robbins (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 84 Years 7 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. 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) Charlestown (State or country) Massachusetts

13 NAME OF FATHER John Regan

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

15 MAIDEN NAME OF MOTHER Elizabeth O'Brien

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

17 Informant Mrs. George H. Prior (Address) 25 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) 7/18/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 17 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 17 1932, to July 17 1933, 19 last saw him alive on July 17 1933, 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: Senility

Date of Onset 1930

Contributory causes of importance not related to principal cause:

Arteriosclerosis 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? no If so, specify

(Signed) Jacob A. Chappin M. D. (Address) 361 Stanley St. Winthrop, Mass. Date July 18 1933

21 PLACE OF BURIAL Mt. Hope West Acton Mass (Cemetery) (City or town)

DATE OF BURIAL July 20, 1933 19

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop, Mass

Received and filed 7/18/33 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 selectmen for the purpose, shall upon application, provide the certificate required for the purpose, physical. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. 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 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, when the clerk or registrar may require. — *Chap. 114, Sec. 45 (G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931 (G. L., Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence, — Gen. Laws, Chap. 38, Sec. 6.*

He 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 traumatic means (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 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 *spinster, 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 *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchant, 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, 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 should 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-5-132. No. 5469

Chelsea 1933
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. 145

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Community Hospital

St.,

Ward {

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

2 FULL NAME

Baby Propolo

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

(a) Residence. No.

998 Broadway Chelsea

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

(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

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)

Anthony Boston Mass

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ida Moschella Boston Mass

17

Informant (Address)

Anthony Propolo 998 Broadway Chelsea 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

July

18

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19

, 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
IMPORTANT

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)

(Address)

Dr. J. J. Zallo 353 Revere Street

Date

7/22/33

M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn

(Cemetery)

Revere

(City or town)

DATE OF BURIAL

July 22

1933

22 NAME OF UNDERTAKER

R. J. DeMeell

ADDRESS

Revere

Received and filed

19

JUL 20 1933
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive 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 original interment, by a satisfactory certificate of the attending physician, 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 not previously interred. If such a permit for the removal of a human body, wealth cannot be obtained early enough for the purpose, the commonwealth shall make as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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 *rigid mechanics* and *wheelable 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, 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 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.

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 **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumaism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and death's following abortion, but also deaths from disease **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-5-32. No. 5469

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.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

Winthrop Community Hospital
St., Ward

Registered No. 146

occurred in a hospital or institution,
give its NAME instead of street and number

2 FULL NAME

John Joseph Madden
(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)

397 Pleasant
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

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Sarah F. Burke
(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

OCCUPATION.

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.

Retail Dry Goods

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

July 1933
Boston
Mass.

11 Total time (years) spent in this occupation

15

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

Thomas Madden

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Ellen Sweeney

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Wm. S. Childress
397 Pleasant St., Win.

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)

STANDARD
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 19 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

July 18 1933 to July 19 1933

I last saw him alive on July 19 1933, death is said

to have occurred on the date stated above, at 7:45 m.

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

Intestinal obstruction & operations therefore

Date of Onset
IMPORTANT
July 18/33

Contributory causes of importance not related to principal cause:

Name of operation Removal of bowel
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) Just Adams, M.D.
(Address) 5 Br. Dudley St. Date July 20/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Nativity Scituate
(Cemetery) (City or town)

DATE OF BURIAL July 21 19 33

22 NAME OF UNDERTAKER C. J. Kelly

ADDRESS 11 Meridian St., B. 13

Received and filed 19

JUL 20 1933 Registrar

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, 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 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 at request 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 for the purpose. physician. If death is caused by violence, the medical examiner shall make such certificate. If it is a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth, same shall be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of his death, as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 **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.

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-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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

Revere
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. 147

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Community Hospital St., Ward {

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

2 FULL NAME Katherine M. O'Keefe
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 120 Walnut Ave. Revere, 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 F 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 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. Wg. Maker 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. False Hair 10 Date deceased last worked at this occupation (month and year) June 1933 11 Total time (years) spent in this occupation 42

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

13 NAME OF FATHER Michael

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

15 MAIDEN NAME OF MOTHER Nancy O'Keefe

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

17 Informant Wm O'Keefe (Address) 400 Baker St. Dorchester

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) 7/20/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 19 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 27 1933, to July 18 1933. I last saw her alive on July 18 1933, 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 int. nephritis
hypertension
myocarditis

Date of Onset
IMPORTANT

6 mos.

Contributory causes of importance not related to principal cause:

cardiac decompensation July 12, 1933

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 Leonard J. Sandler, M. D.
(Signed) (Address) 328 South Ave. Revere Date July 19 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Dorchester (City or town)

DATE OF BURIAL July 21 1933

22 NAME OF UNDERTAKER R. J. DeMille
ADDRESS Revere

Received and filed JUL 20 1933 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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, a physician who is a 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 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 "traveller" in any case. In stating the occupation, 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
<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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469



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. 148

1 PLACE OF DEATH (County) *Suffolk*
(City or Town) *Wimbor*
No. *27 Bellow* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Josephine E West*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *27 Bellow* St., Ward, { (If U. S. War Veteran, specify WAR)
(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 *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

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *49* 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) (State or country)

Revere Mass

13 NAME OF FATHER

Bonholomew O'Neil

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

Ireland

15 MAIDEN NAME OF MOTHER

Mary Duane

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

Boston Mass

17 Informant (Address)

George A. West. 27 Bellow 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) *7/21/33*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 21 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 19, 19*33*, to *July 21*, 19*33*, death is said

I last saw him alive on *July 20*, 19*33*, death is said

to have occurred on the date stated above, at *12:30 P.M.*

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

Natural Cause Probably

Date of Onset
IMPORTANT

Acute Distention of Heart. July 20 1933

Contributory causes of importance not related to principal cause:

Name of operation *none* Date of
What test confirmed diagnosis? *autopsy* Was there an autopsy? *No*

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

If so, specify *None*
(Signed) *Raymond B. Parker* M. D.
(Address) *Waltham, Mass. 100* Date *July 22 1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Holy Cross - Malden*
(Cemetery) (City or town)

DATE OF BURIAL *July 24 1933*

22 NAME OF UNDERTAKER *John P. Castille*

ADDRESS *14 Chambers St Boston*

Received and filed *1933* 19

(Registrar)

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**

BOSTON 149

(City or town making return)

Registered No. 6433

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)

2 FULL NAME Mollie Spector

(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 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? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Morris Spector (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 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. at home 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) New Bedford (State or country) Mass

13 NAME OF FATHER Joseph Tayler

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

15 MAIDEN NAME OF MOTHER Sadie Cohen

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

17 Informant Isadore Taylor (Address) 87 Deering Rd Dor

A TRUE COPY.

ATTEST: James J. Mulvey (Registrar of city or town where death occurred) July 25 33

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 17 19 33 to July 23 19 33

I last saw her alive on July 23 19 33, 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:

metastatic carcinoma Date of onset 30 mos

Contributory causes of importance not related to principal cause:

Left hydrothorax 2-3 wks

Name of operation Date of

What test confirmed diagnosis? olin Was there an autopsy? no

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

If so, specify (Signed) L. V. Ragsdale M. D. (Address) Boston Date 7/23/19 33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Kenneseth Israel Woburn (Cemetery) (City or town)

DATE OF BURIAL July 23 19 33

22 NAME OF UNDERTAKER M Stanetsky ADDRESS Boston

Received and filed AUG 1933 19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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.



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 150
or its Agent.

Registered No. 2378

PLACE OF DEATH

No.

Suffolk
County
Dorchester
City or Town
Dorchester Community Hosp. 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)

Male
Ward, 59 Sewall Ave. North
Waltham Community St. Hosp. Ward, 59 Sewall Ave. North
(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

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.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)

Dorchester
Mass.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
DEATH7
(Month)27
(Day)33
(Year)

19 I HEREBY CERTIFY, That I attended deceased from

7-27

1933, to

19

I last saw him alive on

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:

Stillborn

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)

Date

M. D.

1933

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed

Aug 2 1933

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 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 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, 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 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 a member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury 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 reinter 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, in the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. 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 **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. 151

PLACE OF DEATH

1

Suffolk

(County)

Wentworth

(City or Town)

No. 70 Willow St.

St.,

Ward {

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

2 FULL NAME

Edith Turnbull Cole

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

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No.

40 Willow St.

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)

Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Solomon Cole

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

82

Years

1

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)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Wentworth Mass

13 NAME OF FATHER

George Turnbull

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Mary Pettigrew

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Informant

(Address)

Chas E. A. Bulfinch
115 Cottage St. Boston

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

29

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 1933, to July 29, 1933

I last saw her alive on July 28, 1933, 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:

Date of onset

Coronary thrombosis

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)

H. A. White, M. D.

(Address)

Date 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Wentworth Mass

(Cemetery)

(City or town)

DATE OF BURIAL

July 31

1933

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS

151 Pleasant St - Wentworth

Received and filed

AUG 2 1933

19

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS

GOVERNING THE

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 what-ever write none.*

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.

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 "obscure." 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, assthenia, 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 morbid complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

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

<i>Aviary deaths</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 . . .

ten. Laws, Chap. 46, Sec. 6.

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 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, by a satisfactory certificate of the attending 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 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 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 remains 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.

WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 152

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. 295

St.,

Ward {

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

2 FULL NAME Caroline E. (Brown) Walters

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

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

(a) Residence. No. 295

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

22

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

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

Edward E. Walters

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

91

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 work

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, 1933

11 Total time (years)

spent in this occupation 50

12 BIRTHPLACE (City)

Hampton

(State or country)

New Brunswick

13 NAME OF FATHER

John D. Brown

14 BIRTHPLACE OF FATHER (City)

New Brunswick

(State or country)

15 MAIDEN NAME OF MOTHER

Elizabeth Graham

16 BIRTHPLACE OF MOTHER (City)

New Brunswick

(State or country)

17

Informant (Address)

Mrs. Alfred M. Bent

295 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

July

29

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

May 5

1933

to July 29

1933

I last saw him alive on July 29, 1933, 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:

Date of Onset

Chronic myocarditis

July 1933.

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

What test confirmed diagnosis?

Chronic

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) Winthrop Mass

Date July 30 1933.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn. Everett

(Cemetery)

(City or town)

DATE OF BURIAL

August 1, 1933

19

22 NAME OF UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop, Mass

Received and filed

AUG 2 1933

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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*.

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," using 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, 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 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>	<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 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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**.



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

Chelsea

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 488 154

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. Brown (If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 92 Marshall 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. 20 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 Margaret Placco
(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 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. Chauffeur

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) Holyoke, Mass.
(State or country)

13 NAME OF FATHER Michael

14 BIRTHPLACE OF FATHER (City) Holyoke, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Salina Guiett

16 BIRTHPLACE OF MOTHER (City) Holyoke, Mass.
(State or country)17 Informant Hospital Records
(Address)

A TRUE COPY.

ATTEST: Richard A. Voke
(Registrar of city or town where death occurred) p.

DATE FILED Aug. 3, 1933 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 30, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to July 30, 1933

I last saw him alive on July 30, 1933, 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:

Agranulocytic angina 7/25/33
Polyarticular arthritis 12 yrs?

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

(Signed) Lewis Glazer, M. D.

(Address) Soldiers' Home Date 7/30, 1933

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

DATE OF BURIAL Aug. 2, 1933

22 NAME OF UNDERTAKER John F. O'Maley

ADDRESS Winthrop

Received and filed AUG 17 1933 19

(Registrar of City or Town where deceased resided)



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

PLACE OF DEATH

Suffolk

(County)

(City or Town)

No.

St.

Ward

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

Registered No. 155

2 FULL NAME

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

(If U. S.

War Veteran,

specify WAR)

no

(a) Residence. No.

49 Lowell St., Arlington

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

MARRIED

(write the word)

Female

White

WIDOWED

Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Andrew Bain

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 62

Years

6

Months

27

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)

Aug. 1933

Total time (years) spent in this occupation. 37

12 BIRTHPLACE (City)

(State or country)

Aberdeen

Scotland

13 NAME OF FATHER

James Stewart Hay

14 BIRTHPLACE OF FATHER (City)

(State or country)

Aberdeen

Scotland

15 MAIDEN NAME OF MOTHER

Agnes Baxter

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Aberdeen

Scotland

17

Informant (Address)

Andrew Bain

49 Lowell St., Arlington

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
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(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.)

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed)

M. D.

(Address)

Date

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Pleasant Arlington

(Cemetery)

(City or town)

DATE OF BURIAL

Aug. 5

1933

22 NAME OF UNDERTAKER

ADDRESS 1979 Mass. Ave., Cambridge

Received and filed

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 **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease 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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. **106 Bellevue Ave.** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Jeannette Day Knight** (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **106 Bellevue Ave.** **Ave.** St., Ward, (If U. S. War Veteran, specify WAR.)
(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 **Frank E Knight** (Give maiden name of wife in full)
(or) WIFE of **Frank E Knight** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **79** Years **3** 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. **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)

11 Total time (years) spent in this occupation

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

PARENTS 13 NAME OF FATHER **Johnathan Day**

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

15 MAIDEN NAME OF MOTHER **Emerline Corbert**

16 BIRTHPLACE OF MOTHER (City) **NOT KNOWN** (State or country)

17 Informant **Husband Frank E Knight** (Address) **106 bellevue 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. F. Smith (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **8/2/33** (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. **156**

(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 **August 2, 1933**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **May 20, 1933**, to **August 2, 1933**.
I last saw her alive on **August 1, 1933**, 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:

Cerebral hemorrhage Date of onset **May 20, 1933**

Contributory causes of importance not related to principal cause:

Neoplasm of Bladder - Carcinoma **June 15, 1933**
Exophthalmic goiter from May 10/26/33

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 **Byrdie W. Dickinson**, M. D.
(Signed) **89 Somerset Ave., Winthrop** (Address) Date **19**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Forest Hills Cemetery** **Boston** (City or town)

DATE OF BURIAL **Aug. 4 1933**

22 NAME OF UNDERTAKER **Richard H White**

ADDRESS **151 Pleasant St. Winthrop**

Received and filed **AUG 11 1933**

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

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-o-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. **2378 157**

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 **George T. Dennis**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **80 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 **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
HUSBAND of **Helen G. Caldwell**
(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. **Advertising**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Manager**
10 Date deceased last worked at this occupation (month and year) **July 1933** 11 Total time (years) spent in this occupation **20**

12 BIRTHPLACE (City) **Charlestown, Mass.**
(State or country)

13 NAME OF FATHER **William F. Dennis**

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

15 MAIDEN NAME OF MOTHER **Mary J. Griffin**

16 BIRTHPLACE OF MOTHER (City) **Charlestown, Mass.**
(State or country)

17 Informant (Address) **Mrs. Helen G. Dennis,
80 Chester 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) **Wm. D. Caldwell**
(Official Designation) **Not the Officer** (Date of Issue of Permit) **8/7/33**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH _____
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **7/21**, 19 **33**, to **Aug 4**, 19 **33**

I last saw him alive on **Aug 4**, 19 **33**, 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:

Ruptured appendix 11/31/33

Contributory causes of importance not related to principal cause:

General Peritonitis 11/31/33

Name of operation **Appendectomy & drainage** 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 **Swollen Maxillary sin**
(Signed) **482 Beahan St**, M. D.
(Address) **Boston** Date **8-6-19-33**

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

DATE OF BURIAL **Aug 7, 1933.** 19 _____

22 NAME OF UNDERTAKER **Richard C. Kirby Inc.**
ADDRESS **East Boston**

Received and filed _____ 19 _____
Aug 11 1933 (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 *homework* 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" without 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. If 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 person shall exume 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 factory 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. When 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 **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. Every item of information should be carefully supplied. AGE should be stated 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)		BOSTON (City or Town)		No. Boston City Hospital		St., Ward		Registered No. 6774	
1 PLACE OF DEATH		2 FULL NAME Elizabeth Rizzo (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence No. 59 Siren St. Winthrop (Usual place of abode)		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		(If U. S. War Veteran, specify WAR)	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3 SEX F	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED single	(write the word)		18 DATE OF DEATH Aug 5 1933 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from July 29 1933, to Aug 5 1933			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					I last saw her alive on Aug 5 1933, death is said to have occurred on the date stated above, at 1.10 P.M.				
(or) WIFE of (Husband's name in full)					The principal cause of death and related causes of importance in order of onset were as follows:				
6 IF STILLBORN, enter that fact here.					acute osteomyelitis of lt humerus 5 dys				
7 AGE 9 Years Months Days If less than 1 day Hours Minutes					Contributory causes of importance not related to principal cause:				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school					Staphylococcus 5 dys				
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					septicemia 2 dys				
10 Date deceased last worked at this occupation (month and year)					terminal broncho pneumonia 2 dys				
11 Total time (years) spent in this occupation					drainage of acute osteomyelitis Date of 8/3/33				
12 BIRTHPLACE (City) Boston (State or country) Mass					Name of operation Was there an autopsy no				
13 NAME OF FATHER Michele Rizzo					What test confirmed diagnosis?				
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass					20 Was disease or injury in any way related to occupation of deceased?				
15 MAIDEN NAME OF MOTHER Mary J Cunningham					If so, specify (Signed) J F Deich M. D.				
16 BIRTHPLACE OF MOTHER (City) Cambridge (State or country) Mass					(Address) Boston Date 8/5/ 19 33				
17 Informant Father (Address) Winthrop					21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph W Rox (Cemetery) (City or town)				
A TRUE COPY.					DATE OF BURIAL Aug 8 19 33				
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)					22 NAME OF UNDERTAKER J Langone Jr Boston				
DATE FILED Aug 9 19 33					ADDRESS Boston				
					Received and filed AUG 11 1933 19				
					(Registrar of City or Town where deceased resided)				

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469



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

Registered No. 159

2 FULL NAME Julia V. Sullivan Call (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 33 Dolphin 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 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 Albert Call (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. 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) 7/5/1933 11 Total time (years) spent in this occupation 30

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

13 NAME OF FATHER John T. Sullivan

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

15 MAIDEN NAME OF MOTHER Catherine J. McQuade

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

17 Informant Mrs. Joseph Bradley (Address) 33 Dolphin 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) Health Officer (Official Designation) (Date of Issue of Permit) 8/17/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 5 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 2 1933, to August 5, 1933 I last saw her alive on Aug 5, 1933, 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:

Chronic Endocarditis Chronic Nephritis Arterio-sclerosis

Contributory causes of importance not related to principal cause:

Pulmonary Edema 9-4-33

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

20 Was disease or injury in any way related to occupation of deceased? No If so, specify Edw. J. Frainger, M. D. (Signed) 476 Shirley St. (Address) Date 8-7-1933

21 PLACE OF BURIAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL Aug. 8, 1933 19

22 NAME OF UNDERTAKER John W. Moley Winthrop ADDRESS Winthrop

Received and filed AUG 11 1933 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

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

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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 date 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 causes (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 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 *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, 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>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-5-32. No. 5469



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. 160

1 PLACE OF DEATH
Suffolk (County)
Wintthrop (City or Town)
No. 131 Bartlett Rd St., Ward {

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

2 FULL NAME Albert George Sengle
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 131 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 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 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 E Sengle (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years 8 Months 11 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. Insurance Broker
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 60

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

13 NAME OF FATHER Francis Emory Sengle

14 BIRTHPLACE OF FATHER (City) Littleton (State or country) Mass

15 MAIDEN NAME OF MOTHER Elizabeth Parkin

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

17 Informant (Address) Wife - Mary E Sengle 131 Bartlett Rd - Wintthrop

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 AUG 11 1933
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH August 5 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from December 13 1930 to August 5 1933.

I last saw him alive on August 5 1933, 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:

Hypertrophied prostate with operation therefore Date of Onset 1930 1933

Contributory causes of importance not related to principal cause: Uremia 1933
Sensibility 1930

Name of operation suprapubic cystostomy June 16/33 Date What test confirmed diagnosis Cystocele + Was there an autopsy? No

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

If so, specify (Signed) Just O. Phamsoff Date Aug 5 1933 (Address) 362 Shirley St. Wintthrop, Mass

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery (City or town)

DATE OF BURIAL August 7 1933

22 NAME OF UNDERTAKER Richard H. White ADDRESS 131 Pleasant St. Wintthrop

Received and filed AUG 11 1933 (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 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 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, in any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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**.

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 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 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 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.

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 { Suffolk (County)
Winthrop (City or Town)
No. 59 Beal St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
Winthrop (City or town making return)
Registered No. 161

2 FULL NAME Hannah (Olson) Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 59 Beal 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 (Give maiden name of wife in full)

(or) WIFE of Anders Emil Anderson (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

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) May, 1933 11 Total time (years) spent in this occupation 43

12 BIRTHPLACE (City) (State or country) Sweden

13 NAME OF FATHER A. Olson

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

15 MAIDEN NAME OF MOTHER Anna (Unknown)

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

17 Informant Anders Emil Anderson (Address) 59 Beal 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) 8/17/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 5 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 3 1933, to August 5 1933. I last saw him alive on August 5 1933, death is said to have occurred on the date stated above, at 8:45 a.m.

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

Hypertensive Heart Disease Date of onset June 1932
Cerebral Hemorrhage August 1933

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

(Signed) Eddie W. Dickinson, M.D. (Address) Winthrop, Mass Date Aug 7 1933

21 PLACE OF BURIAL, Winthrop, Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL August 8 1933

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop, Mass ADDRESS

Received and filed AUG 11 1933 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 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*, *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, 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
<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.

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

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

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*—*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, 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>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, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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. "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, 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. 36 Madison Ave		St.,		Ward		interrop (City or town making return)		Registered No. 163	
2 FULL NAME Martha (Janes) May (If deceased is a married, widowed or divorced woman, give also maiden name.)															
(a) Residence. No. 36 Madison Ave 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 12 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 Ernest May (Husband's name in full)															
6 IF STILLBORN, enter that fact here.															
7 AGE 65 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.		House work													
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. 16, 1933													
11 Total time (years) spent in this occupation		46													
12 BIRTHPLACE (City) (State or country) Newfoundland															
13 NAME OF FATHER Janes															
14 BIRTHPLACE OF FATHER (City) (State or country) Unable to obtain															
15 MAIDEN NAME OF MOTHER Unable to obtain															
16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain															
17 Informant Edward E. May (Address) 36 Madison 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:															
(Signature of Agent of Board of Health or other) Wm. D. Sullivan															
(Official Designation) Health Officer (Date of Issue of Permit) 2/13/33															
MEDICAL CERTIFICATE OF DEATH															
18 DATE OF DEATH August 10 1933 (Month) (Day) (Year)															
19 I HEREBY CERTIFY, That I attended deceased from May 14 1931, to August 10, 1933															
I last saw her alive on August 9, 1933, death is said to have occurred on the date stated above, at 2 P. M.															
The principal cause of death and related causes of importance in order of onset were as follows: Chronic myocardial degeneration Date of onset 1931															
Contributory causes of importance not related to principal cause: Acute Cardiac dilatation 1933															
Name of operation none Date of															
What test confirmed diagnosis clinical obs. Was there an autopsy No															
20 Was disease or injury in any way related to occupation of deceased? No															
If so, specify (Signed) Just Abrams, M.D. (Address) 562 Shirley St. Date Aug 11 1933															
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)															
DATE OF BURIAL Aug. 12, 1933 19															
22 NAME OF UNDERTAKER Charles R. Bennison Winthrop, Mass															
ADDRESS															
Received and filed AUG 21 1933 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 *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, assthenia, 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.

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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. 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.
"Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, 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

Harwichport *Notified 8/25/33* *Corrected copy*
The Commonwealth of Massachusetts *mailed to Harwich* *9/8/33*

Suffolk
 (County)

Winthrop
 (City or Town)

No. **40 Willow Ave. Winthrop St.** Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

2 FULL NAME **Lettice Diana Chase**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No. Harwichport, 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. 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 Single	18 DATE OF DEATH Aug. 11 33 (Month) (Day) (Year)	
6a 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 Aug 1st 33 to Aug 11 33 , 19 33 I last saw him alive on Aug 10 33 , 19 33 , death is said to have occurred on the date stated above, at 6 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: Arterio Sclerosis	
8 IF STILLBORN, enter that fact here.			Date of onset Aug 1st	
7 AGE 75 ³ Years --- Months 15 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) Harwichport Mass. (State or country)				
13 NAME OF FATHER Johnthan Chase				
14 BIRTHPLACE OF FATHER (City) Harwich Mass. (State or country)				
15 MAIDEN NAME OF MOTHER Lettice A. Newcomb not known				
16 BIRTHPLACE OF MOTHER (City) Harwich, Mass. not known (State or country)				
17 Informant Mary S. Tewksbury (Address) 24 James 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 Aug 11/33 (Official Designation) (Date of Issue of Permit)				
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Ed. Brown , M. D. (Address) 20 Elm St. A Date 8/11 19 33				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pleasant Harwichport (Cemetery) (City or town)			DATE OF BURIAL Aug. 15, 19 33	
22 NAME OF UNDERTAKER R. H. White ADDRESS 151 Pleasant St., Winthrop				
Received and filed AUG 22 1933 19 33				
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 the 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, 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*, *steamship 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 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
Arteriosclerosis.....	1915.....
Chronic interstitial nephritis.....	1921.....
Cerebral hemorrhage.....	July 5, 1927.....
.....	
Contributory causes of importance not related to principal cause:	
Fracture of arm.....	May 3, 1917.....
Automobile accident.....	.....

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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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 of a funeralist provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 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 certifying the cause of death shall thereafter furnish for registration any other necessary information which 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, 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.



OFFICE OF

Selectmen, Assessors, Overseers of Public Welfare
and Board of Health

TOWN OF HARWICH

HENRY K. BEARSE
TOWN CLERK

Harwich, Mass., Aug. 29 1932 ³

Donald J. McLeod.
Town Clerk.
Wentworth, Mass.

My dear Sir - Have just received the death report
of Mr Lettie Living Chase a resident of Harwich.

May I assist you in having a true and
correct record of the above named party.

✓ #2 - Lettice A. Chase.

✓ #7 - 73 yrs - 15 days. (born July 27, 1860)

✓ #12 - Harwich, Mass.

✓ #14 - Harwich "

✓ #15 - Lettice A. Newcomb

✓ #16 - Harwich, Mass.

This data is copied from the
Town Records.

Very truly,

Henry K. Bearse
Town Clerk.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

Winthrop
(City or town making return)

Registered No. 165

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 164 Woodside Ave

St.,

Ward {

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

2 FULL NAME Edward Vincent Atcherley

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

(a) Residence. No. 164 Woodside 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 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 Married (write the word)

5a If married, widowed, or divorced

HUSBAND of Agnes Phillips

(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 8 Months 23 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. R.R. office

10 Date deceased last worked at this occupation (month and year) July 1933 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Providence (State or country) Rhode Island

13 NAME OF FATHER John Atcherley

14 BIRTHPLACE OF FATHER (City) Wolverhampton (State or country) England

15 MAIDEN NAME OF MOTHER Drusilla Greatorex

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

17 Informant Agnes P. Atcherley (Address) 164 Woodside 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. L. Childress (Signature of Agent of Board of Health or other) (Official Designation) 8/15/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 12 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 26 1933, to August 12, 1933

Last saw him alive on Aug 12 1933, death is said to have occurred on the date stated above, at 11:20 p.m.

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

Arteriosclerosis of heart 1933

Contributory causes of importance not related to principal cause:

Name of operation Paracentesis Date of operation 8-15-33 What test confirmed diagnosis? X-ray Was there an autopsy?

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

If so, specify

(Signed) J. B. Bennison, M. D. (Address) 120 B. Winthrop, Mass. Date 8-15-33

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

DATE OF BURIAL Aug. 15 1933 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass

Received and filed AUG 22 1933 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 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*—*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*, *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, 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:

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 age, the disease of which he died, defined as required by section one, where same was contracted, 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, or to his 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 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.
"Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, 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
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6998

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)

2 FULL NAME

Henry W

LaDuke

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

(a) Residence. No.

36 Revere 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?

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

1

Years

11

Months

27

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

13 NAME OF
FATHER

Donald LaDuke

14 BIRTHPLACE OF
FATHER (City)

Canada

(State or country)

15 MAIDEN NAME
OF MOTHER

Edna Wade

16 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

17

Informant
(Address)

Donald LaDuke

Winthrop

A TRUE COPY.

ATTEST:

James J. Mulvey

(Registrar of city or town where death occurred)

DATE FILED

Aug

18

19 33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug

13

1933

(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(enapthalites)
incidental to gnawing of painted
surfaces.

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?

Winthrop

(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

M. D.

(Address) Boston

Date 8/15/1933

22 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross

Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Aug

16

1933

23 NAME OF
UNDERTAKER

M. J. Kelly

ADDRESS

East Boston

Received and filed

19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hospital, U.S. Army Fort Banks, Mass. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

CASSIUS V. GILLIS

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

(a) Residence. No. Station Hospital, U.S. Army, Fort, Banks, Ward,

(Usual place of abode)

Length of residence in city or town where death occurred - yrs. - mos. 23 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 Alice Gillis, (Maiden name 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 43 Years 0 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.	Machinist
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Unknown
	10 Date deceased last worked at this occupation (month and year)	Unknown

11 Total time (years) spent in this occupation ?

12 BIRTHPLACE (City) E. Westmoreland,
(State or country) N.H.

13 NAME OF FATHER Unknown

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 Official Records, Civilian Conservation Corps, Ft 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) 8/16/33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 167

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

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 15th 1933
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July 24, 1933, to August 15, 1933I last saw him alive on August 15, 1933, 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:

Carcinoma of the caecum.

Date of Onset
Unknown

Contributory causes of importance not related to principal cause:

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

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

If so, specify (Signed) A. B. Carpenter M.D.
(Address) Fort Banks, Winthrop, Date 8/15/193321 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield, Vt.
(Cemetery) (City or town)

DATE OF BURIAL 18 1933

22 NAME OF UNDERTAKER Charles R. Bennison,

ADDRESS 147 Winthrop Str. Winthrop, Mass.

Received and filed AUG 22 1933 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 healthfulness of various causes 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—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," which is more precise. Statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *builder*, *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 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 supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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, 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 an affidavit of the attending physician, if there is no attending physician, or of an agent thereof a sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, 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 set forth 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 forthwith furnish for registration any other necessary information which 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 cure 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.

MARGIN RESERVE 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-11-30. No. 605-B

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hospital, U.S. Army, Fort Banks, Mass.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 168

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

2 FULL NAME HECTOR J. RICARD

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

(a) Residence. No. Station Hospital, Fort Banks, 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. 4 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 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 21 Years unknown 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 August 5, 1933. 11 Total time (years) spent in this occupation 2

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

13 NAME OF FATHER Joseph. Ricard Unknown

14 BIRTHPLACE OF FATHER (City) Acton Vale (State or country) Canada

15 MAIDEN NAME OF MOTHER Roseanna. Boisvert Unknown

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

17 Informant (Address) Joseph. Richard 33 - Marguerite Alden

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) 8/15/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 15th 1933. (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 11, 1933 to August 15, 1933

I last saw him alive on August 15, 1933, death is said

to have occurred on the date stated above, at 2.25 p.m.

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

Acute, epidemic, cerebro-spinal meningitis Date of Onset 8/5/33

Contributory causes of importance not related to principal cause:

Respiratory failure 24 hours

Name of operation What test confirmed diagnosis Clinical findings Autopsy?

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

If so, specify (Signed) T. S. Crompton (Address) Fort Banks, Mass. Date 8/15 1933 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Chicopee, Mass. (Cemetery) (City or town)

DATE OF BURIAL Aug. 17/1933 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS 147 Winthrop Street, Winthrop, Mass.

Received and filed AUG 22 1933 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 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*, *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
<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 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 in 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 of the registrar provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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-5-32. No. 5469



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. 149

PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)

No. 332 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

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

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

(a) Residence. No. 332 Shirley 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 22 yrs. mos. days. How long in U. S., if of foreign birth? 45 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 (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here

7 AGE 82 Years Months 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. at home
10 Date deceased last worked at this occupation (month and year) Jan 1933 11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Abraham Andrews

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

15 MAIDEN NAME OF MOTHER Cannot be learned

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

17 Informant Mr. M. Epstein
(Address) 332 Shirley St.

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)

Agent Anna 1933
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 19 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 10, 1933 to August 19, 1933
I last saw her alive on August 19, 1933, 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:

Mitral Stenosis

Date of Onset
IMPORTANT

1925

Contributory causes of importance not related to principal cause:

Arteriosclerosis

1925

Senility

1930

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) Jacob Abraham (Address) 542 Shirley St. Date Aug 19 1933. M. D.

21 PLACE OF BURIAL CREMATION OR REMOVAL Chief Jacob Cem. Winthrop Mass.
(Cemetery) (City or town)

DATE OF BURIAL Aug. 20 1933

22 NAME OF UNDERTAKER Samuel Stamatelakis

ADDRESS 63 Green St. Boston

Received and filed 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—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, 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 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 bearing certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, 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 attendant, and the date of his death. *Gen. Laws, Chap. 46, Sec. 3.*

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 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, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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, 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, L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *... Gen. Laws, Chap. 38, Sec. 6.* He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 67 Sunnyside Ave

St.,

Ward {

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

Registered No. 170

2 FULL NAME Augusta Hansen Gundersen

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

(a) Residence. No. 67 Sunnyside 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 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 Carl F. Gundersen

(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

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) Jan 1930 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) (State or country) Norway

13 NAME OF FATHER Hansen

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

15 MAIDEN NAME OF MOTHER Cannot be learned

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

17 Informant (Address) George Gundersen 67 Sunnyside 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 Health Officer) (Date of Issue of Permit) 8/26/33

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 Aug. 24 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1933, to Aug. 24, 1933.
I last saw him alive on Aug. 24, 1933, 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:

Cerebral hemorrhage

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

arteriosclerosis of the cerebral arteries

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? No

If so, specify (Signed) S. S. Wilder, M. D. (Address) 5 Nichols St., Date 8.25.1933

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

DATE OF BURIAL Aug 27 1933 19

22 NAME OF UNDERTAKER John H. O'Malley

ADDRESS Winthrop

Received and filed SEP 1 1933 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 *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 is possible. If the occupation can be secured, 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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 sufficient reasons, his 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 such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 poisoning, 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-5-32. No. 5469

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. *22 Prescott*

9/13/33
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. *171*

2 FULL NAME

Baby Hughes

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

(a) Residence. No. *22 Prescott*

(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 White

4 COLOR OR RACE

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

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)

(State or country)

*Winthrop
Massachusetts*13 NAME OF
FATHER*William Hughes*14 BIRTHPLACE OF
FATHER (City)

(State or country)

*Boston
Mass*15 MAIDEN NAME
OF MOTHER*Louise Schatz*16 BIRTHPLACE OF
MOTHER (City)

(State or country)

*Boston
Mass*

17

Informant
(Address)*Harry Corcoran
22 Prescott St & Boston*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. 28. 1933*

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

*Aug 28 1933 to Aug 28 1933*I last saw *you* alive on *Aug 28 1933*, 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:Date of Onset
IMPORTANT*Still born 7
month pregnancy*

Contributory causes of importance not related to principal cause:

*Eclampsia (?) month
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

(Signed)

(Address)

George H. Schwartz

M. D.

Date *8/28 1933*21 PLACE OF BURIAL
CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

August 30

1933

22 NAME OF
UNDERTAKER

ADDRESS

*Edward E. Fitchitt**1353 Dorchester Ave.*

Received and filed

SEP 6 1933

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 condense 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 furnished for registration any other necessary information which 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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 to 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 disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury have died without recent medical attendance 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 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 in 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 "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, wheelwright,* etc. Distinguish carefully between *rigs, marliners, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

Reverie 9/13/33

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. 172

PLACE OF DEATH

Suffolk.
(County)
Dorchester
(City or Town)

No. 6 Community St. Ward

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

2 FULL NAME

William St. Campbell

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

(a) Residence. No.

68 Bellingham St.

Ward,

Reverie

(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)

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.

City of Boston

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

Aug. 1933

11 Total time (years)
spent in this
occupation.

30

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

13 NAME OF
FATHER

William St. Campbell

14 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME
OF MOTHER

Amelia J. Campbell

16 BIRTHPLACE OF
MOTHER (City)

Friedrichs

(State or country)

N. B.

17

Informant

Mrs. Elizabeth Campbell

(Address)

68 Bellingham St. 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. Childers

(Signature of Agent of Board of Health or other)

(Official Designation)

Aug 31/33

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug 30

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

1933 to Aug 30, 1933

I last saw him alive on Aug. 30, 1933, 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:

Date of Onset
IMPORTANT

Myocarditis 1931
Carcinoma of Stomach.

Contributory causes of importance not related to principal cause:

Name of operation

Gastroenterostomy

Date of

Aug 25/1933

What test confirmed diagnosis?

Was there an autopsy?

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

If so, specify

Egleon W. Brown, M. D.

(Signed)

(Address)

20 Our Court Cn. Boston

Date 8/30 1933

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

St. Hope

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

September 2,

1933

22 NAME OF
UNDERTAKER

Michael J. Ferrell

ADDRESS

10 No. Bennett St. Boston

Received and filed

19

SEP 6

1933

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, 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, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws Chap. 46, Sec. 3.

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 an 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 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 internment, 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 selectmen for the purpose, 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 such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 home or other 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 from disease unrelated to any form of injury.

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

(3) **Medical examiners** 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 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, 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>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.

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

SUFFOLK

(County)

BOSTON

(City or Town)

No. Boston City 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. 7419

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

2 FULL NAME

Agnes

Briggs

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

(a) Residence. No.

94 Bellevue 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

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

S

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

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.

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)

Winthrop

(State or country)

Mass

13 NAME OF
FATHER

Charles H Briggs

14 BIRTHPLACE OF
FATHER (City)

Montreal

(State or country)

Canada

15 MAIDEN NAME
OF MOTHER

Agnes Marion

16 BIRTHPLACE OF
MOTHER (City)

Wilmington

(State or country)

Mass

17

Informant
(Address)

C H Briggs

Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept 5

19 33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug

31 1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 17

1933, to

Aug 31

19 33

I last saw him or her alive on Aug 31, 1933, death is said

to have occurred on the date stated above, at 7.20 P.M.

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

broncho pneumonia

Date of onset

4 days

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) H V Byrne

M. D.

(Address) Boston

Date 9/1/ 19 33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL Sept 2

19 33

22 NAME OF
UNDERTAKER

R C Kirby

ADDRESS

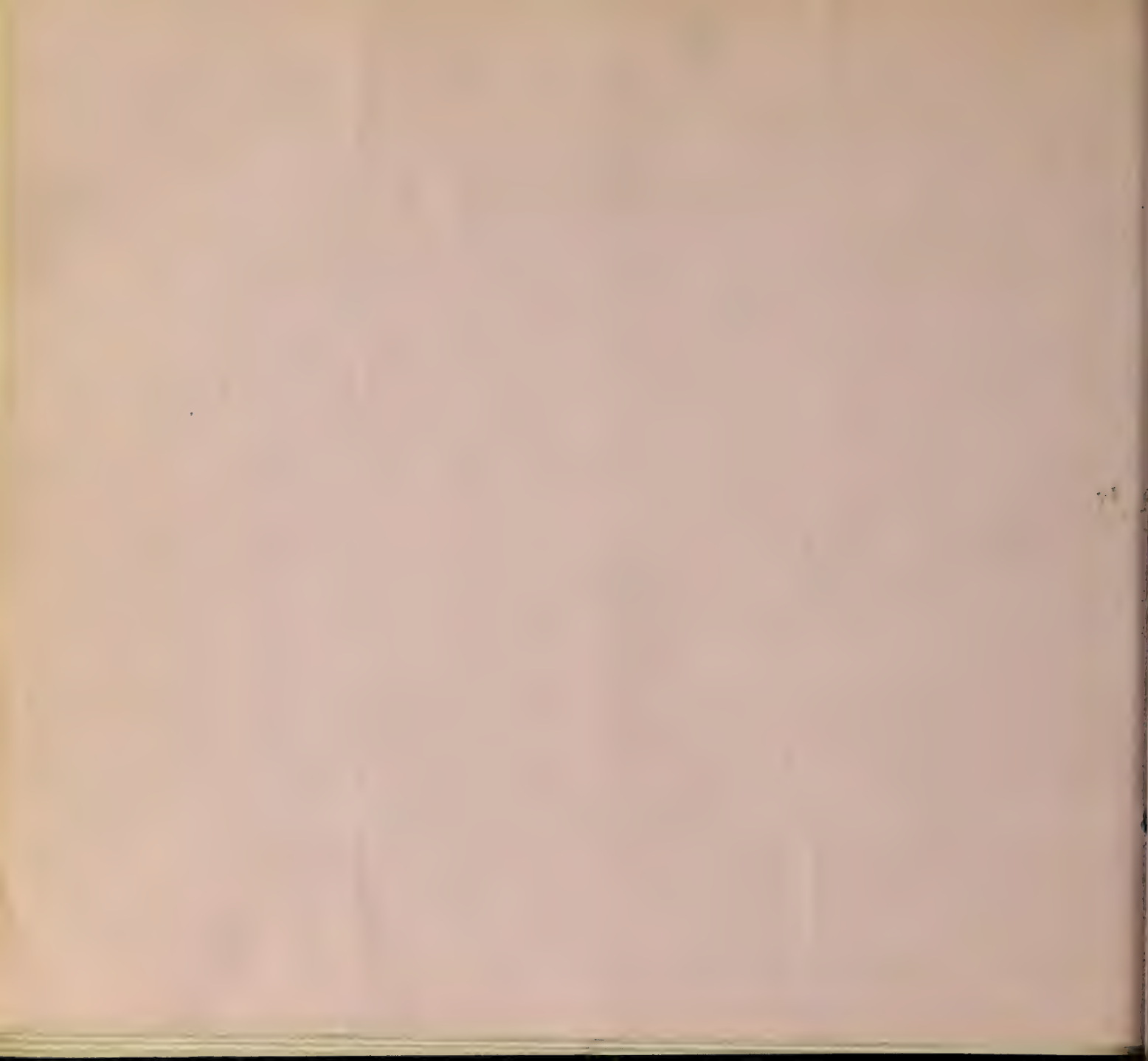
East Boston

Received and filed

SEP 12 1933

19

(Registrar of City or Town where deceased resided)



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		Medford	
Middlesex (County)		OFFICE OF THE SECRETARY		(City or town making return)	
Medford (City or Town)		DIVISION OF VITAL STATISTICS		Registered No. 174	
No. Dearborn Hospital		STANDARD		Certificate of Death	
St.,		Ward		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Catherine Riley		{ (If U. S. War Veteran, specify WAR)			
(a) Residence. No. 94 Faun Bar 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	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 of wife in full)					
(or) WIFE of John Albert Riley					
(Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 59		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. Housekeeper					
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 1933					
11 Total time (years) spent in this occupation 25					
12 BIRTHPLACE (City) - England					
(State or country)					
PARENTS					
13 NAME OF FATHER Thomas Regan					
14 BIRTHPLACE OF FATHER (City) England					
(State or country)					
15 MAIDEN NAME OF MOTHER Catherine Rock					
16 BIRTHPLACE OF MOTHER (City) England					
(State or country)					
17 Informant Henry C. McKenna					
(Address) 94 Faun Bar Ave.					
A TRUE COPY. Charles A. Kinslow					
ATTEST: (Registrar of city or town where death occurred) City Clerk					
DATE FILED August 5 19 33					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August 1, 1933					
(Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from July 24 1933 to Aug. 1 1933.					
I last saw her alive on July 31 1933, death is said to have occurred on the date stated above, at 10A. m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Arterio sclerosis sev. yrs.					
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 C.R. Draper M. D.					
(Signed) 37 Forest St. Med. Date 8/1 1933					
(Address)					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Dorchester, Rox.					
(Cemetery) (City or town)					
DATE OF BURIAL August 4 19 33					
22 NAME OF UNDERTAKER Jos. L. Burke					
ADDRESS 75 Chambers St. Boston					
Received and filed SEP 2 1933 19					
(Registrar of City or Town where deceased resided)					



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. 7997-4

1 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)

2 FULL NAME

Jane L

Harvey

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

(a) Residence. No. _____

(Usual place of abode)

97 Locust 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?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of _____

(Give maiden name of wife in full)

(or) WIFE of _____

George A Harvey

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

58

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.

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)

Aug 17 1933

11 Total time (years) spent in this occupation

38 yrs

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

13 NAME OF FATHER

William Hammond

14 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Sarah Smith

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant (Address)

Harold P Harvey

Winthrop

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

Aug

31

19 33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7335

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)

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)

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)

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)

St., _____

Ward {

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War Veteran,

specify WAR)

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specify WAR)

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St., _____

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War Veteran,

specify WAR)

St., _____

Ward {

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(If U. S.

War Veteran,

specify WAR)

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Ward {

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(If U. S.

War Veteran,

specify WAR)

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)

St., _____

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(If U. S.

War Veteran,

specify WAR)

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)

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)

St., _____

Ward {

(If death occurred in a hospital or institution, give its NAME instead

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)
Winthrop
(City or Town)
No. *Community Hospital Winthrop* St., *Ward*



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. *176*

2 FULL NAME *Bessie Siegel*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *140 Pine St. Boston Mass.*
(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 *Widow* (write the word)

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

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. *of home*
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) *Russia*
(State or country)

13 NAME OF FATHER *Can't be learned*

14 BIRTHPLACE OF FATHER (City) " " "

15 MAIDEN NAME OF MOTHER " " "

16 BIRTHPLACE OF MOTHER (City) " " "

(State or country)

17 Informant *Henry Siegel*
(Address) *46 Cypress 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

18 DATE OF DEATH *Sept - 2 - 1933*
(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.)

Death of heart resulting multiple Fractures of Ribs
Said fractures with wounds at Shore Drive Winthrop
Pneumonia

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? *W. Winthrop*

(Signed) *Wm. J. Smith* M. D.
(Address) *130 W. 3rd St. Boston*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *New York City N.Y.*
(Cemetery) (City or town)

DATE OF BURIAL *Sept. 4 1933*

22 NAME OF UNDERTAKER *Marion Stoughton*
ADDRESS *63 Green St Boston*

Received and filed *Sept 6 1933*

(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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state cause of DEATH in plain terms, so 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

Southwick
(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)

2 FULL NAME Stillborn — Antionette Santangelo.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 41 Riverside St., Ward, Watertown 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 F 4 COLOR OR RACE sk. 5 SINGLE 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. 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, Mass
(State or country)

13 NAME OF FATHER Joseph Anthony Santangelo

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

15 MAIDEN NAME OF MOTHER Antionette De Simone

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

17 Informant Dr. Zollo
(Address) Revere St. REVERE

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) 9/5/33

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

(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 Sept 5 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 5 1933, to Sept 5 1933.

I last saw 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:

Dead baby in utero

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. J. Zollo, M. D. (Address) 353 Revere St. Revere Date 9/5/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery, Chelsea Everett
DATE OF BURIAL Sept. 5, 1933

22 NAME OF UNDERTAKER Murray + Murray
ADDRESS 375 Broadway REVERE.

Received and filed SEP 6 1933 (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 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 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, 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 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 deceased 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.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

102m-9-31. No. 3385-f

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)

Registered No. *178*

2 FULL NAME

Baby Girl Mahoney

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

(a) Residence. No.

11 Lafayette Ave. Chelsea

(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

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.

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

13 NAME OF FATHER

Joseph Mahoney

14 BIRTHPLACE OF FATHER (City)

(State or country)

Chelsea

15 MAIDEN NAME OF MOTHER

Elizabeth Holland

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Chelsea

17

Informant (Address)

*Joseph Mahoney
11 Lafayette Ave. Chelsea*

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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept

(Month)

6

(Day)

1933

(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

Baby was delivered dead (by caesarian section) on September 6-1933

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. Traynor*

M. D.

(Address) *476 D. D. St. Chelsea*Date *Sept 7, 1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

Sold Cross Malden

DATE OF BURIAL

*Sept 8*19 *33*

22 NAME OF UNDERTAKER

William T. Casey

ADDRESS

Chelsea

Received and filed

SEP 18 1933

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive 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 these 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 original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient to a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.*

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.

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.

75m-5-32. No. 5469

1 PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. *Wentworth Community 498* St., Ward {

Registered No. *179*

2 FULL NAME *Baby Girl Schafani*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. *2 Pearl* St., Ward,
(Usual place of abode) *Chelsea*
(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 *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) *Wentworth* (State or country) *Mass*

13 NAME OF FATHER *Anthony Schafani*

14 BIRTHPLACE OF FATHER (City) *New York* (State or country) *New York*

15 MAIDEN NAME OF MOTHER *Ida Magrino*

16 BIRTHPLACE OF MOTHER (City) *Dorchester* (State or country) *Mass*

17 Informant (Address) *Anthony Schafani*
2 Pearl St. Chelsea

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) *9/21/33* (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 *Sept. 7, 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Sept 7*, 19*33*, to *Sept 7*, 19*33*

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:

Stell toy

Contributory causes of importance not related to principal cause:

Date of Onset
IMPORTANT

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) *Gen. H. H. Hunt* M. D.
(Address) *43 Princeton St.* Date *9/18* 19*33*

21 PLACE OF BURIAL CREMATION OR REMOVAL *Garden* *Chelsea*
(Cemetery) (City or town)

DATE OF BURIAL *Sept 9* 19*33*

22 NAME OF UNDERTAKER *Charles H. Tregner*
ADDRESS *71 Saratoga St. E.D.*

Received and filed *SEP 18 1933* 19.....

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 convalidate 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He 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 **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**.

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 *chief 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 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, asbema, 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 BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

PLACE OF DEATH		SUFFOLK (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return)	
1	Winthrop (City or Town)	No. Qtrs. # 18, Fort Banks, Mass.		St.	Ward	Registered No. 180	
						(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Mary Carswell Nee McGivney (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)	
(a) Residence. No. Qtrs. 18, Ft. Banks, Mass.		St.		Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 0 yrs. 6 mos. -- days. How long in U. S., if of foreign birth? 49 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 Donald Carswell, Deceased (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE	67	Years	4	Months	-	Days	If less than 1 day Hours Minutes
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. living 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) County Leithren (State or country) Ireland							
PARENTS	13 NAME OF FATHER Eugene McGivney						
	14 BIRTHPLACE OF FATHER (City) unknown (State or country) Ireland						
	15 MAIDEN NAME OF MOTHER Unknown						
	16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)						
17 Mrs. W. D. McHugh, (Daughter) (Address) Fort Banks, 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) 9/9/33							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH Sept. 9, 1933 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1933, to Sept. 9, 1933. I last saw her alive on Sept. 8, 1933, 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:							
Organic heart failure							
Organic cardiac disease, mitral insufficiency, accompanied by cardiac decompensation.							
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? no							
If so, specify (Signed) R. L. Feldman, M. D. (Address) 1st Lt. MRC Ft. Banks, Mass. 9-9-1933							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Cemetery Portland Me (Cemetery) (City or town)							
DATE OF BURIAL Sept. 12, 1933 19							
22 NAME OF UNDERTAKER C. R. BENNISON							
ADDRESS Winthrop, Mass.							
Received and filed SEP 18 1933 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, 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 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's 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, 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 U. S. 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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

PLACE OF DEATH

1

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, Mass. St., - - - - - Ward {

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

2 FULL NAME BABY EGGLESTON

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

(a) Residence. No. Station Hospital, Ft. Banks, Mass. St. Women's Ward,

(Usual place of abode)

(If U. S.

War Veteran,

specify WAR

(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)
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. Stillborn7 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) Penn Mass.13 NAME OF FATHER ARTHUR EGGLESTON14 BIRTHPLACE OF FATHER (City) Penn
(State or country)15 MAIDEN NAME OF MOTHER TERSA MARGRET LIZZA CONNOR16 BIRTHPLACE OF MOTHER (City) Penn
(State or country)17 Informant Arthur Eggleston
(Address) Shirley, 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) 9/10/33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 181

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 10, 1933
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 19, to 19I last saw him 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:

Stillborn (pregnancy at term)

Date of Onset

Contributory causes of importance not related to principal cause:

Transverse presentation

Podalic version, and

Name of operation extraction Date of Sept. 10, 1933What 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) George Horsfall, Capt. U.S. Army, M. D.(Address) Fort Banks, Mass. Date Sept. 10, 193321 PLACE OF BURIAL, CREMATION OR REMOVAL Shirley, Mass.
(Cemetery) (City or town)DATE OF BURIAL September 13, 193322 NAME OF UNDERTAKER H. Louis FarmerADDRESS AyerReceived and filed SEP 18 1933 19

A TRUE COPY, ATTEST:

(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)		No. 57 Buchanan St.,		Ward		Registered No. 182	
1		STANDARD CERTIFICATE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number)									
2		FULL NAME <u>Payne</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a)		Residence. No. <u>57 Buchanan</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		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(Write the word)					
Male		White		X							
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. <u>Stillborn</u>											
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. X 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. X 10 Date deceased last worked at this occupation (month and year) X 11 Total time (years) spent in this occupation. X									
12 BIRTHPLACE (City) <u>Wentworth</u> (State or country) <u>Mass</u>											
PARENTS		13 NAME OF FATHER <u>Arthur S. Payne</u> 14 BIRTHPLACE OF FATHER (City) <u>Wentworth</u> (State or country) <u>Mass</u> 15 MAIDEN NAME OF MOTHER <u>Eva Parent</u> 16 BIRTHPLACE OF MOTHER (City) <u>Caribou</u> (State or country) <u>Me</u>									
17 Informant (Address) <u>Arthur S. Payne</u> <u>57 Buchanan St. Wentworth</u>											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>William D. Clifton</u> (Signature of Agent of Board of Health or other) <u>Agent</u> (Official Designation) <u>Sept 15-1933</u> (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH <u>Sept 13 1933</u> (Month) (Day) (Year)											
19 I HEREBY CERTIFY That I attended deceased from <u>Sept 13 1933</u>, to <u>Sept 13 1933</u>. last saw him alive on <u>Sept 13 1933</u>, death is said to have occurred on the date stated above, at <u>6 P. M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Still-birth</u> <u>Difficult labor and delivery.</u> Contributory causes of importance not related to principal cause:											
Name of operation <u>None</u> Date of <u>Sept 13 1933</u> What test confirmed diagnosis? <u>Normal Obv.</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 <u>Payne and B. Parker</u> (Signed) <u>Payne and B. Parker</u> (Address) <u>Wentworth Mass</u> Date <u>Sept 14 1933</u> M. D.											
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Wentworth</u> (Cemetery) <u>Wentworth</u> (City or town) DATE OF BURIAL <u>Sept 15 1933</u> NAME OF UNDERTAKER <u>C. R. Bennett</u> ADDRESS <u>Wentworth Mass</u>											
Received and filed <u>SEP 18 1933</u> 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 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*, *wiring 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, 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.....
.....	
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 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 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.

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

SUFFOLK

(County)

BOSTON

(City or Town)

No. Beth Israel Hospital

St.

Ward

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

2 FULL NAME

Barnet

Silverman

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

(a) Residence. No.

7 Sea Foam 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

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

married

5a If married, widowed, or divorced

HUSBAND of

Bessie Brauer

(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.

dry goods

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)

2 mos.

11 Total time (years)

spent in this occupation

15 yrs

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Samuel Silverman

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Rebecca -

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

I. J. Silverman

20 Pemberton Sq

Boston

A TRUE COPY.

ATTEST:

James J. Mulvey

(Registrar of city or town where death occurred)

DATE FILED

Sept

18

19

33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7725

(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

Sept

15

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 31

1933, to

Sept 15

19 33.

I last saw him alive on Sept 15, 19 33, death is said

to have occurred on the date stated above, at 12.04 P.m.

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

malignant lymphoblastoma of

peritoneum

March/33

inanition

Aug/33

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis pathological Was there an autopsy? no

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

If so, specify

A. L. Hermanson

M. D.

(Signed)

Boston

Date

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth David

Woburn

(Cemetery)

(City or town)

DATE OF BURIAL

Sept

15

19 33

22 NAME OF UNDERTAKER

J. H. Levine

ADDRESS

Dorchester

Received and filed

OCT 10 1933

19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-32. No. 7070-h

1 PLACE OF DEATH
SUFFOLK
 (County)
WINTHROP
 (City or Town)
 No. **Station Hospital, Fort Banks, Mass. St.** Ward **-** { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Registered No. **184**

2 FULL NAME **BABY WING**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
52 Spring St.
 (a) Residence. No. **Station Hospital, Ft. Banks, Mass. St., Women's Ward** - **Portland, 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

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

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 **CLARENCE ARTHUR WING**

14 BIRTHPLACE OF FATHER (City) **Portland,**
 (State or country) **Maine.**

15 MAIDEN NAME OF MOTHER **Sadie Lois Casswell**

16 BIRTHPLACE OF MOTHER (City) **East Weymouth,**
 (State or country) **Mass.**

17 Informant **Clarence Arthur Wing.**
 (Address) **Portland, Maine.**

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)
H. O. M. D. Childress
 (Official Designation) (Date of Issue of Permit) **Sept. 1933.**

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)

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **September 16, 1933**
 (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:

Stillborn (pregnancy at term)

Contributory causes of importance not related to principal cause:

Congenital syphilis.

Name of operation **Accouchement** Date of **9/16/33**
 What test confirmed diagnosis **Positive** Was there an autopsy?
was seen in mother.

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) **George Horsfall, Capt. US Army** M. D.
 (Address) **Fort Banks, Mass.** Date **9/16/33**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Rest Haven, Deer Island,**
 (Cemetery) (City or town)

DATE OF BURIAL **September 20, 1933**

22 NAME OF UNDERTAKER **O. R. Bonney**

ADDRESS **170 Winthrop St**

Received and filed _____ 19____

A TRUE COPY, ATTEST:

SEP 23 1933 (Seal)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 one 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 be returned and recorded, which shall be accompanied, 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 as to the selection for the purpose, board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 the death, which the clerk or registrar may require. *— Chap. 114, Sec. 45 (C, L., as amended by Chap. 48, Acts of 1927 and Chap. 914, Acts of 1931.)*

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, 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>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.

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, C. 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. Every item of information should be carefully supplied. AGE should be stated 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

Melrose

(City or town making return)

PLACE OF DEATH

Middlesex
(County)

Melrose

(City or Town)

No. Melrose Hospital

St. Ward

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

Registered No. 155

2 FULL NAME Betty Ann Nickerson

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

(a) Residence. No. 146 Pauline

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.

1 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

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)

Melrose

(State or country)

Mass.

13 NAME OF
FATHER

Winfield T. Nickerson

14 BIRTHPLACE OF
FATHER (City)

Winthrop

(State or country)

Mass.

15 MAIDEN NAME
OF MOTHER

Ida M. Morin

16 BIRTHPLACE OF
MOTHER (City)

New Bedford

(State or country)

Mass.

17

Informant

(Address)

Winfield T. Nickerson

146 Pauline St., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept. 19, 1933

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Sept. 18, 1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 17/33

19

to Sept. 18, 1933

I last saw her alive on Sept. 18/33

19

death is said

to have occurred on the date stated above, at 11:30 P. M.

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

Premature--5 mo. old fetus

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? no

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

If so, specify

(Signed)

R. W. Layton

M. D.

(Address)

Boston, Mass.

Date 9/19/33

21 PLACE OF BURIAL,
CREMATION OR REMOVAL St. Patrick's Stoneham

(Cemetery)

(City or town)

DATE OF BURIAL Sept. 20, 1933

19

22 NAME OF
UNDERTAKER John W. Gately

ADDRESS Melrose, Mass.

SEP 21 1933

Received and filed

19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

PLACE OF DEATH **Suffolk**

(County)

Winthrop

(City or Town)

No. **Winthrop Community Hosp.** St., Ward {

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

Registered No. **186**2 FULL NAME **John Frederick Harney**

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

(a) Residence. No. **78 Ingleside Ave.**, St., Ward, (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 Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
----------------------	---------------------------------	--

(write the word)

5a If married, widowed, or divorced
HUSBAND of **Margaret Pratt**
(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 **17** Days If less than 1 day Hours Minutes

OCCUPATION:	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Radio Announcer
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Studio
	10 Date deceased last worked at this occupation (month and year)	May 1933

11 Total time (years) spent in this occupation **4**12 BIRTHPLACE (City) **Revere**
(State or country) **Mass.**13 NAME OF FATHER **Edward Harney**14 BIRTHPLACE OF FATHER (City) **Halifax**
(State or country) **Nova Scotia**15 MAIDEN NAME OF MOTHER **Catherine Corbett**16 BIRTHPLACE OF MOTHER (City) **Webster**
(State or country) **Mass.**17 Informant **Catherine Harney**
(Address) **78 Ingleside Ave. Winthrop**

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 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 **Sept 27** 19**33**
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from **Aug 21**, 19**33**, to **Sept 27**, 19**33**.I last saw **him** alive on **Sept 27**, 19**33**, death is said to have occurred on the date stated above, at **6:25** a.m.

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

AgonizedDate of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Staphylococcus septicaemiaName 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**
(Signed) **Michael J. Tonella** M. D.
(Address) **10 North Bennet St., Boston** Date **Sept 27**, 19**33**21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Cemetery W**
(Cemetery) (City or town)DATE OF BURIAL **September 27, 1933** 19**33**22 NAME OF UNDERTAKER **Michael J. Tonella**
ADDRESS **10 North Bennet St., Boston**Received and filed **SEP 29 1933** 19**33**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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
<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.

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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is the usual form for the removal of such body, has been so obtained hereunder. 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, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur therein if 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

RULES OF PRACTICE

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

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

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

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)
Worcester
(City or Town)



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

Worcester
(City or town making return)
Registered No. 187

No. 15 Belcher St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sanford Harrison Eldridge, Sr. (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 Belcher St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 4 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 Married (write the word)

5a If married, widowed or divorced HUSBAND of Name Elizabeth Young (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 10 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigalar 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Precision Iron of Worcester 10 Date deceased last worked at this occupation (month and year) Sept 24 33 11 Total time (years) spent in this occupation 27 years

12 BIRTHPLACE (City) (State or country) Hingham Mass

13 NAME OF FATHER Walter S. Eldridge

14 BIRTHPLACE OF FATHER (City) (State or country) Haverhill Mass

15 MAIDEN NAME OF MOTHER Eunice C. Crosby

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

17 Informant (Address) Mrs. Mattie E. Eldridge

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) 9/26/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 24 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on Sept 24 1933, 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:

Heartmal Cancer. Probably Angina Pectoris Sept 3 1933

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) Robert B. Barker, M. D. (Address) 100 Bond St. Worcester Mass Date Sept 25 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Worcester Mass (Cemetery) (City or town)

DATE OF BURIAL Sept 27 1933

22 NAME OF UNDERTAKER C. R. O'Connor

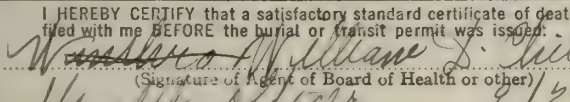
ADDRESS Worcester Mass

Received and filed SEP 28 1933 19

A TRUE COPY, ATTEST: (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-32. No. 7070-h

1	PLACE OF DEATH	Suffolk (County)	 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)
		Winthrop (City or Town)			Registered No. 188
		No. 129 Cliff Ave	St.	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME		Thomas J. Regan			(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence.		No. 129 Cliff Ave	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 MARRIED WIDOWED or DIVORCED (write the word)			
Male	White	Married			
5a If married, widowed, or divorced HUSBAND of Mary Scannell 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 75		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. Chemist				
	10 Date deceased last worked at this occupation (month and year) May 1920				
11 Total time (years) spent in this occupation 37					
12 BIRTHPLACE (City) Clare		(State or country) Ireland			
PARENTS	13 NAME OF FATHER Michael Regan				
	14 BIRTHPLACE OF FATHER (City) Ireland				
	15 MAIDEN NAME OF MOTHER Mary O'Loughlin				
	16 BIRTHPLACE OF MOTHER (City) Ireland				
17 Informant Mary Regan		(Address) 129 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.					
 (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 9/29/33					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Sept 27 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from inside 1, 1933, to Sept 27, 1933					
I last saw him alive on Sept 25, 1933, 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:					
atherosclerosis myocarditis					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? No					
20 Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) J. W. Thompson M. D.					
(Address) 129 Cliff Ave Date 9/18/33					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Immaculate Conception Methuen (City or town)					
DATE OF BURIAL September 30 1933					
22 NAME OF UNDERTAKER John F. O'Malley					
ADDRESS Winthrop					
Received and filed OCT 5 1933					
A TRUE COPY, ATTEST: (Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other 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 name of the deceased, his supposed age, the disease of which he died, denoted as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 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 for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectify, 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 rectify 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

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.

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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)
Winsted
(City or Town)
No *Miller Community Rd* 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. *189*

2 FULL NAME *Ester G. Schlums*
(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. *10 Laurel Rd* St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *X* yrs. *X* mos. *1* 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 *X* Years *X* 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. *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 *X*

12 BIRTHPLACE (City) *Winsted* (State or country) *Conn*

13 NAME OF FATHER *Oslo W. Schlums*

14 BIRTHPLACE OF FATHER (City) *Bolton Roxbury* (State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Laura Jessen*

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

17 Informant *Oslo W. Schlums* (Address) *10 Laurel Rd 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. Curran
(Signature of Agent of Board of Health or other)

(Official Designation) *Health Officer* (Date of Issue of Permit) *9/30/33*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Sept 27 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from *Sept 27 1933* to *Sept 27 1933*, 19 *33*
I last saw him alive on *Sept 27 1933*, 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:

Intracranial hemorrhage

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? *Yes*

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *J. J. Mahoney* M. D. (Address) *Concord Mass* Date *9/29 1933*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winsted - Winsted* (Cemetery) (City or town) DATE OF BURIAL *Sept 30th 1933* 19 *33*

22 NAME OF UNDERTAKER *Chas. R. Bennett* ADDRESS *Winsted - Mass*

Received and filed 19

OCT 5 1933

(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 *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 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" of 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, asbhenia, 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>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 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 of 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 countercheck 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. R.—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

PLACE OF DEATH

Suffolk.
(County)
Wentworth
(City or Town)

No. Wentworth Center St. B.R.B. & L.R.R. Ward {

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

Registered No. 1930

2 FULL NAME Thomas Joseph Dailey

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

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

(a) Residence. No. Wentworth 15 English Ave. 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 Married (write the word)
or WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Catherine F. Gagan
(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 Months Days If less than 1 day
Hours MinutesOCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Master
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.R.B. & L.R.R.
10 Date deceased last worked at this occupation (month and year) Sept. 29 1933
11 Total time (years) spent in this occupation 28 yrs12 BIRTHPLACE (City) Marblehead
(State or country) Mass.

13 NAME OF FATHER Daniel Dailey

14 BIRTHPLACE OF FATHER (City) Marblehead
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Harriet Twissden

16 BIRTHPLACE OF MOTHER (City) Marblehead
(State or country) Mass.17 Informant Catherine F. Dailey
(Address) 5 English 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. Childress
(Signature of Agent of Board of Health or other)
Health Officer 9/30/33
(Official Designation) (Date of Issue of Permit)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial
permit with Board of
Health or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 29 1933
(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 Sulfuric Acid,
Suicidal

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(City) South Norw. M. D.
(Address) 100 W. 29th St. Date 29 193321 PLACE OF BURIAL, CREMATION OR REMOVAL Waterside Cemetery
(Cemetery) (City or town)
DATE OF BURIAL Oct. 2 193322 NAME OF UNDERTAKER David L. Pooley
ADDRESS 135 London St. East Boston

Received and filed 19

OCT 5 1933
(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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469



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. 34 Banks St., St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Johannah C. Ward { (If U. S. War Veteran, specify WAR) 191
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 34 Banks St., 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? 40 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)
6a IF married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Nicholas B. Ward (Husband's name in full)
(or) WIFE of (Give maiden name of wife in full) Nicholas B. Ward (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. 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) June 1928 (month and year) 35 (month and year) 35 (month and year) 35

12 BIRTHPLACE (City) Dartmouth, Nova Scotia (State or country)

13 NAME OF FATHER Michael Welch

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

15 MAIDEN NAME OF MOTHER Mary E. Pashby

16 BIRTHPLACE OF MOTHER (City) Dartmouth, Nova Scotia (State or country)

17 Informant Miss J. Ward (Address) 34 Banks St., 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) Wm. D. Childress
(Official Designation) Health Officer (Date of Issue of Permit) 10/3/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 1, 1933 (Month) (Day) (Year)

I HEREBY CERTIFY. That I attended deceased from June 15, 1932, to Oct 1, 1932. I last saw him alive on Oct 1, 1932, 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:

Arteriosclerosis Date of Onset IMPORTANT 37

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) Date 19 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary Lynn (Cemetery) (City or town)

DATE OF BURIAL October 4, 1933. 19

22 NAME OF UNDERTAKER Richard O'Connell

ADDRESS East Boston

Received and filed OCT 5 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 reason, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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. 48, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.

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 term, 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 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>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.

(Registrar of City or Town where deceased resided)



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 19, 29

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

Registered No. 153

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
 No. Winthrop: 92 Johnson Ave Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie Alvina Rohe (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 92 Johnson Ave St., Winthrop, (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 Married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of Conrad Rohe (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 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 work
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ownhome
 10 Date deceased last worked at this occupation (month and year) Oct. 6, 1933 11 Total time (years) 25 (month and year) 25

12 BIRTHPLACE (City) Hannibal (State or country) Missouri

13 NAME OF FATHER Gehsert

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

15 MAIDEN NAME OF MOTHER " " "

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

17 Informant Conrad Rohe (Address) 92 Johnson 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 (Official Designation) 10/9/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 6 1933 (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 illuminating gas, probably Swedish

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
 (Signed) Charles R. Bennison M. D.
 (Address) Winthrop, Mass Date Oct 9 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)
 DATE OF BURIAL October 9, 1933 19

22 NAME OF UNDERTAKER Charles R. Bennison
 ADDRESS Winthrop, Mass

Received and filed 10/9/33 19 (Registrar)

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 of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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.

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

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

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

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

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

If 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

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 DEATHPutland
(City or town making return)

Registered No. 108

Worcester
(County)Rutland
(City or Town)

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

2 FULL NAME Arthur Gordon
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 252 Shirley 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. 16 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 Sophy Lundy
(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 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. Collector
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Associated publisher's Little Bldg. Boston
10 Date deceased last worked at this occupation (month and year) Sept. 13, 1933 11 Total time (years) spent in this occupation12 BIRTHPLACE (City) Boston,
(State or country) Mass.

13 NAME OF FATHER Victor Gordon

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

15 MAIDEN NAME OF MOTHER Tillie ?

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant State Sanatorium Records
(Address) Rutland, Mass.

A TRUE COPY.

ATTEST: Laur M. Sturff
(Registrar of city or town where death occurred)

DATE FILED October 7, 1933 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 7, 1933
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from September 21, 1933, to October 7, 1933.
I last saw him alive on October 7, 1933, death is said to have occurred on the date stated above, at 4:05 A.M.

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

Pulmonary tuberculosis June 1933
Date of onset

Contributory causes of importance not related to principal cause:

None

Name of operation Microscopical 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 Unknown
(Signed) Paul Dufault M. D.
(Address) Putland State San. Date 10/7 19 3321 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Jacob, Woburn, Mass.
(Cemetery) (City or town)

DATE OF BURIAL October 8, 1933 19

22 NAME OF UNDERTAKER Louis Sroller
ADDRESS 190 Washington St. Dorchester

Received and filed NOV 10 1933 19

(Registrar of City or Town where deceased resided)



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 19, 238

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

Registered No. 195

PLACE OF DEATH

Suffolk -
(County)Wentworth
(City or Town)

No. Boston Harbor: front of building

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

2 FULL NAME

Richard James, Jr.

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

(If U. S.

War Veteran

specify WAR) World

(a) Residence. No. 1

Wentworth: 191 Court 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)

Married

5a If married, widowed, or divorced

HUSBAND of

Louise M. 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

38

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.

Silver Mfg.

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)

10/6/33

11 Total time (years)
spent in this
occupation

20

12 BIRTHPLACE (City)

(State or country)

Greenfield Mass

13 NAME OF
FATHER

Richard James Sr.

14 BIRTHPLACE OF
FATHER (City)

(State or country)

England

15 MAIDEN NAME
OF MOTHER

Caroline Tatterson

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

17

Informant
(Address)Miss Louise M. James
191 Court St. WentworthI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

William L. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

10/16/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Oct.

8

1933

(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 under
circumstances unknown.

Found afloat in tide water near
his home, whence he
disappeared Oct. 8]

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN
WAS INJURY SUSTAINED?

(Signed)

J. B. Jones (M.D.)

(Address)

Date

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Forest Hills Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 16

1933

22 NAME OF
UNDERTAKER

William T. Jones

ADDRESS

Forest Hills

Received and filed

19

OCT 13 1933

(Registrar)

FROM THE LAWS OF THE

POLYMER LETTERS

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

No undertaking; 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 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

DESCRIPTION (for unknown person)

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.

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

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

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

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

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

If 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.)"

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32, No. 5469

Suffolk

(County)

Winthrop

(City or Town)

No.

1085 Shirley St

St.,

Ward {

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

2 FULL NAME

George Morton Day

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

(a) Residence. No.

33 Westbourne Terrace St., Brookline, 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

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Margaret Cashel

(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

19 Days

If less than 1 day

Hours

Minutes

OCCUPATION.

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

Textile Agent

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)

1931

11 Total time (years) spent in this occupation.

40

12 BIRTHPLACE (City)

Boston Mass

(State or country)

13 NAME OF FATHER

Frederick W. Day

14 BIRTHPLACE OF FATHER (City)

Damariscotta Me.

(State or country)

15 MAIDEN NAME OF MOTHER

Mary G. Morton

16 BIRTHPLACE OF MOTHER (City)

Boston Mass

(State or country)

17

Informant (Address)

Margaret C. Day

33 Westbourne Terrace

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.

198

(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

Oct.

10

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 2, 1933 to Oct. 10, 1933

I last saw him alive on Oct. 10, 1933, 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:

Coronary thrombosis

Congestion of lungs

Date of Onset
IMPORTANT

Oct. 2, 33

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

What test confirmed diagnosis? echocardiogram

Was there an autopsy? No

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

If so, specify

(Signed)

(Address) 210 ... Date Oct. 10, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Everett

(Cemetery) (City or town)

DATE OF BURIAL

Oct 13 1933

19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

OCT 16 1933

19

(Registrar)

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 material used.

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*, *waver*, 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.

and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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:

Date of onset

	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 appears to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body

obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter 104, the removal of such body has been sooner

obtained as to the deceased, or as to the manner or cause of the death.

Gen. Laws, Chap. 38, Sec. 6.

otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

tery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L. as amended.*

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

ness or persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

ence 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), but also by the action of chemical (drugs or poisons), thermic (electrical), agents, and deaths following abortion, but also deaths from disease 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.

Hampton notified 11/6/33
The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 127

1 PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. STATION HOSPITAL, Ft. Banks St. Ward

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

2 FULL NAME Captain, Randal Kernan, PS, USA, Retired.

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

(If U. S. S.A. and
War Veteran,
specify WAR) World

(a) Residence. No. none

St. -- Ward, Hampton, N.H.

(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. 7 days. How long in U. S., if of foreign birth? 55 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 Slaney

(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 7 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. Retired Army Officer

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) last duty 1920

11 Total time (years)

spent in this
occupation 45

12 BIRTHPLACE (City)

(State or country)

unknown
Ireland

13 NAME OF
FATHER

Hubert Kernan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

unknown

Ireland

15 MAIDEN NAME
OF MOTHER

Kate Burke

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

unknown

Ireland

17

Informant
(Address)

Mrs. Mary Kernan, Wife.

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 10, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct. 3, 1933, to October 10, 1933.

I last saw him alive on October 10, 1933, 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:

Cerebral Thrombosis

Date of Onset

9-18-33

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 or deceased? no

If so, specify

(Signed) Raymond L. Brennan, M.D., Resm. D.

(Address) Sta. Hosp. Ft. Banks, Date Oct 10, 33

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Arlington, Nat. Va.
(Cemetery) (City or town)

DATE OF BURIAL October 12, 1933

22 NAME OF
UNDERTAKER J. F. O'Malley

ADDRESS 79 Atlantic St. Winthrop, Mass.

Received and filed OCT 13 1933 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive 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 easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker moving to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after said removal, unless obtained hereunder. 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, in the manner or cause of the death, as amended by Chap. 48, Acts of 1917 and Chap. 414, Acts of 1911.

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

He shall in all cases testify to the town clerk or registrar in the place where the deceased resided his name and 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 clerk of the town where the body is to be buried, or from the clerk 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.

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 *storeman* 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.

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. **Beth Israel Hospital**

St.,

Ward {

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

2 FULL NAME

Celia Lurensky

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

(a) Residence. No.

10 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

F

4 COLOR OR RACE

W5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Harry Lurensky

(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

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.

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

Aug 1933

11 Total time (years) spent in this occupation

21

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Morris Kaplan

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Freeda Zuckofsky

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Husband

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

Oct 1719 **33**

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **8492**(If U. S.
War Veteran,
specify WAR)**198**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct 18**1933**

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 3**1933****Oct 13****1933**I last saw her alive on **Oct 13**, 19**33**, death is saidto have occurred on the date stated above, at **12.30A**

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

Typhoid fever**18 dys****peritonitis****unk****pulmonary edema****ldy**

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? **no**

If so, specify

(Signed) **H S Naterman**

(Address)

BostonDate **10/13/1933** M. D.

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Kneseth Israel Woburn
(Cemetery) (City or town)

DATE OF BURIAL

Oct 15**1933**

22 NAME OF UNDERTAKER

J H Levine

ADDRESS

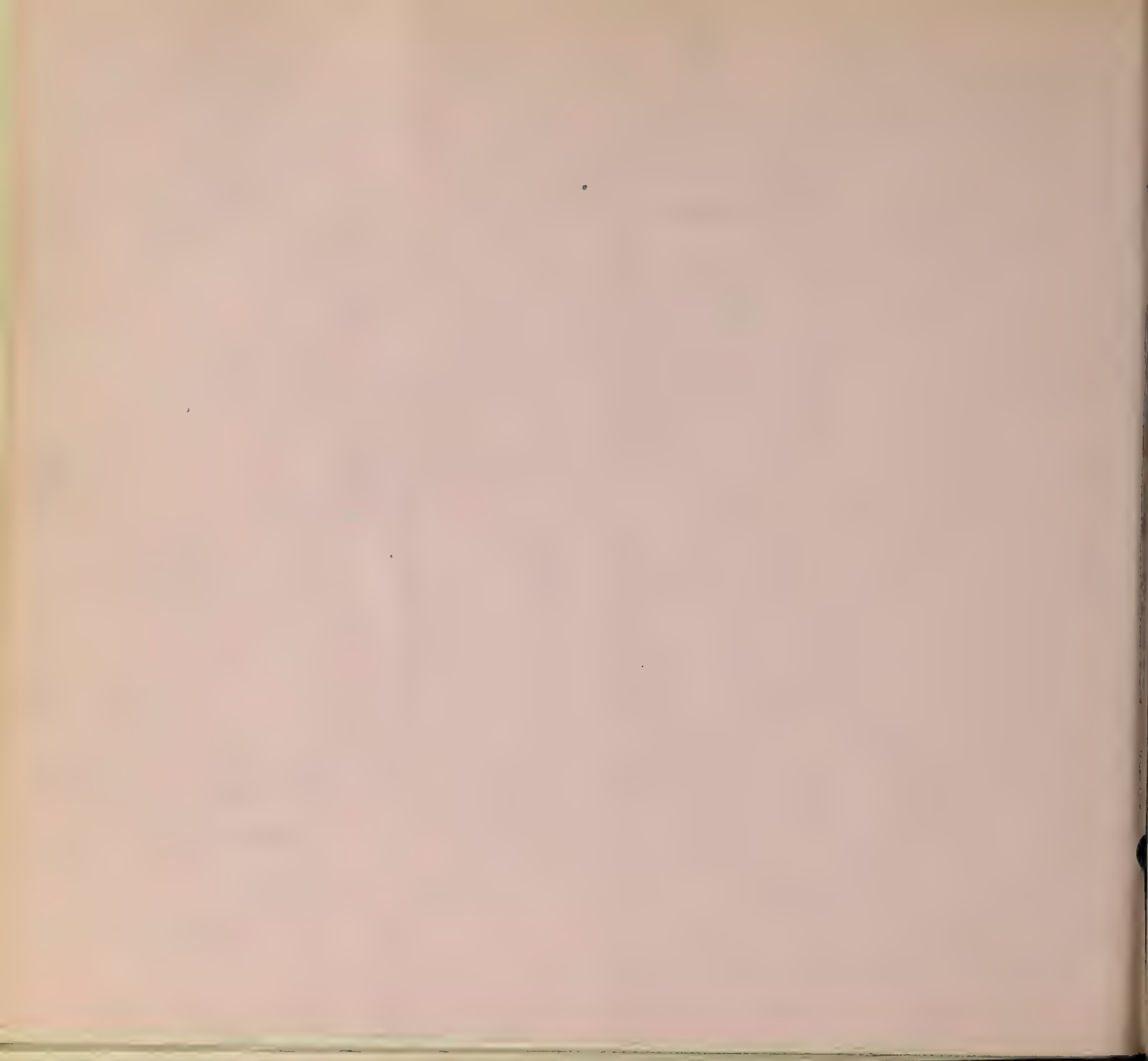
Dorchester

Received and filed

Nov 7 - 1933

19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-2-50, No. 7997-a

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *Winthrop Community Hospital* St. *1* Ward {

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

2 FULL NAME *Baby Rose Angelone*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. *37* *Gladstone* St. *1* *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 (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 _____ 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 *Thomas Angelone*

14 BIRTHPLACE OF FATHER (City) *Chelsea*
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Margaret Savallesi*

16 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass*

17 Informant *Thomas Angelone*
(Address) *37 Gladstone St. W.*

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

M. M. D. Giddings
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
10/16/33
(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. *199*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 14, 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 14, 19*33*, to *Oct 14*, 19*33*

I last saw him alive on *Oct 14*, 19*33*, death is said
to have occurred on the date stated above, *12:20 a.m.*

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

Asphyxia neonatorum *Oct 14, 1933*
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 *congenital syphilis*
(Signed) _____ M. D.
(Address) _____ Date _____ 19*33*

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

DATE OF BURIAL *Oct 17, 1933*

22 NAME OF UNDERTAKER *Chas. J. Savallesi*
ADDRESS *39 Oak St. W.*

Received and filed _____ 19*33*

(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 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 only occupation was that of 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 *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>	1917
<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 date of the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 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 insalutary, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall be 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 thereunder furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*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 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.

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. *200*

2 FULL NAME

Margaret Angelone (Gavallese)
(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.

(Usual place of abode)

37 Beadstone St.

Ward

18 Boston

(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

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

Thomas Angelone

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

26

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)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

*Boston**Mass*

13 NAME OF FATHER

Peter Gavallese

14 BIRTHPLACE OF FATHER (City)

(State or country)

*Villamaino**Italy*

15 MAIDEN NAME OF MOTHER

Angelina Palermo

16 BIRTHPLACE OF MOTHER (City)

(State or country)

*Villamaino**Italy*

17

Informant (Address)

*Thomas Angelone
37 Beadstone St. B3*

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

Oct

(Month)

14

(Day)

1933

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

for *1933*, to *Oct 14*, 19*33*I last saw her alive on *Oct 14*, 19*33*, death is saidto 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:

Acute dilatation of heart

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation *Cancer*

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

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

*Oct 17*19*33*

22 NAME OF UNDERTAKER

Albino Scaramella

ADDRESS

39 Orleans St. B3

Received and filed

OCT 13 1933

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 gainfully employed may be reported 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, 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:

Atherosclerosis	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 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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, 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 cause of the death, stating to the age, the disease of which he died, the name of the deceased, his supposed where same was contracted, the duration of his last illness, when last seen alive 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 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, 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, in 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 satisfactory instrument, 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 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 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; of his cause of death, 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 given bedside care during a last illness.

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

(3) **Medical examiners** 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-12-32. No. 7070-h

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



(City or town making return)

Registered No.

201

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

Magrath

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

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

(a) Residence. No.

*177 Gladstone St.*St., *1* 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

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

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

*Frederick J. Magrath
Boston
Mass*14 BIRTHPLACE OF FATHER (City).....
(State or country)

15 MAIDEN NAME OF MOTHER

*Mary E. Moynihan
East Boston
Mass*16 BIRTHPLACE OF MOTHER (City).....
(State or country)

17

Informant
(Address)*Frederick J. Magrath
177 Gladstone 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

*Oct**15**1933*

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Oct 15

, 19

33

to

Oct 17

, 19

33

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

Contributory causes of importance not related to principal cause:

*Premature birth
Shunt*

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)

Frederick J. Magrath

M. D.

(Address)

177 Gladstone St E.B.

Date

Oct 17

, 19

33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michaels Cemetery Boston

(City or town)

DATE OF BURIAL

Oct 20

19

22 NAME OF UNDERTAKER

Frederick J. Magrath

ADDRESS

64 Winthrop St E.B. Boston

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive 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 in any 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 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 for the purpose, physical. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, as amended, in which 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, 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 obtain as to the deceased, or as to the manner or cause of the death, as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931, the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 selectmen 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 illness from disease unrelated to any form of injury.

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

(3) **Medical Examiners** 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—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 you 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 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>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.

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

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 27 Hawthorne

St.

Ward

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

Registered No. 202

2 FULL NAME

Grace Foster Slade

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

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

(a) Residence. No.

27 Hawthorne 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)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Ludie Foster Slade

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

56

Years

11

Months

17

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

12 BIRTHPLACE (City)

Waltham

(State or country)

Mass

13 NAME OF FATHER

John Totten

14 BIRTHPLACE OF FATHER (City)

Scotland

(State or country)

15 MAIDEN NAME OF MOTHER

Susanna Hanson

16 BIRTHPLACE OF MOTHER (City)

Waltham Mass

(State or country)

17

Informant (Address)

Ludie H. Slade
27 Hawthorne 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)

(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

Oct

(Month)

15

(Day)

33

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 7

1933

to Oct 14

1933

I last saw her alive on Oct 14, 1933, 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:

Acute Coronary Arteriosclerosis

Date of onset

3-15-33

Bronchial Asthma - Many years

Contributory causes of importance not related to principal cause:

Hypertension

1923

Name of operation

None

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?

If so, specify

(Signed) John F. Collins

(Address)

87 Endicott Ave

Date

Oct 15, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt Pike

(Cemetery)

Waltham

(City or town)

DATE OF BURIAL

Oct 17

1933

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS

151 Pleasant St Winthrop

Received and filed

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 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*—*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*, *sawb* *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, asbestosis, 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 contributing 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, 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 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 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 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.*

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.



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. 203

1 PLACE OF DEATH
(County) Winthrop
(City or Town)
No. 305 Pauline St., Ward {

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

2 FULL NAME Anna Sabrina Newton

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

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

(a) Residence. No. 305 Pauline

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 Life

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 75 Years 3 Months 38 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) North Weymouth
(State or country) Mass.

13 NAME OF
FATHER Amos S. Newton

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

15 MAIDEN NAME
OF MOTHER Sabrina Bicknell

16 BIRTHPLACE OF
MOTHER (City) North Weymouth
(State or country) Mass.

17 Informant Clara L. Newton
(Address) 305 Pauline 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)

(Official Designation)

(Date of Issue of Permit) 10/17/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Oct. 16 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec. 27, 1932, to Oct. 16, 1933, 19

I last saw her alive on Oct 15, 1933, death is said

to have occurred on the date stated above, at 1:40 p.m.

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

Endocarditis, chr. (mitral + aortic) Date of Onset 1928?

Contributory causes of importance not related to principal cause:

Cancer of ovary.

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 CR. Cancer
(Signed) Chas. A. Rollins, M. D.
(Address) 366 Coulth. Av. Boston Date 10 Oct. 1933

21 PLACE OF BURIAL,
CREMATION OR REMOVAL No. Weymouth-No. Weymouth
(Cemetery) (City or town)

DATE OF BURIAL Wed. Oct. 18, 1933

22 NAME OF UNDERTAKER Charles A. Rollins
ADDRESS 300 Meridian St. E. Boston, Mass.

Received and filed 19OCT 24 1933

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

Statement of occupation.—Brevise 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 varied 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, however, 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 what-

8.—The trade, profession, or particular kind of work 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*, *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" to 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 *clerk*, *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:	Date of onset

	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

[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.

RETURN OF CERTIFICATES OF DEATH

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 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.... *see Laws Chap. 46, Sec. 9.*

No unfraternal 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 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.

Sec. 45. G. L., as amended.

—Chap. 114.

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

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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, C. L. as amended.*

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

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

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

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

(3) Medical Examiners will investigate and certify to all deaths 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.

75m-5-32. No. 5469

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	PLACE OF DEATH 1 <i>Wentworth</i> (City or Town) No. <i>278 Main St</i> St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	Registered No. <i>344</i>			
2	FULL NAME <i>William Arthur Howe</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>278 Main St</i> 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 <i>Male</i>	4	COLOR OR RACE <i>White</i>	5	SINGLE MARRIED WIDOWED OR DIVORCED <i>Married</i> (write the word)
5a	If married, widowed, or divorced HUSBAND of <i>Eva Smith Howe</i> (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>65</i> Years <i>4</i> Months <i>24</i> Days If less than 1 day Hours Minutes				
8	Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Druggist</i>				
	Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Druggist</i>				
	Date deceased last worked at this occupation (month and year) <i>1932</i> 11 Total time (years) spent in this occupation <i>35</i>				
12	BIRTHPLACE (City) <i>Winchester</i> (State or country) <i>Mass</i>				
13	NAME OF FATHER <i>David Howe</i>				
	BIRTHPLACE OF FATHER (City) <i>Winchester</i> (State or country) <i>Mass</i>				
	MAIDEN NAME OF MOTHER <i>Sarah J. Howard</i>				
	BIRTHPLACE OF MOTHER (City) <i>Winchester</i> (State or country) <i>Mass</i>				
17	Informant <i>Wife Eva Smith Howe</i> (Address) <i>278 Main St</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. L. ...</i> (Signature of Agent of Board of Health or other) <i>Health Officer</i> (Official Designation) <i>10/21/33</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18	DATE OF DEATH <i>Oct 20 1933</i> (Month) (Day) (Year)				
19	I HEREBY CERTIFY, That I attended deceased from <i>Aug 1930</i> to <i>Oct 20 1933</i> , 1933 I last saw him alive on <i>Oct 15 1933</i> , 1933, death is said to have occurred on the date stated above, at <i>12:00 a.m.</i> The principal cause of death and related causes of importance in order of onset were as follows: <i>Myocarditis - chronic - hypertrophy</i> Date of Onset <i>1930</i> <i>1932</i>				
Contributory causes of importance not related to principal cause:					
Name of operation <i>none</i> Date of <i>none</i> What test confirmed diagnosis? <i>autopsy</i> Was there an autopsy? <i>yes</i>					
20	Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify <i>no</i> (Signed) <i>C. W. ...</i> M. D. (Address) <i>210 ...</i> Date <i>1/10 1933</i>				
21	PLACE OF BURIAL, CREMATION OR REMOVAL <i>Wentworth</i> <i>Wentworth</i> (Cemetery) (City or town)				
DATE OF BURIAL <i>Oct 22 1933</i>					
22	NAME OF UNDERTAKER <i>Richard H. White</i> ADDRESS <i>151 Main St</i>				
Received and filed <i>OCT 24 1933</i> 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

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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 the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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. 414, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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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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 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.

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*. Report a woman whose only occupation was that of home housework, or 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*, *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 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 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.

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)

Winthrop
(City or Town)

No. 455 Shirley St.

St., Ward

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

Registered No. 205

2 FULL NAME

John Bell

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

(a) Residence. No. 455 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 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) WIDOWED OR DIVORCED Married

5a If married, widowed or divorced HUSBAND of Margaret Tracy Bell (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 11 Months 14 Days If less than 1 day Hours Minutes

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, egg business, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) Sept. 1933 11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) London (State or country) England

13 NAME OF FATHER Montague Bell

14 BIRTHPLACE OF FATHER (City) London (State or country) England

15 MAIDEN NAME OF MOTHER Mary Williams

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

17 Informant Margaret Tracy Bell (Address) 455 Shirley 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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 21 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from September 9 1933 to October 21 1933 I last saw him alive on October 20 1933, 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:

Cerebral hemorrhage 9/9/33 Date of onset

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 (Signed) Jacob Abrams M.D. (Address) 32 Shirley St. Winthrop, Mass Date Oct 22 1933

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

DATE OF BURIAL October 23, 1933

22 NAME OF UNDERTAKER Charles R. Bennison 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 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*, *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, asbthema, 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 seen alive 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 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 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 attendance 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 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-9-31, No. 3385-f

1 PLACE OF DEATH		Suffolk (County) Wentworth (City or Town)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Wentworth (City or town making return) 20	
		STANDARD CERTIFICATE OF DEATH				Registered No. _____	
		No. Wentworth 6000 St., _____ Ward {				(If death occurred in a hospital or institution, give its NAME instead of street and number)	
		2 FULL NAME William Eugene Hewitt				(If deceased is a married, widowed or divorced woman, give also maiden name.)	
		(a) Residence. No. 163 Pleasant St., _____ Ward, _____				(If nonresident, give city or town and state)	
		Length of residence in city or town where death occurred 26 yrs. 4 mos. 1 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 Injured (write the word)			
6a If married, widowed or divorced HUSBAND of Florence E. de (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 6 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. Life Insurance 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Business 10 Date deceased last worked at this occupation (month and year) Sept 17 33 11 Total time (years) spent in this occupation. 35 1/2					
12 BIRTHPLACE (City) (State or country) Illinois							
PARENTS		13 NAME OF FATHER Hewitt 14 BIRTHPLACE OF FATHER (City) (State or country) Illinois 15 MAIDEN NAME OF MOTHER Agnes Gardner 16 BIRTHPLACE OF MOTHER (City) (State or country) North of Ireland					
17 Informant (Address) Mrs. Florence Hewitt 163 Pleasant St							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. E. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 10/23/33 (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH October 23 1933 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from April 1931 to October 23 1933 I last saw him alive on October 23 1933, 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: Carcinoma of Pancreas Date of Onset 1931							
Contributory causes of importance not related to principal cause: Carcinoma of Liver 1935							
1-Explanatory Report Name of operation Removal of Date of Oct 4/1933 What test confirmed diagnosis? Chemical Was there an autopsy? No							
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Joe C. Chan (Signed) 860 Shirley St (Address) Date 10/23/33							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Wentworth (City or town) DATE OF BURIAL Oct 26th							
22 NAME OF UNDERTAKER A. H. Ward & Son ADDRESS 3 Maple St Weymouth							
Received and filed OCT 24 1933							
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 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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 from a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 with consent 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 his death, which the clerk or registrar may or shall insert in the death certificate, as provided by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
 He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 to do so from the board of 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**.

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-11-29. No. 7180-A

1

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)
No. 48 Bay State Cor Ave St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME

Ethel Bambi (Petia) Gayer
(If deceased is a married, widowed or divorced woman give also maiden name.)
(a) Residence. No. 48 Bay State Cor Ave St. Ward, (If U. S. War Veteran, specify WAR)
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

4 COLOR OR RACE

5 SINGLE MARRIED WIDOWED or DIVORCED

(write the word)

Female

White

Married

5a

If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Arthur P. Gayer
(Husband's name in full)

6

IF STILLBORN, enter that fact here.

7

AGE

48

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)

Oct 1932

11

Total time (years) spent in this occupation

12

BIRTHPLACE (City) (State or country)

Curly New York

13

NAME OF FATHER

John Alexander Petia

14

BIRTHPLACE OF FATHER (City) (State or country)

Ireland

15

MAIDEN NAME OF MOTHER

Georgine Bambi

16

BIRTHPLACE OF MOTHER (City) (State or country)

Scotland

17

Informant (Address)

Arthur P. Gayer 48 Bay State Cor Ave Woburn

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)

10/20/33

MEDICAL CERTIFICATE OF DEATH

18

DATE OF DEATH

October 23 1933
(Month) (Day) (Year)

19

I HEREBY CERTIFY That I attended deceased from August 5 1933, to October 23 1933
I last saw alive on October 23 1933, 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:
Tumor of stomach & operation therefore (malignant)
Contributory causes of importance not related to principal cause:
General carcinomatous
Date of onset 1932

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

21

PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

22

NAME OF UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)				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		Winthrop (City or Town) No. 148 Winthrop		St., _____ Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME		Julia Augusta Fiske Stark (If deceased is a married, widowed or divorced woman, give also maiden name.)						(If U. S. War Veteran, specify WAR)	
(a) Residence. No.		148 Winthrop 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 Widow (write the word)					
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of Edwin Stark (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE 85 Years 5 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. 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, '33 11 Total time (years) spent in this occupation 50							
12 BIRTHPLACE (City) (State or country)		Lyndenboro New Hampshire							
13 NAME OF FATHER		Edwin Fiske							
14 BIRTHPLACE OF FATHER (City) (State or country)		Beverly Massachusetts							
15 MAIDEN NAME OF MOTHER		Elizabeth Mudge							
16 BIRTHPLACE OF MOTHER (City) (State or country)		Danvers Massachusetts							
PARENTS		17 Informant Mrs. Helen F. Parker (Address) 148 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) Health Officer (Official Designation) 10/24/33 (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH		Oct 23 1933 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from April 8 1933, to Oct 23 1933, I last saw her alive on Oct 23 1933, death is said to have occurred on the date stated above, at 7:45 A.M. The principal cause of death and related causes of importance in order of onset were as follows: Chronic myocarditis April 8 1933 Contributory causes of importance not related to principal cause: Arterio-sclerosis 1928									
Name of operation home Date of _____ What test confirmed diagnosis? Personal Observation Was there an autopsy? Yes									
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Raymond O. Parker M.D. (Signed) _____ (Address) Upper Montross Mass Date Oct 23 1933									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Lakeside Wakefield (Cemetery) MASS. (City or town) DATE OF BURIAL October 25, 1933									
NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop, Mass.									
Received and filed OCT 21 1933 (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 *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, 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 standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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.

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-11-29. No. 7180-A

1

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 80 Birch Rd

St.,

Ward

2 FULL NAME

Lizzie Katherine (Hall) Dickey

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

(a) Residence. No. 80 Birch Rd

St.,

Ward,

Length of residence in city or town where death occurred 13 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

(Give maiden name of wife in full)

(or) WIFE of William Dickey

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 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.

House work

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. 1933

11 Total time (years) spent in this occupation

60

12 BIRTHPLACE (City) Litchfield

(State or country) Maine

13 NAME OF FATHER Isaac Hall

14 BIRTHPLACE OF FATHER (City) Unable to obtain

(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Hutchinson

16 BIRTHPLACE OF MOTHER (City) Unable to obtain

(State or country)

17 Informant A. William Dudley

(Address) 80 Birch Rd. Winthrop, Mass

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 200

(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

Oct

27

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 3

1933

to Oct 27

1933

I last saw her alive on Oct 26

1933

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:

Carcinoma of stomach and liver

Contributory causes of importance not related to principal cause:

Aortic Sclerosis

Chronic Myocarditis

1930

1930

Name of operation none

Date of

What test confirmed diagnosis? Blood etc.

Was there an autopsy? yes

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

If so, specify

(Signed) Raymond B Parker

(Address) Winthrop Mass

Date Oct 27 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Riverside Lewiston, Me

(Cemetery)

(City or town)

DATE OF BURIAL October 30, 1933

19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass

Received and filed OCT 30 1933

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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/28/33

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 an 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—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, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashtema, 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>Arteriosclerosis</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 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 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 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 name 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-5-32. No. 5469

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*

1 PLACE OF DEATH *Suffolk* (County)
Wentworth (City or Town)
No. *31 Taylor* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Edward J. O'Neill*
(If deceased is married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR: *210*)

(a) Residence. No. *31 Taylor* St., 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 *M* 4 COLOR OR RACE *St.* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed, or divorced HUSBAND of *Lucelia Marten*
(Give maiden 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

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

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

10 Date deceased last worked at this occupation (month and year) *Oct 1933* 11 Total time (years) spent in this occupation *2*

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

13 NAME OF FATHER *William G. O'Neill*

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

15 MAIDEN NAME OF MOTHER *Margaret T. Fitzgerald*

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

17 Informant *Mrs. Geraldine O'Neill*
(Address) *21 Taylor St. Wentworth*

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. O'Neill*
(Official Designation) *Health Officer* (Date of Issue of Permit) *10/31/33*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 28 1933*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *new* 19 to 19, death is said

I last saw him alive on 19, 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:

Natural Causes
Probably Angina Pectoris July 1933

Contributory causes of importance not related to principal cause:

Name of operation *None* Date of _____
What test confirmed diagnosis? *Microscopic* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____

(Signed) *Wentworth Board of Health* M. D. *Oct 30 1933*
(Address)

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

DATE OF BURIAL *October 31 1933*

22 NAME OF UNDERTAKER *Schmid Ruby Inc.*
ADDRESS *East Boston*

Received and filed _____ 19 _____

OCT 31 1933

(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*—*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, 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a requital, 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 requital shall appear upon the permit, certificate, or its agent, upon receipt of such statement and acknowledgment of the town for registration, and it transmit it to the clerk given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which 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 by Chap. 46, Acts of 1921 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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-12-32. No. 7070-h

SUFFOLK (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
1 PLACE OF DEATH	WINTHROP (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 211	
	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 ALBERT W. VOGELSANG (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)	
(a) Residence. No. Station Hosp. Ft. Banks, Mass. St., Ward,				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred yrs. mos. 9 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 Belle Vogelsang (maiden name 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 51 Years Unknown 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) Oct. 20, 1933				
11 Total time (years) spent in this occupation 24					
12 BIRTHPLACE (City) unknown (State or country) Illinois					
PARENTS	13 NAME OF FATHER unknown				
	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 Records (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 (Date of Issue of Permit) 10/31/33					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH October 30 1933 (Month) (Day) (Year)		19 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933 to Oct 30, 1933.			
I last saw him alive on Oct 30, 1933, death is said to have occurred on the date stated above, at 11:40 PM					
The principal cause of death and related causes of importance in order of onset were as follows:					
1. Valvular heart disease aortic stenosis chronic.		unknown			
2. Nephritis chronic mixed type		unknown			
Contributory causes of importance not related to principal cause:					
Name of operation none Date of					
What test confirmed diagnosis? none Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? NO					
If so, specify (Signed) A. S. Carpenter, M. D. (Address) Fort Banks, Mass. Date 10/30/33					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Devens, Mass. (Cemetery) (City or town)					
DATE OF BURIAL Nov. 9, 1933 19					
22 NAME OF UNDERTAKER Charles E. Bennison ADDRESS 147 Winthrop St., Winthrop, Mass.					
Received and filed OCT 31 1933 19					
A TRUE COPY, ATTEST: (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

To be complete, an occupation return must state:

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*, *saw 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 occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *vital 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, asstema, 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 disease, name 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:

	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.

GOVERNING THE

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

Gen. Laws, Chap. 46, Sec. 9

of a **human body** or **other person** shall bury or otherwise dispose of a human body buried in a town, or remove therefrom a human body from the board of health record, until he has received a permit from the board of health, if 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 no undertaker, from the clerk of the town where the body and removed it from a town other cemetery shall exhum a human body from one grave or tomb other than the person's own to another, or same cemetery, until he has received a permit in writing 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 have been delivered to such board, agent or clerk, as the case may have been required by law, a satisfactory certificate accompanied in case 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 the attending physician provided, If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for death of health, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, upon application, make the certificate required of the attending physician.

If death

make such certificate. If, caused by violence, the medical examiner shall not previously interred. If such a permit for the removal of a human body, wealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as to

quinted 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. *Civil Rights*

as mentioned by Chap. 48. Acts of 1927 and Chap. 414, Acts of 1931.
Medical examiners. Shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. . . . *Gen. Laws, Chap. 38, Sec. 6.*

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

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

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

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

1	PLACE OF DEATH	SUFFOLK (County)	BOSTON (City or Town)	No. Haymarket Sq Relief	St.,	Ward	
		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
		BOSTON 212 (City or town making return)					
		Registered No. 9013					
		(If death occurred in a hospital or institution, give its NAME instead of street and number)					
		2 FULL NAME Jose deSouza Oliveira (If deceased is a married, widowed or divorced woman, give also maiden name.)					
		(a) Residence. No. 71 Sagamore Ave St., Ward, Winthrop (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 M		4 COLOR OR RACE W		5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married			
5a If married, widowed, or divorced HUSBAND of Maria (Ponte) Oliveira (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 8 Months 21 Days If less than 1 day Hours Minutes							
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor							
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 1933 11 Total time (years) spent in this occupation 17 yrs							
12 BIRTHPLACE (City) (State or country) Azores							
13 NAME OF FATHER Manuel S Oliveira							
14 BIRTHPLACE OF FATHER (City) (State or country) Azores							
15 MAIDEN NAME OF MOTHER Francisca deJesus							
16 BIRTHPLACE OF MOTHER (City) (State or country) Azores							
17 Informant Wife (Address)							
A TRUE COPY.							
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)							
DATE FILED Nov 6 1933							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH Oct 30 1933 (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) Internal injuries caused by an accidental fall into an elevator well.							
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) G. B. Magrath M. D. (Address) Boston Date 10/30/1933							
22 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)							
DATE OF BURIAL Nov 2 1933							
23 NAME OF UNDERTAKER Daniel J. Jordan ADDRESS Cambridge							
Received and filed NOV 7 - 1933 19							
(Registrar of City or Town where deceased resided)							

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
**STANDARD
CERTIFICATE OF DEATH**

Norfolk 213
(City or town making return)

Registered No. **211**

1 PLACE OF DEATH

Norfolk
(County)
Norfolk
(City or Town)

No. **Roadville Hospital**

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

2 FULL NAME **Florence Gladys Beckman (nee Thoburn)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. **440 Pleasant** 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. **2** mos. **13** days. How long in U. S., if of foreign birth? **25** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of **Robert James Beckman**
(Give maiden name of wife in full)
(or) WIFE of **Robert James Beckman**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **58** Years **6** Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as **Printer, Proofreader**
sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as **Linotype Composition Co.**
saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) **1932** 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **Cannot be learned**
(State or country) **Canada**

13 NAME OF FATHER **Daniel Thoburn**

14 BIRTHPLACE OF FATHER (City) **Not known**
(State or country)

15 MAIDEN NAME OF MOTHER **Isabel Martin**

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

17 Informant **Hospital Records**
(Address)

A TRUE COPY.

ATTEST: **George F. Campbell**
(Registrar of city or town where death occurred)

DATE FILED **October 12** 19**33**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 12th, 1933**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **July 31st** 19**33** to **October 12th** 19**33**

I last saw him alive on **October 12th** 19**33**, death is said to have occurred on the date stated above, at **12:10 P.M.**

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

Carcinoma of cervix Date of onset **17 mo.**

Contributory causes of importance not related to principal cause:

Name of operation **Cholecystomy** Date of **9/14/33**
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 A. Mahoney**, M. D.
(Address) **Roadville Hospital** Date **10/12/33**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **St. John's Cemetery**
(Cemetery) (City or town)

DATE OF BURIAL **10/14/33** 19

22 NAME OF UNDERTAKER **Charles R. Bennison**
ADDRESS **Winthrop, Mass.**

Received and filed **October 12, 1933** 19

(Registrar of City or Town where deceased resided)



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

Winthrop
(City or town making return)

Registered No. 214

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

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

2 FULL NAME Baby Brown

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

(a) Residence. No. 19 Sagamore Ave.

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred X 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 XX (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 1 Years X Months X Days If less than 1 day X Hours X Minutes

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

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

13 NAME OF FATHER Willard R. Brown

14 BIRTHPLACE OF FATHER (City) Gardner (State or country) Maine

15 MAIDEN NAME OF MOTHER Elsie M. Gundle

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

17 Informant Willard R. Brown (Address) 19 Sagamore 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. Gilday (Signature of Agent of Board of Health or other)

Winthrop, Me. 11/14/33 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 30 1933 (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 (8 mos) October 1933

Contributory causes of importance not related to principal cause:

Name of operation none Date of clinical lab. Was there an autopsy? yes

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

If so, specify (Signed) Jacob Abrams M.D. (Address) 562 Shirley St. Winthrop, Mass. Date Nov 4 1933

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

DATE OF BURIAL Nov 7 1933 19

22 NAME OF UNDERTAKER C. R. Brown ADDRESS Winthrop, Me.

Received and filed NOV 1 19

A TRUE COPY, ATTEST: (Registrar)

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

MARGIN RESERVED FOR BINDING

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 in the interval 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 actually 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*—*head*, 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, 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 required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 or other than the repository 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 original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. 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 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 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. 9.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.

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

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.

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		SUFFOLK (County)		BOSTON (City or Town)		BOSTON (City or town making return)	
1		No. Boston City Hospital		St.,		Ward {	
						Registered No. 9023	
						(If death occurred in a hospital or institution, give its NAME instead of street and number)	
						(If U. S. War Veteran, specify WAR) 215	
		2 FULL NAME Samuel Hartmura					
		(If deceased is a married, widowed or divorced woman, give also maiden name.)					
		(a) Residence. No. 18 Edgehill Rd		St.,		Ward, Winthrop	
		(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 M		4 COLOR OR RACE W		5 SINGLE MARRIED WIDOWED or DIVORCED single (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 38 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. physician					
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. M D					
		10 Date deceased last worked at this occupation (month and year) Nov 1933					
		11 Total time (years) spent in this occupation 6					
12 BIRTHPLACE (City) East Boston (State or country) Mass							
PARENTS		13 NAME OF FATHER Charles H Hartmura					
		14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass					
		15 MAIDEN NAME OF MOTHER Annie Gleason					
		16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)					
17 Informant Mrs Annie Hartmura (Address)							
A TRUE COPY.							
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)							
DATE FILED Nov 6 19 33							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH Nov 1 19 33 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from Oct 29 19 33 , to Nov 1 19 33 . I last saw h..... alive on....., 19....., death is said to have occurred on the date stated above, at 7.35A m. The principal cause of death and related causes of importance in order of onset were as follows: cardiac hypertrophy Contributory causes of importance not related to principal cause: pulmonary congestion Name of operation..... 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 (Signed) J F Deich M. D. (Address) Boston Date 11/1/ 19 33							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)							
DATE OF BURIAL Nov 4 19 33							
22 NAME OF UNDERTAKER M J Kelly ADDRESS East Boston							
Received and filed DEC 8 19 33 (Registrar of City or Town where deceased resided)							

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

1

PLACE OF DEATH

SUFFOLK
(County)

BOSTON
(City or Town)

No. Palmer Memorial Hospital St., Ward {

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



BOSTON
(City or town making return)

Registered No. 9076

2 FULL NAME Elizabeth Whitman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 75 Buchanan St., Ward, Winthrop
(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.

216

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Ernest Whitman (Give maiden name of wife in full)
(or) WIFE of Ernest Whitman (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years 2 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. nurse
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital
10 Date deceased last worked at this occupation (month and year) 1 yr 11 Total time (years) spent in this occupation 20

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

PARENTS 13 NAME OF FATHER Alexander McDonald
14 BIRTHPLACE OF FATHER (City) (State or country) Scotland
15 MAIDEN NAME OF MOTHER Elizabeth Morrison
16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Mary H McDonald
(Address)

A TRUE COPY.

ATTEST: James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED Nov 6 1933

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 2 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 27, 19 33 to Nov 1, 19 33.
I last saw her alive on Nov 1, 19 33, death is said to have occurred on the date stated above, at 12.55A.
The principal cause of death and related causes of importance in order of onset were as follows:
acute myeloogenous leukemia 24 mos
Contributory causes of importance not related to principal cause:
marked anemia

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

20 Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) F B Brigham, M. D.
(Address) Boston Date 11/2/ 19 33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Camp Hill Nova Scotia
(Cemefery) (City or town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER G R Bemison
ADDRESS Winthrop

Received and filed DEC 8 1933 19
(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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		Winthrop (City or town making return)
STANDARD CERTIFICATE OF DEATH		Registered No. 217
1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 295 Winthrop 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 Phoebe Estelle Bent (If deceased is a married, widowed or divorced woman, give also maiden name.) 295 Winthrop St., Ward, (If nonresident give city or town and state)		
(a) Residence. No. 295 Winthrop 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 White	5 SINGLE (write the word) Single 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 61 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. Saleslady	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe store	
	10 Date deceased last worked at this occupation (month and year) July, 1931	
11 Total time (years) spent in this occupation 30		
12 BIRTHPLACE (City) Dorchester (State or country) Massachusetts		
PARENTS	13 NAME OF FATHER Charles C. Bent	
	14 BIRTHPLACE OF FATHER (City) Canton (State or country) Massachusetts	
	15 MAIDEN NAME OF MOTHER Phoebe Ann Malin	
	16 BIRTHPLACE OF MOTHER (City) Chester (State or country) Pennsylvania	
17 Informant (Address) Alfred M. Bent 295 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: (Signature of Agent of Board of Health or other) Wm. S. Giddings (Official Designation) Health Officer (Date of Issue of Permit) 11/6/33		
MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH Nov 3 1933 (Month) (Day) (Year)		
19 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931, to Nov 3, 1933. I last saw her alive on Nov 2, 1933, 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 Date of Onset Sept 12, 1933		
Contributory causes of importance not related to principal cause: Cerebral hemorrhage Oct 8, 1931		
Name of operation none Date of _____ What test confirmed diagnosis? Personal examination Was there an autopsy? _____		
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Raymond W. Parker, M. D. (Address) Winthrop, Mass Date Nov 5 1933		
21 PLACE OF BURIAL, CREMATION OR REMOVAL North Dorchester Burying Ground (City or town) DATE OF BURIAL Nov. 6, 1933 1933		
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop, Mass		
Received and filed Nov 12 1933 A TRUE COPY, ATTEST: (Registrar)		

Revised United States Standard Certificate of Death

Statement of occupation.—(re-use 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*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *electrical engineer*, *stationary engineer*, etc. Avoid the term "labyer," which is more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *chief electrician*, *painter*, *machinist*, etc. Distinguish carefully between *real 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, 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.

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Asteroidosis</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

RETURN OF CERTIFICATES OF 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 of any member of the family of the deceased, authorize a person or of any member of the family of the deceased, furnish for registration a statement of the date, time, place, cause, best of his knowledge and belief of the certificate of death, stating to the age, the disease of which he died, defined as the disease, his supposed where same was contracted, the duration of his illness, when last seen alive by the physician or officer and the date of his death.

Gm. Laws, Chap. 46, Sec. 9.

rien. 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 exhum a human body and remove it from a town, or 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 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.*

ec. 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 country until he has received a permit so to do from the board of health, or until the clerk of the town has been notified by the board of health of the appointment to issue such permits; or if there is no such board of health, until the clerk of the town has been notified by the board of health of the appointment to issue such permits; and no person shall be buried or interred in a cemetery or from a town person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 56, 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 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-2-30. No. 7997-d

SUFFOLK (County)		BOSTON (City or Town)		BOSTON (City or town making return)	
1 PLACE OF DEATH		2 FULL NAME		3 REGISTERED NO.	
No. Peter Bent Brigham Hospital St., Ward {		Margaret Simpson Leveille (If deceased is a married, widowed or divorced woman, give also maiden name.)		9125 (If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. 99 Cliff 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 F		4 COLOR OR RACE W		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 Joseph E Leveille (husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 38 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.					
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) 1929 11 Total time (years) spent in this occupation 14					
12 BIRTHPLACE (City) Newton (State or country) Mass					
13 NAME OF FATHER John S Johnson					
14 BIRTHPLACE OF FATHER (City) Canada (State or country)					
15 MAIDEN NAME OF MOTHER Catherine McDonald					
16 BIRTHPLACE OF MOTHER (City) Canada (State or country)					
17 Informant Jos E Leveille (Address) Winthrop					
A TRUE COPY.					
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)					
DATE FILED Nov 8 19 33					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Nov 4 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Oct 24 1933, to Nov 4 1933. I last saw her alive on Nov 4 1933, death is said to have occurred on the date stated above, at 5.30A m.					
The principal cause of death and related causes of importance in order of onset were as follows: fibre tract degeneration in spinal cord? pernicious anaemia carcinoma of bladder with lymph node metastases					
Contributory causes of importance not related to principal cause:					
Name of operation 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? no If so, specify (Signed) C L Clay M. D. (Address) Boston Date 11/4/1933					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL Nov 6 1933					
22 NAME OF UNDERTAKER C R Bennison ADDRESS Winthrop					
Received and filed DEC 8 1933 19 (Registrar of City or Town where deceased resided)					



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)	
PLACE OF DEATH 1 <u>Suffolk</u> (County) <u>Wentworth</u> (City or Town) No. <u>54 Highland ave.</u> Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. <u>219</u>			
2 FULL NAME <u>Fannie MacDonald Jacobs</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>54 Highland Ave.</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>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 _____ (Give maiden name of wife in full)					
(or) WIFE of <u>Charles Jacobs</u> (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <u>68</u> Years <u>5</u> Months <u>13</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>Housewife</u>				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>				
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) <u>Thousette</u> (State or country) <u>Mass</u>					
PARENTS	13 NAME OF FATHER <u>Hadley MacDonald</u>				
	14 BIRTHPLACE OF FATHER (City) <u>Boston</u> (State or country) <u>Mass</u>				
	15 MAIDEN NAME OF MOTHER <u>Not Known</u>				
	16 BIRTHPLACE OF MOTHER (City) <u>Boston</u> (State or country) <u>Mass</u>				
17 Informant <u>Mrs. J. R. Hollander</u> (Address) <u>235 Washington Ave. Wentworth</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. S. Childress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>11/9/33</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>Nov 7 1933</u>		(Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from <u>Nov. 7, 8 P.M. 1933</u> to <u>Nov. 7, 9 P.M. 1933</u>					
I last saw her alive on <u>Nov. 7, 1933</u> , death is said to have occurred on the date stated above, at <u>9 P.M.</u>					
The principal cause of death and related causes of importance in order of onset were as follows:					
<u>Coronary Thrombosis</u>					Date of onset
<u>Asthenia - Sclerosis</u>					<u>1929</u>
Contributory causes of importance not related to principal cause:					
<u>Pulmonary Edema</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ 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>Samuel B. Goldberg</u> , M. D. (Address) <u>270 Shirley St. Wentworth</u> Date <u>11/7/33</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pine Grove Lynn</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>Nov 7 1933</u>					
22 NAME OF UNDERTAKER <u>Richard H. White</u>					
ADDRESS <u>Wentworth Mass</u>					
Received and filed <u>11/9/33</u> 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, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital St., Ward

Registered No.

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

2 FULL NAME Mary I. Bowman

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

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

220

(a) Residence. No. 5 Bates 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 13 yrs. 5 mos. 6 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)

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

6 IF STILLBORN, enter that fact here.

7 AGE 22 Months 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.
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) (Charlestown) Boston, Mass.

13 NAME OF FATHER Wm. J. Andrew

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

15 MAIDEN NAME OF MOTHER Mary O'Brien

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

17 Informant Gertrude F. Smith, (Address) Hathorne

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 11/15/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 11, 1933 (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)

Pulmonary oedema
Coronary sclerosis
Generalized arteriosclerosis
Sudden Death

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 yes

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

If so, specify (Signed) S. Chase Tucker M. D. (Address) Peabody Date 11/11/33

22 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul Arlington (Cemetery) (City or town)

DATE OF BURIAL Nov. 13, 1933. 19

23 NAME OF UNDERTAKER Joseph J. Kelley & Sons ADDRESS Cambridge

Received and filed NOV 24 1933 19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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		Winthrop (City or town making return)
STANDARD CERTIFICATE OF DEATH		Registered No.
1	PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 117 Pleasant St., Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Henry Arthur Weeks (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) 221
(a) Residence. No. 117 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 14 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 Ella M. Rierstead (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 15 Days If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank	
	10 Date deceased last worked at this occupation (month and year) Nov. 1933 Total time (years) spent in this occupation 38	
12 BIRTHPLACE (City) Salem (State or country) Massachusetts		
13 NAME OF FATHER Alonzo P. Weeks		
14 BIRTHPLACE OF FATHER (City) Lawrence (State or country) Massachusetts		
15 MAIDEN NAME OF MOTHER Emma Chipman		
16 BIRTHPLACE OF MOTHER (City) Salem (State or country) Massachusetts		
17 Informant Mrs. Ella M. Weeks (Address) 117 Pleasant St 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) <i>Wm. L. Child</i>		
(Official Designation) Health Officer (Date of Issue of Permit) 11/14/33		
MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH 11 12 33 (Month) (Day) (Year)		
19 I HEREBY CERTIFY, That attended deceased from 11/10/33 to 11/12/33, 1933		
I last saw h. alive on 11/12/33, 1933, 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:		
<i>Coronary thrombosis</i>		
Contributory causes of importance not related to principal cause:		
<i>Emphysema</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>Wm. L. Child</i> M. D. (Address) <i>200 Pleasant St</i> Date 11/13/33		
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)		
DATE OF BURIAL Nov. 14, 1933		
22 NAME OF UNDERTAKER Charles R. Bennison		
ADDRESS Winthrop, Mass		
Received and filed NOV 14 1933		
A TRUE COPY, ATTEST: (Registrar)		

Revised United States Standard Certificate of Death

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*—*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 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 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 appointed 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 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 chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **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 Worcester (County)
Worcester (City or Town)
No. 15 St. Ward Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Louise Smith (If deceased is a married, widowed, or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 222

(a) Residence. No. 15 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 John Smith (Give maiden name of wife in full)
(or) WIFE of John Smith (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 39 Years 3 Months 12 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) Nov 12 1933 11 Total time (years) spent in this occupation 39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 12 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 3 1930, to Nov 12 1933, last saw him alive on Nov 11 1933, 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 Nov 1932

Contributory causes of importance not related to principal cause:
Coronary Arteriosclerosis June 3, 1930

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

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Edward B. Parker M. D.
(Address) Worcester Mass Date Nov 14 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (City or town)
DATE OF BURIAL Nov 14 1933

22 NAME OF UNDERTAKER Robert T. Felt
ADDRESS Worcester Mass

Received and filed NOV 21 1933 1933
A TRUE COPY, ATTEST: (Registrar)

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

13 NAME OF FATHER John Smith

14 BIRTHPLACE OF FATHER (City) not known (State or country) Mass.

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) not known (State or country) Mass.

17 Informant Dr. Parker (Address) Worcester 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 Office (Official Designation) 11/15/33 (Date of Issue of Permit)

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*, *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 *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>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, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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. **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, which are sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Hotel Haymarket

St.,

Ward {

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

Registered No. 9336

2 FULL NAME Edward J. McEnnis

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

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

(a) Residence. No. 73 Main

(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

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 50

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.

dental 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)

12 dys

11 Total time (years) spent in this occupation

4 yrs

12 BIRTHPLACE (City)

(State or country)

Waltham

Mass

13 NAME OF FATHER

Charles McEnnis

14 BIRTHPLACE OF FATHER (City)

No Chelmsford

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Mary J McNiff

16 BIRTHPLACE OF MOTHER (City)

Littleton

(State or country)

Mass

17

Informant (Address)

Mrs Esther C Connolly

A TRUE COPY.

ATTEST:

James J. Mulvey (Registrar of city or town where death occurred)

DATE FILED

Nov 15

19 33

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Ward {

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

Registered No. 9336

2 FULL NAME Edward J. McEnnis

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

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

(a) Residence. No. 73 Main

(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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov

12

1933

(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, presumably suicidal (Found immersed in a bath tub)

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)

G. B. Magrath

M. D.

(Address)

Boston

Date 11/13/1933

22 PLACE OF BURIAL, CREMATION OR REMOVAL

St Mary's

Ayer

(Cemetery)

(City or town)

DATE OF BURIAL

Nov

15

1933

23 NAME OF UNDERTAKER

M. E. McNiff

ADDRESS

Hudson

Received and filed

DEC 2 1933 19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 145 Somerset Ave

St.,

Ward {

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

Registered No.

2 FULL NAME Elizabeth Amelia (Baxter) Scott

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

(a) Residence. No. 145 Somerset Ave

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

19 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

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Albert Scott

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

60

Years

7

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.

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

St. John N. B.

(State or country)

Canada

13 NAME OF FATHER

Elijah A. Baxter

14 BIRTHPLACE OF FATHER (City)

Norton

(State or country)

Canada

15 MAIDEN NAME OF MOTHER

Elvira Wilson

16 BIRTHPLACE OF MOTHER (City)

Grand Lakes

(State or country)

Canada

17

Informant (Address)

W. J. H. Lead
145 Somerset 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Ward {

(If U. S.

War Veteran,
specify WAR)

224

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November 15 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 25, 1933 to November 15, 1933

I last saw him alive on November 15, 1933 death is said

to have occurred on the date stated above, at 11:55 A.M.

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

Date of onset

Chronic hypoxia

1932

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? Yes

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

If so, specify

(Signed)

(Address)

M. D.
Date Nov. 15 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 17 1933

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

Nov. 18,

1933

(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 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.
- 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, 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 to the best of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 a physician, if any, as required by law, or in lieu thereof a certificate of the attending physician, if there is no attending physician, or if, for the purpose, or its insufficiency, a physician cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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 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 made.

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

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, under a permit in the usual form for the removal of such body has been obtained hereunder. 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, as the case may be, shall retain, *as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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, painter, machinist, etc.* Distinguish carefully between *child 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, 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.

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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.

He 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.*

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

1 PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. U.S. Naval Hospital

St., Ward

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

2 FULL NAME Albert Marshall Abbott

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

(a) Residence. No. 15 George St.

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

4 COLOR OR RACE

5 SINGLE (write the word)

Male

white

MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Minnie G. Abbott

(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 1 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.

Retired U.S. Marine

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)

Maine

PARENTS

13 NAME OF FATHER

John Abbott

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Informant (Address)

(Son) Albert Abbott

15 George St. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov. 17, 1933 19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

226

Registered No. 596

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

(If U. S.

War Veteran, specify WAR) World

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov. 17, 1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1933, to Nov. 17, 1933.

I last saw him alive on Nov. 16, 1933, death is said to have occurred on the date stated above, at 1.50 A.M.

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

Date of onset

Myocarditis, chronic 1926

Arteriosclerosis, general 1926

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) F. M. Harrison, Lt.-C (MC) US Navy

(Address) USN Hosp. Chelsea Date 11/17/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 17, 1933

22 NAME OF UNDERTAKER Charles Bennison

ADDRESS Winthrop, Mass.

Received and filed

DEC 4 1933

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-5-32. No. 5469

PLACE OF DEATH

1

(County)
Winthrop
(City or Town)
No. 16 Paine St., Ward

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

Registered No. 227

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

2 FULL NAME Mary Frances Sheehan

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

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

(a) Residence. No. 16 Paine

St., Ward,

(Usual place of abode)
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

3 SEX F 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 70 Years 6 Months x 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) 6-31 11 Total time (years) spent in this occupation 50

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

13 NAME OF FATHER Jeremiah Sheehan

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

15 MAIDEN NAME OF MOTHER Mary Carey

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

17 Informant Elizabeth A. Carey (Address) 16 Paine Street, 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 of other) Health Officer (Date of Issue of Permit) 11/21/33
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 20 1933 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from Oct. 19, 1933, to Nov 20, 1933.

I last saw him alive on Nov 19, 1933, 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:

Carcinoma of Uterus

Date of Onset IMPORTANT

about Oct 1933

Contributory causes of importance not related to principal cause:

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

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

If so, specify (Signed) S. J. O'Brien M. D. (Address) 500 Ash. Ave. Boston Date Nov 19 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Brookline (Cemetery) (City or town)

DATE OF BURIAL November 22, 1933 19

22 NAME OF UNDERTAKER Samuel J. Sullivan ADDRESS 545 Harrison Ave Boston

Received and filed NOV 21 1933 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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 obtain for registration any other necessary information which 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 by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

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 *domestic 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, 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.

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 INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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

SUFFOLK

(County)

BOSTON

(City or Town)

No. Richardson House

St., Ward {

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

Registered No. 9685

2 FULL NAME

Gibson

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

(a) Residence. No. Fort Banks

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)

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

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)

BostonMass

13 NAME OF FATHER

Manly Gibson

14 BIRTHPLACE OF FATHER (City)

Burns

(State or country)

Ore

15 MAIDEN NAME OF MOTHER

Flora Hyland

16 BIRTHPLACE OF MOTHER (City)

San Francisco

(State or country)

Cal

17

Informant (Address)

Richardson House

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

Nov 2719 33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

228

St., Ward {

(If U. S.

War Veteran,

specify WAR)

St., Ward,

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov231933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov22, 19 33to Nov23, 19 33I last saw him alive on Nov 23, 19 33, death is saidto have occurred on the date stated above, at 9.50A m.

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

Date of onset

atelectasis pulmoneum

Contributory causes of importance not related to principal cause:

Name of operation..... Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? yes20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

F. C. Irving

, M. D.

(Address)

BostonD 11/23/ 19 33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

WinthropWinthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 2519 33

22 NAME OF UNDERTAKER

J. R. Benson

ADDRESS

Boston

Received and filed

19 33

(Registrar of City or Town where deceased resided)



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

SUFFOLK

(County)

BOSTON

(City or Town)

No. Children's Hospital

St.,

Ward {

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

Registered No. 9720

2 FULL NAME

EdwardJackson

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

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 41 Buckthorn Terr

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

W5 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 3Months 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 occupation

12 BIRTHPLACE (City)
(State or country)MelroseMass

13 NAME OF FATHER

Arthur O Jackson

14 BIRTHPLACE OF FATHER (City)

Medford

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Doris S Schribner

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

17

Informant
(Address)Arthur O Jackson

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

Nov2819 33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Ward {

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

Registered No. 9720

2 FULL NAME

EdwardJackson

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

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 41 Buckthorn Terr

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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Nov241933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov231933Nov241933I last saw in alive on Nov 24, 1933, death is saidto have occurred on the date stated above, at 3.30A m.

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

embryoma of the kidney

Date of onset

congenital heart anomaly

birth

congenital heart anomaly

birth

Contributory causes of importance not related to principal cause:

broncho pneumonia, acute11/22/33

Name of operation

Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? yes20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

J. Fragaau

M. D.

(Address)

BostonDate 11/24/193321 PLACE OF BURIAL,
CREMATION OR REMOVALWoodlawn
(Cemetery)Everett

(City or town)

DATE OF BURIAL

Nov25

19

33

22 NAME OF UNDERTAKER

R. H. White

ADDRESS

Winthrop

Received and filed

DEC 3 1933

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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		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) Winchester (City or Town) No. 520 Pleasant St., Ward {					Registered No. 221	
2 FULL NAME James Christian Nelson (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. 520 Pleasant St., Ward,						(If U. S. War Veteran, specify WAR)	
Length of residence in city or town where death occurred 52 yrs. mos. days.						(If nonresident, give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed	18 DATE OF DEATH November 27 1933 (Month) (Day) (Year)				
6a If married, widowed, or divorced HUSBAND of Fannie Ruby Nelson (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from November 21, 1933, to November 27, 1933 I last saw him alive on November 27, 1933, death is said to have occurred on the date stated above, at 3 A. M.				
(or) WIFE of (Husband's name in full)			The principal cause of death and related causes of importance in order of onset were as follows: Erysipelas Septicemia Contributory causes of importance not related to principal cause: Senility				
6 IF STILLBORN, enter that fact here.			Date of onset 1/29/33				
7 AGE 80 Years 8 Months 7 Days	If less than 1 day Hours Minutes						
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector of Taxes							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Town of Winchester							
10 Date deceased last worked at this occupation (month and year) Nov 23/1933			11 Total time (years) spent in this occupation 12				
12 BIRTHPLACE (City) Boston - (State or country) Mass							
13 NAME OF FATHER Christian Nelson							
14 BIRTHPLACE OF FATHER (City) Denmark (State or country)							
15 MAIDEN NAME OF MOTHER Eliza Cosgrove							
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)							
17 Informant Florence L. Nelson (Address) 520 Pleasant St. Winchester							
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) 11/25/33 (Date of Issue of Permit)							
			20 Was disease or injury in any way related to occupation of deceased? No If so, specify Jacob Abrams m.d. (Signed) 262 8th Ave. N.Y. (Address) 1/28/1933 Date				
			21 PLACE OF BURIAL, CREMATION OR REMOVAL Winchester (Cemetery) Winchester (City or town) DATE OF BURIAL Nov 29th 1933 19				
			22 NAME OF UNDERTAKER O.R. Sennett ADDRESS 11/25/33 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 *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, 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive 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 permit may be obtained from the board of health, or employed by it or by the selectmen for the purpose, 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 rectly, 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 certifying the cause of death shall 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, of 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-12-32, No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

PLACE OF DEATH 1 { Suffolk (County)
Winthrop (City or Town)
No. 140 Winthrop Shore Drive St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 232 (City or town making return)

2 FULL NAME Richard Edward Splaine (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 140 Winthrop Shore Drive St. Ward, (If U. S. War Veteran, specify WAR)
(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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)
5a If married, widowed, divorced or HUSBAND of Margaret Griffin (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. X Months. X Days If less than 1 day Hours. Minutes
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10 Date deceased last worked at this occupation (month and year) Sept. 1933 11 Total time (years) spent in this occupation 40
12 BIRTHPLACE (City) Plaistow (State or country) New Hampshire
13 NAME OF FATHER Henry Splaine
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
15 MAIDEN NAME OF MOTHER Marguerite Weir
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs. Margaret G. Splaine (Address) 140 Winthrop Shore Drive
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) 12/1/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 29 1933 (Month) (Day) (Year)
19 I HEREBY CERTIFY. That I attended deceased from Oct 2, 1933, to Nov 29, 1933.
I last saw him alive on Nov 28, 1933, death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Chronic myocarditis Date of Onset Oct 1932
Contributory causes of importance not related to principal cause:
Name of operation none Date of What test confirmed diagnosis? Personal Observation 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) Winthrop Mass Date Nov 30, 1933.
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)
DATE OF BURIAL December 1st 1933
22 NAME OF UNDERTAKER C R Bennett ADDRESS Winthrop Mass
Received and filed 19 DEC 1 1933 (Registrar)
A TRUE COPY, ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

To be complete, an occupation return must state:

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 *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*.

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 happens to be the second cause given.

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

Medical examiners shall make examination upon 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 any human body or 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.*

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.

(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.

100m-12-32. No. 7070-h

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 26 Cutler St.

St.

Ward

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

Registered No. 223

(City or town making return)

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

2 FULL NAME Harry P. Foley

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

(a) Residence. No. 26 Cutler St

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

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Catherine 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

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.

Retired

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

Tine Merchant

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

May 1927

11 Total time (years) spent in this occupation

25

12 BIRTHPLACE (City)

Worcester

(State or country)

Massachusetts

13 NAME OF FATHER

John Foley

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

Mrs. Catherine Foley
26 Cutler 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
Health Officer
(Official Designation)

(Date of Issue of Permit)

12/2/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November 30, 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov. 1, 1933 to Nov. 30, 1933

I last saw him alive on Nov. 30, 1933, 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:

Chronic Myocarditis

Date of Onset

11/1/33

Contributory causes of importance not related to principal cause:

Chronic hepatitis

11/1/33

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

Syng. H. Schwartz, M. D.
(Signed) 42 Princeton St Date 11/30/33
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Worcester
(Cemetery) (City or town)

DATE OF BURIAL

December 2

1933

22 NAME OF UNDERTAKER

John B. C. Mayes

ADDRESS

W. Winthrop

Received and filed

19

A TRUE COPY, ATTEST:

DEC 1 1933

(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*, *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 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 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 such a permit for the removal of a human body not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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. 119, Sec. 43, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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-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)

Registered No. 460

2 FULL NAME Albert Edward Martyn

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

(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

yrs.

mos.

5 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

74

Years

8

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.

Not learned

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's, New Brunswick

(State or country)

Canada

PARENTS

13 NAME OF FATHER

John Martyn

14 BIRTHPLACE OF FATHER (City)

St. John's, New Brunswick

(State or country)

Canada

15 MAIDEN NAME OF MOTHER

Not learned (Wymond)

16 BIRTHPLACE OF MOTHER (City)

Not learned

(State or country)

England

17

Informant (Address)

Hospital Records

A TRUE COPY

ATTEST:

John H. Nichols Supt.

(Registrar of city or town where death occurred)

DATE FILED

November 28

19

33

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

State Infirmary

Tewksbury, Mass.

(City or town making return)

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

234

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November

26

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

November 21, 1933, to November 26, 1933

I last saw him alive on November 25, 1933, 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:

Chronic Myocarditis

7 Yrs.

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

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

If so, specify

(Signed)

Ralph Heifetz

M. D.

(Address)

State Infirmary

Date 11/26/1933

21 PLACE OF BURIAL

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

December 1

1933

22 NAME OF UNDERTAKER

John F. O'Maley

ADDRESS

Winthrop, Mass.

Received and filed

November 26

1933

(Registrar of City or Town where deceased resided)

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

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

Danvers (City or town making return)

Registered No. 235

2 FULL NAME Alfred Tewksbury
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 78 Atlantic 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. 1 mos. 12 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 Elizabeth Brewer
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

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)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country)

13 NAME OF FATHER Lorenzo C. Tewksbury

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

15 MAIDEN NAME OF MOTHER Elaira Floyd

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

17 Informant Gertrude F. Smith, (Address) Hathorne

A TRUE COPY.

ATTEST: (Registrar of City or town where death occurred)
12/9/33

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 5, 1933 (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1933 to Dec. 5, 1933
I last saw him alive on Dec. 5, 1933, death is said to have occurred on the date stated above, at 8:35 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Chr. myocarditis 1928
Date of onset

Contributory causes of importance not related to principal cause:

General arteriosclerosis 1928
Psychosis with Cerebral arteriosclerosis 1929

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? no
If so, specify (Signed) Solomon Gagnon, M. D.
(Address) Soloman Gagnon Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Hathorne
DATE OF BURIAL Dec. 8, 1933 19

22 NAME OF UNDERTAKER John H. O'Malley
ADDRESS Winthrop

Received and filed JAN 5 1934 19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 195 Winthrop St., Ward {

2 FULL NAME

Harvey McLeod

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

(a) Residence. No.

185 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 12 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 Carrie G. Gardner (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 2 Months 6 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 yrs

12 BIRTHPLACE (City) 13 Brooklyn (State or country) Queens Co. Nova Scotia

13 NAME OF FATHER Edward W. Leod

14 BIRTHPLACE OF FATHER (City) 15 Nova Scotia (State or country)

15 MAIDEN NAME OF MOTHER Mary Ellen Dexter

16 BIRTHPLACE OF MOTHER (City) 17 Brooklyn (State or country) Queens Co. Nova Scotia

17 Informant Wife Carrie G. McLeod (Address) 185 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:

W. M. D. Childers (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/16/33 (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.

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

(If U. S. War Veteran, specify WAR) 236

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 4 1933 (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:

Natural Causes, probably Chronic myocarditis, Dec. 1932

Contributory causes of importance not related to principal cause:

Name of operation None Date of What test confirmed diagnosis? 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 Board of Health Date Dec 5 1933

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

DATE OF BURIAL Wed. Dec 6 1933 19

22 NAME OF UNDERTAKER Charles R. Bennett ADDRESS Winthrop Mass

Received and filed Dec. 13, 1933

(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*, *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, ashtemia, 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 may in the above example happen 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, 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 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 which 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.

100m.-9-33. No. 9321-a

PLACE OF DEATH

Suffolk

(County)

Stanthrop

(City or Town)

No. 86 Chester 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. 2378

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

2 FULL NAME

Mary J. Feely

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

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

237

(a) Residence. No.

86 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 / 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

Widowed

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.

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.

At home

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

Housework (self)

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

Oct 1932

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

(State or country)

Boston, Mass.

13 NAME OF FATHER

Mortimer Sheehan

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Ellen Cleary

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Stella Feely
86 Chester Ave. Stanthrop

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

Dec 9

9

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 2

1933

to Dec 9

1933

I last saw him alive on Dec 9, 1933, 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

Date of Onset
IMPORTANT

1933

Contributory causes of importance not related to principal cause:

chronic hyocaine

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

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

If so, specify

(Signed)

Pynde J. J. J.

(Address)

1250 1st St. N. W.

Date

Dec 10, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Hood Brookline

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 12, 1933

19

22 NAME OF UNDERTAKER

P. B. Hurley Inc.

ADDRESS

East Boston

Received and filed.....19

DEC 13 1933

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

GOVERNING 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—hotel*, etc. For a person who had no occupation whatsoever write *none*.

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 from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the

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

factory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an

physician, in any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, an individual who is a member of the

board of health, or employed by it or by the selectmen for the purpose of attending to the dead, 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 such a permit for the removal of a human body is issued, it shall be so worded as to require the removal of the body from one place to another within the corporate limits of the town.

wealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereupon. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in

which it has been engaged, such acta shall appear upon the permit or certificate, and the physician shall be bound to furnish the same, and the 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, § 1*.)

Dr. G. L. Gatch, Pennington Co.

as has received a permit so to from the board of 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.

and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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-12-'32. No. 7070-h

PLACE OF DEATH		SUFFOLK (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registered No. 238	
1 WINTHROP (City or Town)		No. Quarters 14, Apt. A, Ft. Banks St.,		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME JANE BRADSHAW (nee FELTON) (If deceased is a married, widowed or divorced woman, give also maiden name.)						(If U. S. War Veteran, specify WAR)	
(a) Residence. No. Qrs. 14, Apt. A, Ft. Banks St.,		Ward,				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs. 9 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)							
(or) WIFE of John Bradshaw (Husband's name in full)							
6 IF STILLBORN, enter that fact here. -							
7 AGE 80		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. 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) None	
				11 Total time (years) spent in this occupation -			
12 BIRTHPLACE (City) Brooklyn, New York (State or country)							
PARENTS							
13 NAME OF FATHER (Surname unknown) Felton,							
14 BIRTHPLACE OF FATHER (City) Brooklyn, New York (State or country)							
15 MAIDEN NAME OF MOTHER Unknown							
16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)							
17 Informant M. Sgt. L. Harris. (son in law), (Address) Fort Banks, 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) H. O. (Official Designation) Dec 14/33 (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH December 10th 1933. (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from April 1933 to December 10th, 1933. I last saw her alive on Dec. 10th, 1933, death is said to have occurred on the date stated above, at 9:45 P. m. The principal cause of death and related causes of importance in order of onset were as follows: Generalized arteriosclerosis Aneurysm, right subclavian, large Cerebral hemorrhage Chronic interstitial nephritis Contributory causes of importance not related to principal cause: Date of Onset unknown Age 133. Sex 133. Race 133. Name of operation None Date of What test confirmed diagnosis? P. S. 133. Was there an autopsy? no							
20 Was disease or injury in any way related to occupation of deceased? no If so, specify P. S. 133. (Signed) A. G. Compton, Major, U. S. Army, M. D. (Address) Fort Banks, Mass. Date Dec 11, 1933							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood Cemetery, Brooklyn (Cemetery) (City or town)							
DATE OF BURIAL Dec 13, 1933 19							
22 NAME OF UNDERTAKER Charles J. Semmes ADDRESS 20 North St., Boston Received and filed DEC 13 1933 19 (Registrar)							
A TRUE COPY, ATTEST:							

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 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a receipt, 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 the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 means (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

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 complications, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-32. No. 7070-h

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Winthrop (City or town making return)
1	Suffolk (County)			Registered No.
	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		
	No. 229 Washington Ave.	St.,	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Myra (Chessman) McNeill				
(If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence. No. 229 Washington Ave		St.,	Ward,	(If U. S. War Veteran, specify WAR) 239
(Usual place of abode)				
Length of residence in city or town where death occurred 46 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 Married		
5a If married, widowed, or divorced				
HUSBAND of (Give maiden name of wife in full)				
(or) WIFE of William A. McNeill (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7	AGE 74	Years 10	Months 25	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, 1933			
	11 Total time (years) spent in this occupation 50			
12 BIRTHPLACE (City) East Boston (State or country) Massachusetts				
PARENTS	13 NAME OF FATHER Edward Chessman			
	14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts			
	15 MAIDEN NAME OF MOTHER Eliza Barnes			
	16 BIRTHPLACE OF MOTHER Hingham (State or country) Massachusetts			
17 Informant William A. McNeill (Address) 229 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)				
(Official Designation)				
(Date of Issue of Permit) 12/13/33				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH Dec 11 1933 (Month) (Day) (Year)				
19 I HEREBY CERTIFY. That I attended deceased from Dec 6 1933, to Dec 11 1933				
I last saw him alive on Dec 11 1933, death is said to have occurred on the date stated above, at 6:10 m.				
The principal cause of death and related causes of importance in order of onset were as follows:				
				Date of Onset
Cerebral thrombosis				Dec 6 1933
Contributory causes of importance not related to principal cause:				
Coronary atherosclerosis				Nov 13 1933
Name of operation Date of				
What test confirmed diagnosis? Periodic Abdominal 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) Winthrop, Mass. Date Dec 12 1933				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)				
DATE OF BURIAL December 14th 1933				
22 NAME OF UNDERTAKER Charles R. Bennison				
ADDRESS Winthrop, Mass.				
Received and filed DEC 16 1933 Registrar				
A TRUE COPY, ATTEST:				

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 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 *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 work done and return that, 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:	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 these may 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 such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 **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 INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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. 7997-4

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(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

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

Hess

(If U. S.

War Veteran, 240specify WAR) 240(a) Residence. No. 57a Beacon

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)

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)

BostonMass

13 NAME OF FATHER

Albert Hess

14 BIRTHPLACE OF FATHER (City)

(State or country)

Oklahoma

15 MAIDEN NAME OF MOTHER

Bella Thorburn

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant (Address)

Hospital records

A TRUE COPY.

ATTEST:

James J. Mulvey

(Registrar of city or town where death occurred)

DATE FILED

Dec18

19

33

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

BOSTON

(City or town making return)

Registered No. 10380

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.)

Hess

(If U. S.

War Veteran, 240specify WAR) 240(a) Residence. No. 57a Beacon

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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec141933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 141933Dec 141933I last saw him alive on Dec 14, 1933, death is saidto have occurred on the date stated above, at 9.45A.m.

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

Date of onset

prematurity asphyxiameningeal hemorrhagecerebral edema -profound pulmonary con-Contributory causes of importance not related to principal cause: gestion

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 P Sheldon

M. D.

(Address)

BostonDate 12/14/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

WinthropWinthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Dec1619 33

22 NAME OF UNDERTAKER

C R Bemison

ADDRESS

Winthrop

Received and filed

JAN 10 1934

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-32. No. 7070-h

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. Winthrop Community Hospital, Ward {		Registered No. 241	
1		Suffolk		Winthrop		No. Winthrop Community Hospital, Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Mary Hart McGowan		(If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)	
(a) Residence.		No. 18 WADSWORTH 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		Widowed		Widowed			
5a If married, widowed, or divorced		HUSBAND of		(Give maiden name of wife in full)					
(or) WIFE of		Charles M. McGowan		(Husband's name in full)					
6 IF STILLBORN, enter that fact here.									
7 AGE		62		Years		Months		Days	
						If less than 1 day		Hours	
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. 1932		11 Total time (years) spent in this occupation		40			
12 BIRTHPLACE (City)		Providence		(State or country)		R I.			
13 NAME OF FATHER		Bartholomew Hart							
14 BIRTHPLACE OF FATHER (City)		Ireland		(State or country)					
15 MAIDEN NAME OF MOTHER		Cannot be Learned							
16 BIRTHPLACE OF MOTHER (City)		Ireland		(State or country)					
17 Informant (Address)		Nellie P. Hart		25 Olney St. Watertown					
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		December 16, 1933		(Month)		(Day)		(Year)	
19 I HEREBY CERTIFY, That I attended deceased from		December 5 th 1933		to		December 16, 1933			
I last saw h. <u>cr.</u> alive on		December 16, 1933						death is said to have occurred on the date stated above, at 7:05 p.m.	
The principal cause of death and related causes of importance in order of onset are as follows:		Lobar Pneumonia		December 10 th 1933				Date of Onset	
Contributory causes of importance not related to principal cause:		Chronic Bronchitis							
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		A. J. O'Brien, M.D.		(Signed)				M. D.	
(Address)		37 Washington St.		Date		Dec 18, 1933			
21 PLACE OF BURIAL, CREMATION OR REMOVAL		Winthrop Winthrop		(Cemetery)		(City or town)			
DATE OF BURIAL		Dec. 19 1933						19	
22 NAME OF UNDERTAKER		John F. O'Malley							
ADDRESS		Winthrop							
Received and filed		DEC 19 1933						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 one 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, and upon application make the certificate required for the purpose, shall make such certificate. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. 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 by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may 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, 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.

RULES OF PRACTICE

The fulfillment of the 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 made.

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

SUFFOLK (County)		BOSTON (City or Town)		BOSTON (City or town making return)	
1 PLACE OF DEATH No. Long Island Hospital		Ward 5		Registered No. 10512	
2 FULL NAME Fred C Francis (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) 242			
(a) Residence. No. 78 Putnam St., Winthrop 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 M	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 66 unknown Years Months Days If less than 1 day Hours Minutes					
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. Park Dept					
10 Date deceased last worked at this occupation (month and year) 1931 11 Total time (years) spent in this occupation 45					
12 BIRTHPLACE (City) _____ (State or country) Azores					
13 NAME OF FATHER Anthony -					
14 BIRTHPLACE OF FATHER (City) _____ (State or country) Azores					
15 MAIDEN NAME OF MOTHER Mary Rose					
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) Azores					
17 Informant Long Island Hospital (Address)					
A TRUE COPY.					
ATTEST: James J. Mulvey (Registrar of city or town where death occurred)					
DATE FILED Dec 21 19 33					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Dec 16 19 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Nov 17 19 33 to Dec 16 19 33 . I last saw him alive on Dec 16 19 33 death is said to have occurred on the date stated above, at 10.50Pm . The principal cause of death and related causes of importance in order of onset were as follows: bilateral broncho pneumonia Dec 10 19 1933 Contributory causes of importance not related to principal cause: yr Parkinson's disease unk rt hemiplegia with residual paralysis n generalized arterio sclerosis n 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) G LeBeck M. D. (Address) Boston Date 12/18/33					
21 PLACE OF BURIAL, CREMATION OR REMOVAL New Calvary Boston (Cemetery) (City or town)					
DATE OF BURIAL Dec 19 19 33					
22 NAME OF UNDERTAKER M A Curtis ADDRESS Boston					
Received and filed JAN 10 1934 19 _____ (Registrar of City or Town where deceased resided)					

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

		SUFFOLK (County)		BOSTON (City or town making return)	
		BOSTON (City or Town)		BOSTON (City or town making return)	
STANDARD CERTIFICATE OF DEATH		Registered No. 10608			
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 Frederick K. Smith (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) 243			
(a) Residence. No. 53 Waldemar 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 Annie M. Gleason (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. clerk			
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 1933			
11 Total time (years) spent in this occupation 49					
12 BIRTHPLACE (City) Ellsworth (State or country) Me					
13 NAME OF FATHER Gilbert F. Smith					
14 BIRTHPLACE OF FATHER (City) Ellsworth (State or country) Me					
15 MAIDEN NAME OF MOTHER Lynda Whitten					
16 BIRTHPLACE OF MOTHER (City) Ellsworth (State or country) Me					
17 Informant Mrs. Annie M. Smith (Address)					
A TRUE COPY.					
ATTEST: <i>James J. Mulvey</i> (Registrar of city or town where death occurred)					
DATE FILED Dec 26 19 33					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Dec 20 1933 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Dec 10 19 33 , to Dec 20 19 33 I last saw him alive on Dec 20 1933 , death is said to have occurred on the date stated above, at 6.50A. m. The principal cause of death and related causes of importance in order of onset were as follows:					
pulmonary embolus 15 min					
Contributory causes of importance not related to principal cause:					
Papilloma of bladder 25 yrs					
suprapubic cystotomy with excision Name of operation suprapubic cystotomy with excision Date of 12/12/33 What test confirmed diagnosis? no Was there an autopsy? no					
20 Was disease or injury in any way related to occupation of deceased? no If so, specify J. G. Arent M. D. (Signed) Boston (Address) Date 12/20/ 19 33					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)					
DATE OF BURIAL Dec 22 19 33					
22 NAME OF UNDERTAKER R. C. Kirby Inc ADDRESS East Boston					
Received and filed JAN 10 1934 19					
(Registrar of City or Town where deceased resided)					

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)
Wintthrop
(City or Town)

No. 21 Taylor St Wintthrop

2 FULL NAME

Mary J. Marlin

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

(a) Residence. No.

21 Taylor St Wintthrop

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.

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

244

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

William J. Marlin

(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.

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

50 yrs

12 BIRTHPLACE (City)

Dublin

(State or country)

Ireland

13 NAME OF FATHER

Rupert Sadler

14 BIRTHPLACE OF FATHER (City)

Dublin

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mrs. O. Romack

16 BIRTHPLACE OF MOTHER (City)

Dublin

(State or country)

Ireland

17

Informant (Address)

Mrs. Cecilia O'Neil
21 Taylor St

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)

Agent

Dec. 23/33

(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

December 21

(Month)

(Day)

1933

(Year)

19 I HEREBY CERTIFY That I attended deceased from Nov. 20, 1933, to December 21, 1933

I last saw her alive on December 20, 1933, death is said

to have occurred on the date stated above, at 2:15 p.m.

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

hypochondriacal degeneration
senility

Date of Onset

1933

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? V O

If so, specify

(Signed) J. J. Collins

(Address)

87 E. 1st St. N. Y.

Date

Dec 21 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 23

1933

22 NAME OF UNDERTAKER

Richard C. Kirby Inc.

ADDRESS

17 Bennington St. E. Boston

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 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, 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 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 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 died without recent medical attendance 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.

100m-9-30, No. 9954

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 162 Shirley St., Ward

2 FULL NAME

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

(a) Residence. No. 162 Shirley 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

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

Widow

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Henry S. Howell
(Give maiden name of wife in full)
(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.

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) (State or country)

Boston Mass

13 NAME OF FATHER

John Lythgoe

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

England

15 MAIDEN NAME OF MOTHER

Mary G. Mahony

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

Ireland

17

Informant (Address)

Walter M. Howell
59 Massachusetts Rd Brookline

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

Wm. D. Gould Jr.
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

12/22/33
(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
245 or its Agent.

Registered No. 483

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

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

242

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December - 21 1933
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec. 11 1933, to December 21, 1933

I last saw her alive on December 21, 1933, 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:

Broncho pneumonia Dec. 12/33

Contributory causes of importance not related to principal cause:

Arterio-sclerosis -
Myocarditis - Chr. Nephritis - years -

Name of operation Date of operation
What test confirmed diagnosis? 0 Was there an autopsy? NO

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

If so, specify (Signed) Edward J. Traugott, M. D.
(Address) 476 5th St. Date Dec. 21 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Brookline
(Cemetery) (City or town)

DATE OF BURIAL Dec 24 1933

22 NAME OF UNDERTAKER 4 Crosby
ADDRESS 867 Beacon St Boston

Received and filed 19

1933 (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*, *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's* 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, 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>Atetisclerosis</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

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of 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, 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 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 **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, the

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)

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)

2 FULL NAME

Jeremiah B Wells

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

(a) Residence. No.

194 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)

MARRIEDWIDOWEDor DIVORCEDmarried

5a If married, widowed, or divorced

HUSBAND of Rosalie Dickerson 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 52 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.

Postal clerk

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

U S

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

Dec 21 1933

11 Total time (years)

spent in this

occupation 28

12 BIRTHPLACE (City)

(State or country)

Cambridge

PARENTS

13 NAME OF FATHER

JeremiahMass

14 BIRTHPLACE OF FATHER (City)

Waterville

(State or country)

Me

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

(Address)

Rosealie Wells

A TRUE COPY.

ATTEST:

James J. Mulvey
(Registrar of city or town where death occurred)

DATE FILED

Dec2719 33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 10709(If U. S.
War Veteran,
specify WAR)246

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Dec

(Month)

22

(Day)

1933

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 22, 19 33 to Dec 22, 19 33.I last saw him alive on Dec 22, 19 33, death is saidto have occurred on the date stated above, at 3.11P.m.

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

duodenal ulcer with perforation Date of onset 36 hrperitonitis, general 24 hr

Contributory causes of importance not related to principal cause:

Name of operation suture of duod. ulcer Date 12/22/33What test confirmed diagnosis? Was there an autopsy? yes20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

M J Rhee

M. D.

(Address)

Boston

Date

12/22/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

WinthropWinthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Dec2419 33

22 NAME OF UNDERTAKER

J F O'Maley

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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.

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.

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

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

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 STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19

I last saw her alive on 19

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:

Date of onset

Natural Causes
Probably Angina Pectoris
Dec 25 1933

Contributory causes of importance not related to principal cause:

Chronic Myocarditis
Hypertension
1932
1932

Name of operation

What test confirmed diagnosis

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

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

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 *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., 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 *rail 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, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, 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
<i>Atetosis</i>	1915
<i>Chronic interstitial nephritis</i>	1917
<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. 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, 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 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

1 PLACE OF DEATH
 SURFORD (County)
 WINTHROP (City or Town)
 No. 20 Wilshire 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

248

Registered No.

2 FULL NAME Elizabeth O'Rourke
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 20 Wilshire 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.

(If U. S. War Veteran, specify WAR) 244

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) James O'Rourke
 (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. 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) Nova Scotia (State or country)
 13 NAME OF FATHER Peter O'Rourke
 14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)
 15 MAIDEN NAME OF MOTHER Elizabeth Giffis MacPhee
 16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant Peter Jordan (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) Health Officer
 (Official Designation) (Date of Issue of Permit) 12/30/33

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 28 1933 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from 1933 to 1933
 I last saw him alive on 1933, death is said to have occurred on the date stated above, at 7:50 P. m.
 The principal cause of death and related causes of importance in order of onset were as follows:
 Carcinoma of the stomach
 Date of onset ? 1929
 Contributory causes of importance not related to principal cause:
 Name of operation Date of
 What test confirmed diagnosis? Du Was there an autopsy?
 20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) John J. Giffis M. D.
 (Address) 87 Giffis St. Date 12/28/33
 21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (City or town)
 DATE OF BURIAL Dec 31 1933 19
 22 NAME OF UNDERTAKER Murray & Murray
 ADDRESS 245 Broadway REVEREN
 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 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, 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:

Atherosclerosis	Date of onset
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 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, 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 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. 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 resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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, 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.

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 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.

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

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

...*Gen. Laws, Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 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

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Hotel Manger

St., Ward

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

Registered No. 10965

2 FULL NAME

George M Stilwell

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

(a) Residence. No.

147 Cottage Park 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

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Victoria Adelaide

(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 5

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.

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)

Dec 26/33

11 Total time (years) spent in this occupation

34 yrs

12 BIRTHPLACE (City)

Belvidere

(State or country)

NJ

PARENTS

13 NAME OF FATHER

Jerome Stilwell

14 BIRTHPLACE OF FATHER (City)

(State or country)

unknown

15 MAIDEN NAME OF MOTHER

"

16 BIRTHPLACE OF MOTHER (City)

(State or country)

"

17

Informant (Address)

Harry H Stilwell

A TRUE COPY.

ATTEST:

James J. Mulvey

(Registrar of city or town where death occurred)

DATE FILED

Jan

3

19 34

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Ward

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

(If U. S.

War Veterans,

specify WAR)

250

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec

30

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 27

1933, to

Dec 30

19 33

I last saw him alive on Dec 30, 19 33, 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:

Date of onset

edema of lungs

12/29/33

Contributory causes of importance not related to principal cause:

general 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)

H A Kelly

M. D.

(Address)

Boston

Date 12/31/33

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Jan

2

19 34

22 NAME OF UNDERTAKER

C R Bennison

ADDRESS

Winthrop

Received and filed

JAN 10 1934

19

(Registrar of City or Town where deceased resided)

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)

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)

Registered No. 2012

2 FULL NAME

Michael A Desimone

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

(a) Residence. No. 6 Revere St.

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

James Ding

(Give maiden 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.

Machinist

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. 15 yrs

12 BIRTHPLACE (City)

(State or country)

Boston, Mass.

13 NAME OF FATHER

Paul Desimone

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

Angeline Nash

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

17

Informant (Address)

Agnes Desimone

6 Revere St. Winthrop

A TRUE COPY.

Frederick H. Burke

ATTEST:

(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

(City or town making return)

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

251

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec. 12, 1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 1

19 33

19

I last saw him alive on Dec 11, 1933, 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

Tumor on spinal cord
Sarcoma

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)

John F. Fair

M. D.

(Address)

81 Dana St. Camb.

Date Dec 12, 1933

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL Dec. 15, 1933

19

22 NAME OF UNDERTAKER

Thomas D. Russell

ADDRESS

1489 Dorchester Ave.

Received and filed

JAN 12 1934

19

(Registrar of City or Town where deceased resided)









