

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-12-34, No. 2938-5

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 141 Circuit Road		St. Ward		Registered No.	
2 FULL NAME		John Patrick Gore (If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a) Residence. No.		141 Circuit Road									
(Usual place of abode)		St. Ward									
Length of residence in city or town where death occurred		yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.									
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)					
Male		White		Married							
5a If married, widowed, or divorced											
HUSBAND of Ella M. 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 61 Years Months Days If less than 1 day Hours Minutes											
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.											
Manufacturer											
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.											
N.E. Buff Co.											
10 Date deceased last worked at this occupation (month and year)											
11 Total time (years) spent in this occupation 15											
12 BIRTHPLACE (City) Springfield (State or country) Ohio											
13 NAME OF FATHER Patrick											
14 BIRTHPLACE OF FATHER (City) Cannot be learned (State or country)											
15 MAIDEN NAME OF MOTHER Catherine Brown											
16 BIRTHPLACE OF MOTHER (City) Cannot be learned (State or country)											
17 Informant Ella M. Gore (Wife) (Address) 141 Circuit Road 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) (Date of Issue of Permit) Jan. 3/36											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH January 2 1936 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from December 20, 1935, to January 2, 1936. I last saw him alive on Jan. 2, 1936, 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: Natural causes Generalized arteriosclerosis Coronary occlusion Date of Onset 1/1/36											
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 Arthur C. Murray, M. D. (Signed) Winthrop, Mass. Date Jan. 2, 1936 (Address)											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Dayton, Ohio (Cemetery) (City or town)											
DATE OF BURIAL January 6 1936											
22 NAME OF UNDERTAKER John P. O'Neale ADDRESS Winthrop Massachusetts											
Received and filed JAN 6 1936 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 its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If 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, 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, (the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., Tercentenary Edition*).

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

He 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.*

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>	1913
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927
Contributory causes of importance not related to principal cause:	

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

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

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related 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-12-34. No. 2938-e

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **2**

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

No. *117 Loring Rd*

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

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

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

(a) Residence. No. *117 Loring Road* St. _____ Ward, _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *28* 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 *James Marston*
(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 *9* Months *2* 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. *Furniture & Fin*
10 Date deceased last worked at this occupation (month and year) *Oct 1935* 11 Total time (years) spent in this occupation *40*

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

13 NAME OF FATHER *Chas. Lindergreen*

14 BIRTHPLACE OF FATHER (City) _____
(State or country) *Sweden*

15 MAIDEN NAME OF MOTHER *Sofia H. Bjorklund*

16 BIRTHPLACE OF MOTHER (City) _____
(State or country) *Sweden*

17 Informant *Fannie M. Lindergreen* (Address) *117 Loring Rd - Worcester*
Relation, if any *wife*

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

Wm. D. Sullivan
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *1/6/36* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan 5* 19*35*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Sept* 19*33* to *Jan 4* 19*35*

I last saw h. in alive on *Jan 4* 19*35*, death is said to have occurred on the date stated above, at *6:30 p. m.*

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

Chronic Myocarditis
Valvular Disease of Aorta
Date of Onset *1934*

Contributory causes of importance not related to principal cause:

Hypertension

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

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

If so, specify _____
(Signed) *E. M. Brown* M. D.
(Address) *20 Chestnut Ave* Date *1/5* 19*35*

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

DATE OF BURIAL *Jan 6* 19*36*

22 NAME OF UNDERTAKER *C. R. Benson*
ADDRESS *Worcester*

Received and filed _____ 19 _____

A TRUE COPY, ATTEST: *JAN 6 1936* (Registrar)

Revised Uniform 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 for the purpose, and 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 he 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., (Tercentenary Edition).*

Distinguish carefully the different 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:	

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** 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 may 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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-9-31. No. 3385-f



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

STANDARD
CERTIFICATE OF DEATH

Wentworth
(City or town making return)

Registered No. *3*

PLACE OF DEATH

Suffolk
(County)
Wentworth
(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 *Babe Willett*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. *4 Cottage Park Road* St. *Ward*,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 *7 months* 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 *James Willett*

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

15 MAIDEN NAME OF MOTHER *Elsie Sawyer*

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

17 Informant *Mr James Willett*
(Address) *4 Cottage Park Road Wentworth*

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

Wm. J. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) *1/8/36*
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January 6 1936*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *1935*, to *1936*, 19

I last saw him alive on *1935*, 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 (7 months)

Contributory causes of importance not related to principal cause:

Name of operation *none* Date of *1/8/36*
What test confirmed diagnosis *Chromosomal* Was there an autopsy *no*

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *Jacob A. Apanov* M. D.
(Signed) *502 Sawyer St*
(Address) *Wentworth* Date *1/8/36*

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

DATE OF BURIAL *January 7 1936*

22 NAME OF UNDERTAKER *Charles H. Farnsworth*
ADDRESS *424 Brown Chelsea Mass*

Received and filed *1936*

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-12-34. No. 2038a

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		Registered No. <u>1</u>	
1	PLACE OF DEATH	Suffolk (County)		Winthrop (City or Town)		No. <u>19 Lowell Road</u> <u>5th</u> Ward	
							(If death occurred in a hospital or institution, give its NAME instead of street and number)
	2 FULL NAME <u>Ida</u> <u>(Ricker) Hintze</u>						(If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No. <u>10 Sea View Ave</u> St. <u>Ward</u> , (If nonresident, give city or town and state)							
Length of residence in city or town where death occurred <u>10</u> yrs. <u>✓</u> mos. <u>days</u> How long in U. S., if of foreign birth? <u>10</u> yrs. <u>✓</u> mos. <u>days</u>							
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)					
Female	White	Widowed					
6a If married, widowed, or divorced HUSBAND of <u>Otto John Hintze</u> (Give maiden name of wife in full)							
(or) WIFE of <u>Otto John Hintze</u> (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE	80	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.						
	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>Dec 1935</u> 11 Total time (years) spent in this occupation <u>60</u>						
12 BIRTHPLACE (City)	North Lebanon						
(State or country)	Maine						
PARENTS	13 NAME OF FATHER <u>Charles Ricker</u>						
	14 BIRTHPLACE OF FATHER (City) <u>North Lebanon</u>						
	(State or country) <u>Maine</u>						
	15 MAIDEN NAME OF MOTHER <u>Mary Ross</u>						
16 BIRTHPLACE OF MOTHER (City) <u>North Lebanon</u>							
(State or country) <u>Maine</u>							
17	Relationship of any <u>Krs. Lillian M. Wells daughter</u>						
Address <u>10 Sea View Ave Winthrop Mass</u>							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer 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 <u>January 6</u> 19 <u>36</u>							
(Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from <u>Dec 3rd</u> 19 <u>35</u> , to <u>January 6</u> 19 <u>36</u>							
I last saw her alive on <u>January 5</u> 19 <u>36</u> , death is so							
to have occurred as the date stated above, at <u>6:45 a.m.</u>							
The principal cause of death and related causes of importance in order of occurrence as follows:							
<u>Arteriosclerosis</u>							
<u>Senility</u>							
<u>Cerebral Hemorrhage</u>							
Contributory causes of importance not related to principal cause:							
Name of operation <u>None</u> Date of <u>None</u>							
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>No</u>							
20 Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify <u>Arteriosclerosis</u>							
(Signed) <u>Lyndie M. Dickinson</u> M. D.							
(Address) <u>Winthrop Mass</u> Date <u>Jan 8 1936</u>							
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop Winthrop</u>							
(Cemetery) (City or town)							
DATE OF BURIAL <u>January 8</u> 19 <u>36</u>							
22 NAME OF UNDERTAKER <u>Charles R. Bennison</u>							
ADDRESS <u>Winthrop Mass</u>							
Received and filed <u>19</u>							
A TRUE COPY, ATTEST: <u>JAN 10 1936</u> (Registrar)							

Revised Uniform State 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 *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>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

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

RULES OF PRACTICE

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

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

MARGIN RESERVED FOR BINDING

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

100-12-32. No. 7070-h

1 PLACE OF DEATH
 County Suffolk
 City or Town Wentworth
 No. Wentworth Community St. Wentworth Ward Wentworth

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

(a) Residence. No. South St Newbury St. Newbury Ward Newbury
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (write the word)
5a If married, widowed, or divorced HUSBAND of <u>Alexander Cameron</u> (Give maiden name of wife in full) (or) WIFE of <u>Alexander Cameron</u> (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE <u>59</u> Years <u>1</u> Months <u>4</u> Days If less than 1 day Hours <u>0</u> Minutes		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At home</u>	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10 Date deceased last worked at this occupation (month and year)	11 Total time (years) spent in this occupation	
12 BIRTHPLACE (City) (State or country) <u>Scotland</u>		
13 NAME OF FATHER <u>Angus</u>		
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Scotland</u>		
15 MAIDEN NAME OF MOTHER <u>Unknown</u>		
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Unknown</u>		
17 Informant (Address) <u>Alexander Cameron</u> <u>Newbury</u>		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chilcote
 (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 1/7/36 (Date of Issue of Permit)

The Commonwealth of Massachusetts 2/8/36
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

**STANDARD
 CERTIFICATE OF DEATH**

(City or town making return)

Registered No. **5**

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

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

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 7 1936
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Jan 7, 1936
 Last saw him alive on Jan 7, 1936, death is said to have occurred on the date stated above, at 3:30 m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Cancer of colon with obstruction
 Contributory causes of importance not related to principal cause:
Exhaustion

Name of operation Exhaustion Date of 1/6/36
 What test confirmed diagnosis? Exhaustion Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Exhaustion M. D. (Address) Exhaustion Date 1/7 1936

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

DATE OF BURIAL Jan 10 1936

22 NAME OF UNDERTAKER Wm. D. Cameron
 ADDRESS Newbury

Received and filed JAN 8 1936 (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 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, which cannot be obtained early enough for the purpose, the certificate shall 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 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 far as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 **apparently due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), 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.

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 during the last year of the disease causing death, report the occupation 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, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

	Date of onset
Aortic 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

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

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. 6

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
No. 425 Winthrop St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

(a) Residence. No. 425 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 16 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 MARRIED (write the word)
WIDOWED or DIVORCED married

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. proprietor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. linen store

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 Israel Uman

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

15 MAIDEN NAME OF MOTHER Hlora Katy

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

17 Informant Anna Uman Wife
(Address) 425 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guadagnoli (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/8/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 7, 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept, 1934, to Jan. 7, 1936
I last saw him alive on evening Jan. 6, 1936, 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:

Carcinoma of stomach about 7/1/34
Cateinomatosis

Contributory causes of importance not related to principal cause:
Cateinomatosis

Name of operation Date of
What test confirmed diagnosis? X-rays Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Charles Lieberman M. D.
(Signed) 26 Waverly Ave. Winthrop Date 1/7/1936
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Rabbi Elchanen Everett
(Cemetery) (City or town)

DATE OF BURIAL January 8 1936

22 NAME OF UNDERTAKER Morris S. Dorf TORF
ADDRESS 51 Everett Ave Chelsea

Received and filed 19.....
JAN 9 1936 (Registrar)

Revised 11 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 *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 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 remove the body 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 the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commensurate it and transmit it to the 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 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 BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)
Southrop
(City or Town)

No. *20 Ocean View* 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. *2370*

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

2 FULL NAME

Alice Ahern

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

(a) Residence. No.

20 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 *50* yrs.

mos.

days.

How long in U. S., if of foreign birth? *60* yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Female White

Widowed

5a If married, widowed, or divorced

HUSBAND of

James Ahern

(Give maiden name of wife in full)

(or) WIFE of

James Ahern

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE *78*

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

At Home

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)

Jan 1936

11 Total time (years) spent in this occupation *50*

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

John Fitzgerald

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary O'Halen

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

Mrs. David Gellert - Friend
20 Ocean View 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. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1/10/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan

(Month)

7

(Day)

36

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

Last saw him..... alive on....., 19....., death is said

to have occurred on the date stated above, at *7:45* p. m.

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

Angina pectoris

Date of Onset

IMPORTANT

Contributory causes of importance not related to principal cause:

Anaemia

2 yrs

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)

James M. Kelly

M. D.

(Address)

20 Ocean View St. South

Date

1/10/36

21 PLACE OF BURIAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 10

1936

22 NAME OF UNDERTAKER

J. Kirby

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, 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.

EXTRACTS FROM THE LAW OF THE COMMONWEALTH OF MASS., AUGUST 1925 GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board 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 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 other person 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 any other necessary information which can be furnished for registration and any other cause of the death, obtained as 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.*

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

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. *Street 569 Shirley St.*



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. *8*

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

2 FULL NAME

Edward Durant

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

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

(a) Residence. No.

134 Webster St. Cambridge

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred *X* yrs. mos. days. How long in U. S., if of foreign birth *48* 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

Anna 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

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.

Store keeper

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

Gray Store

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

Jan 9, 1936

Total time (years) spent in this occupation *4 yrs.*

12 BIRTHPLACE (City)

(State or country)

Prine Edward Island

PARENTS

13 NAME OF FATHER

John Durant

14 BIRTHPLACE OF FATHER (City)

(State or country)

P. E. I.

15 MAIDEN NAME OF MOTHER

Mary Mullaney

16 BIRTHPLACE OF MOTHER (City)

(State or country)

P. E. I.

17

Informant

(Address)

Anna Durant, wife of Edward Durant, 134 Webster St. Cambridge

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

HENRY F. RILEY

(Signature of Agent of Board of Health or other)

JAN 16 1936

BOSTON HEALTH DEPT.

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan - 7 - 1936

(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.)

acute cardiac dilatation chronic coronary atherosclerosis

collapsed + died peacefully

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

Cambridge

(Signed)

M. D.

(Address)

Date

10 19 *36*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Maedon

(Cemetery)

(City or town)

DATE OF BURIAL

January 12 1936

22 NAME OF UNDERTAKER

Daniel J. O'Brien

ADDRESS

Cambridge 89

Received and filed

19

JAN 14 1936

(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. PHYS. (CAUSE) should state CAUSE OF DEATH in plain terms, so 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. 9

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)

2 FULL NAME John P. Coghlan

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

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

(a) Residence. No. 68 Thornton Park St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 IF STILLBORN, enter that fact here.

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

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

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

13 NAME OF FATHER Patrick J.

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

15 MAIDEN NAME OF MOTHER Catherine Horrigan

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

17 Informant Mary Coghlan Wife (Address) 68 Thornton Park 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 (Official Designation) 1/13/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 11 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 9, 1936, to January 11, 1936. I last saw him alive on January 12, 1936, death is said to have occurred on the date stated above, at 11:00 A. M.

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

chronic valvular disease 1934
of heart
chronic nephritis 1934

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 Edward J. Coghlan, M. D.
(Signed) 200 Winthrop St. Date Jan. 12, 1936
(Address)

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

DATE OF BURIAL January 13 1936

22 NAME OF UNDERTAKER John H. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed JAN 13 1936 19

A TRUE COPY, ATTEST:

(Registrar)

115

RETURN OF CERTIFICATES OF DEATH

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

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

No **undraker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undraker 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 purposes, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 common-

physician, many as required by law, or in the interest of a certain public health, there is no absolute right of refusal on such scientific reasons, nor is it sufficient for a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 inferred from one man to another within the common-

[illegible][illegible]

physician, many as required by law, or in the interest of a certain public health, there is no absolute right of refusal on the part of the patient. The reasons are sufficient to justify such action on the part of the board of health, or employed by it or by the selectmen for the purpose, shall 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 inferred from one man to another within the common-

[illegible]

RULES OF PRACTICE

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RULES OF PRACTICE

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

100m-12-'34, No. 2938-f

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 437 Winthrop St.		St., Ward		Registered No. 10	
1 { 2 FULL NAME <u>Hannah Kennerley</u> (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. <u>437 Winthrop</u> St., Ward, _____ (Usual place of abode) Length of residence in city or town where death occurred <u>12</u> yrs. <u>9</u> mos. days. How long in U. S., if of foreign birth? <u>55</u> yrs. mos. days.											
PERSONAL AND STATISTICAL PARTICULARS 3 SEX <u>Female</u> 4 COLOR OR RACE <u>White</u> 5 SINGLE <u>Widowed</u> (write the word) 6a If married, widowed, or divorced HUSBAND of <u>John James Kennerley</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>79</u> Years <u>9</u> Months <u>10</u> Days If less than 1 day _____ Hours _____ Minutes 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Invalid 35 years</u> 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____ 12 BIRTHPLACE (City) <u>Unknown</u> (State or country) <u>England</u> 13 NAME OF FATHER <u>John Hughes</u> 14 BIRTHPLACE OF FATHER (City) <u>Unknown</u> (State or country) <u>England</u> 15 MAIDEN NAME OF MOTHER <u>Unknown</u> 16 BIRTHPLACE OF MOTHER (City) <u>Unknown</u> (State or country) <u>England</u> 17 Informant <u>Percy Kennerley</u> (Son) (Address) <u>437 Winthrop St. Winthrop Mass.</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. Culver</u> (Signature of Agent of Board of Health or other) (Official Designation) <u>Health Officer</u> (Date of Issue of Permit) <u>1/13/36</u>											
MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH <u>Jan. 11 1936</u> (Month) (Day) (Year) 19 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 10 1936</u> to <u>Jan. 10 1936</u> I last saw him alive on <u>Jan. 10 1936</u>, death is said to have occurred on the date stated above, at <u>5:30 a. m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>myocarditis</u> <u>status epilepticus</u> Contributory causes of importance not related to principal cause: _____ Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 20 Was disease or injury in any way related to occupation of deceased? <u>h</u> If so, specify _____ (Signed) <u>Wm. D. Culver</u> M. D. (Address) <u>200 Winthrop St. Boston</u> Date <u>1/12 1936</u> 21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Woodlawn</u> <u>Everett</u> (Cemetery) (City or town) DATE OF BURIAL <u>Jan. 13, 1936</u> 22 NAME OF UNDERTAKER <u>E. J. Collins - E. J. H.</u> ADDRESS <u>300 Meridian ST. East Boston</u> Received and filed _____ 19 _____ (Registrar)											

GOVERNING THE WORLD

45

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

Sen. Laws, Chap. 46, Sec. 9.

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

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 term, 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.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineers*, *mechanical engineers*, *mining engineers*, *electrical engineers*, etc. Avoid the term "laborer" when a 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	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of one's, so that in a group of three causes the principal 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. (Tentative Edition).*

RULES OF PRACTICE

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

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

RULES OF PRACTICE

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

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

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

(3) **Mical Examiners** will investigate and certify to an death **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumas (including resurfing septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from classical, resulting from injury or infection related to occupational, 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-g

1 PLACE OF DEATH		(County) <u>Suffolk</u> (City or Town) <u>Winthrop</u>		 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.	
		No. <u>1001</u> St. <u>1</u> Ward <u>1</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. <u>11</u>			
2 FULL NAME <u>Marice K. Lunt</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. <u>8 Pleasant St.</u> Ward <u>1</u> (Usual place of abode) (If nonresident give city or town and state)					
		Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX <u>Male</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE MARRIED (write the word) <u>Married</u>			
6a If married, widowed or divorced <u>Euma King Lunt</u> 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>80</u> Years <u>8</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Minutes If less than 1 day							
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cabinet Maker</u>					
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Piano Business</u>					
		10 Date deceased last worked at this occupation month and year <u>Jan 1934</u>		11 Total time (years) spent in this occupation <u>25</u>			
12 BIRTHPLACE (City) <u>Dover</u> (State or country) <u>Mass.</u>							
PARENTS		13 NAME OF FATHER <u>Elias P Lunt</u>					
		14 BIRTHPLACE OF FATHER (City) <u>Derbyline</u> (State or country) <u>Vt.</u>					
		15 MAIDEN NAME OF MOTHER <u>Mary Adams</u>					
		16 BIRTHPLACE OF MOTHER (City) <u>Rutland</u> (State or country) <u>Mass.</u>					
17 Informant <u>Murice K. Lunt</u> (Address) <u>8 Pleasant St. Winthrop Mass.</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. Childers</u> (Signature of Agent of Board of Health or other) <u>H.D.</u> (Official Designation) <u>Jan 14/36</u> (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH <u>Jan-12-1936</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>Death due to natural causes</u> <u>Jan-10-1936</u>							
(See reverse side for description for unknown person)							
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? <u>Winthrop</u> (Signed) <u>Wm. D. Childers</u> M. D. (Address) <u>1001 St. 1</u> Date <u>Jan-13-36</u>							
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Rutland Mass.</u> (Cemetery) (City or town) DATE OF BURIAL <u>Jan 16 1936</u> 19							
22 NAME OF UNDERTAKER <u>Richard H. White</u> ADDRESS <u>Winthrop Mass.</u>							
Received and filed <u>JAN 23 1936</u> 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-a

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)			STANDARD CERTIFICATE OF DEATH		Registered No. 12
		No. 105 Grovers Ave		St.	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Ellen Davis Grover (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No.		105 Grovers Ave		St.	Ward,	{ (If nonresident, give city or town and state)	
		(Usual place of abode)					
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?		yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED					
Female	White	Widow					
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)							
(or) WIFE of Ira D Grover (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE	95	Years	8	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) Hingham (State or country) Massachusetts							
PARENTS	13 NAME OF FATHER Sebulan Davis						
	14 BIRTHPLACE OF FATHER (City) Gloucester (State or country) Massachusetts						
	15 MAIDEN NAME OF MOTHER Margaret Patterson						
	16 BIRTHPLACE OF MOTHER (City) Belfast (State or country) Maine						
17 Informant Edith B Grover Daughter (Address) 105 Grovers 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. Cuddeback (Signature of Agent of Board of Health for City)							
Official Designation (Date of Issue of Permit) 1/14/36							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH January 13 1935 (Month) (Day) (Year)							
19 I HEREBY CERTIFY That I attended deceased from Dec 20 1935 to Jan 13 1936 I last saw him alive on Jan 12 1936 death is said to have occurred on the date stated above, at 7:00 p.m. The principal cause of death and related causes of importance in order of onset were as follows: senility cardiac decompensation, 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) _____ M. D. (Address) 17 Central Date 1/14 1936							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Crown Hill Indianapolis (City or town)							
DATE OF BURIAL January 17 1935 (City or town)							
22 NAME OF UNDERTAKER Richard H White ADDRESS 147 Winthrop St Winthrop Mas							
Received and filed _____ 19 _____							
A TRUE COPY, ATTEST: JAN 22 1936 (Registrar)							

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)
Woburn
(City or Town)
No. 35 St. ... 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. 13

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.

(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

(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

31

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.

Singer

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

Entertainment

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

Jan 1936

11 Total time (years) spent in this occupation

10

12 BIRTHPLACE (City)

Woburn

(State or country)

Massachusetts

PARENTS

13 NAME OF FATHER

Henry F.

14 BIRTHPLACE OF FATHER (City)

Bedford

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Mary J. Duffy

16 BIRTHPLACE OF MOTHER (City)

Roxbury

(State or country)

Massachusetts

Informant

(Address)

Josephine M. ...

5 Henry 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

Jan - 15 - 1936
(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.)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Dr. J. F. ... M. D.
(Address) ...

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross ... Malden
(Cemetery) (City or town)

DATE OF BURIAL

January 20 1936

22 NAME OF UNDERTAKER

John F. ...
ADDRESS ...

Received and filed ... 19

JAN 22 1936

(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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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

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)

Registered No. 11

2 FULL NAME Sarah McDuffy (Hayes) Tasker

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

(a) Residence. No. 24 Paine
(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 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. Tasker
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 83 Years 9 Months 19 Days If less than 1 day
Hours Minutes

OCCUPATION:	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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. 1936

11 Total time (years) spent in this occupation 50

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

13 NAME OF FATHER Andrew Hayes

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

15 MAIDEN NAME OF MOTHER Caroline Ricker

16 BIRTHPLACE OF MOTHER (City)
(State or country) Lebanon
Maine17 Informant
(Address) Clarence E. Tasker (son)
116 Cottage Pk. Rd. 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) 1/18/36

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
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)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 17 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 13 1936 to Jan 17 1936

I last saw him alive on Jan 10 1936, death is said to have occurred on the date stated above, at 5 A. M.

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

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) P. J. H. M. D. (Address) Date 1/17/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Hill Dover, N.H.
(Cemetery) (City or town)

DATE OF BURIAL January 20, 1936 19

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

Received and filed JAN 22 1936 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*, *sock factory*, *cotton mill*, etc.

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

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, 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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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.*

RULES OF PRACTICE

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

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

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

100m-9-33. No. 9321-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) Winthrop (City or Town) No. 120 Vernon St., Ward			Registered No. 15	
2 FULL NAME Henry Clayton Crowley (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. 120 Vernon St., Ward,		(If nonresident, give city or town and state)		(If U. S. War Veteran, specify WAR)	
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 Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married			
5a If married, widowed, or divorced HUSBAND of Emma Garcia (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. Insurance Broker				
	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) Dec/34		11 Total time (years) spent in this occupation 25			
12 BIRTHPLACE (City) Addison (State or country) Me.					
PARENTS	13 NAME OF FATHER Ennis Crowley				
	14 BIRTHPLACE OF FATHER (City) Addison (State or country) Me.				
	15 MAIDEN NAME OF MOTHER Rogers Eleanor Crowley				
	16 BIRTHPLACE OF MOTHER (City) Addison (State or country) Me.				
17 Informant Mrs Emma Crowley (wife) (Address) 120 Vernon St					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 1/23/36					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan 21 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Dec 28 1934, to Jan 21 1936. I last saw him alive on Jan 21 1936, 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: Central Hemorrhage Jan 21 1936					
Contributory causes of importance not related to principal cause: Central hemorrhage Dec 25/34					
Name of operation none Date of What test confirmed diagnosis? Urinalysis Was there an autopsy? no					
20 Was disease or injury in any way related to occupation of deceased? no If so, specify P. B. Carter (Signed) M. D. (Address) Winstony Mass Date Jan 23 1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Indian River Joubert Me. (Cemetery) (City or town)					
DATE OF BURIAL Jan 24 1936					
22 NAME OF UNDERTAKER Richard C. Kirby ADDRESS 17 Pennington St Ellston					
Received and filed JAN 27 1936 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, 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 or other person, 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 any other necessary information which can be furnished for the 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. 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, will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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, write *housework* in answer to Question 8 and *own home* in answer to 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, 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 intermit 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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-734, No. 2938-f

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. 16	
STANDARD CERTIFICATE OF DEATH					
Suffolk (County)		Winthrop (City or Town)		No. 87 Washington Ave. St., Ward {	
2 FULL NAME Mary Louise Keenan		(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. 87 Washington Avenue St., Ward,		(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 (write the word) WIDOWED or DIVORCED married			
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Brendan J. Keenan (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					
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. 1936 11 Total time (years) spent in this occupation 38 yrs.					
12 BIRTHPLACE (City) East Boston (State or country) Mass.					
13 NAME OF FATHER John H. Sullivan					
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)					
15 MAIDEN NAME OF MOTHER Catherine F. Sullivan					
16 BIRTHPLACE OF MOTHER (City) Providence (State or country) R. I.					
17 Informant (Address) Brendan J. Keenan (Relationship) (Husband)					
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) 1/24/36 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan. 22 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from Jan. 20, 1936 to Jan. 22, 1936 last saw him alive on Jan. 22, 1936 death is said to have occurred on the date stated above, at 3:00 P. M.					
The principal cause of death and related causes of importance in order of onset were as follows: Diabetes mellitus Bronchitis pneumonia Emphysema Date of Onset 1/21/36					
Contributory causes of importance not related to principal cause:					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. J. Mahoney, M. D. (Address) 9 Washington St. Date 1/23/36					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden Cemetery (City or town) DATE OF BURIAL Jan. 25 1936					
22 NAME OF UNDERTAKER M. J. Kelly ADDRESS 11 Meridian St.					
Received and filed. 19 (Registrar)					

三

GOVERNING THE

OF DEATH

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

bury and remove it from
from one grave or tomb of the

11.—The number of years the deceased followed the occupation.

cular kind of work done and return that, as *spinner, weaver, etc.*

mill, etc.

salesman and not a clerk.

related to 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 9, 1927
Contributory causes of importance not related to principal cause:	

happens to be the second cause given

OF DEATH

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

bury and remove it from
from one grave or tomb of the

physician, if any, as required by law, or in lieu thereof a certificate

wealth cannot be obtained early enough for the purpose, the certificate

which it has been engaged, such recital shall appear upon the petition

(Trecenlenary Edition.)

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Sec. 46, G. L., (Tercentenary Edition.)

RULES OF PRACTICE

of the following rules of practice:

illness from disease unrelated to any form of injury.

death is needed.

and those of persons found dead.

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

100m-12-32. No. 7076-h

Suffolk
(County)

Winthrop
(City or Town)

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

(City or town making return)

Registered No. 17

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

(a) **Residence. No.** **STILLBORN 19 Prospect St.** **Ward,** **Ayer**
(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 **-** Hours **-** Minutes **If less than 1 day**

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

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

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

12 BIRTHPLACE (City) **Fort Banks, Winthrop,**
(State or country) **Massachusetts.**

13 NAME OF FATHER **Charles D. Talbert,**

14 BIRTHPLACE OF FATHER (City) **Rockridge,**
(State or country) **Virginia.**

15 MAIDEN NAME OF MOTHER **Marie V. Cote,**

16 BIRTHPLACE OF MOTHER (City) **Ayer,**
(State or country) **Massachusetts.**

17 Informant **Mrs. Marie V. Talbert,**
(Address) **19 Prospect St., Ayer, Mass.**

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

Wm. N. Childress
(Signature of Agent for Board of Health or other)

NO **Jan. 27/36**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **January 26, 1936**
(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 **2.12 P.m.**

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

STILLBORN. Asphyxia, neonatorum.

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) **JAMES B. STAPLETON, 1st Lt., M.C., M.D.**
(Address) **Sta. Hosp., Ft. Banks.** Date **Jan. 26/36.**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Fort Devens Mass.**
(Cemetery) (City or town)

DATE OF BURIAL **Jan. 28, 1936**

22 NAME OF UNDERTAKER **U.S. Government**
Fort Banks Mass.

ADDRESS **Fort Banks Mass.**

Received and filed **FEB 1 1936** 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—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 no 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.

Gen. Laws, Chap. 46, Sec. 9. No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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. 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 **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 **found dead**, 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. **Station Hospital, Fort Banks.** 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.

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

2 FULL NAME

m

PETER TALBERT

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

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No.

STILLBORN

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

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)

Port Banks, Winthrop, Massachusetts.

13 NAME OF FATHER

Charles D. Talbert,

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

Rockridge, Virginia.

15 MAIDEN NAME OF MOTHER

Marie V. Cote,

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

Ayer, Massachusetts.

17

Informant (Address)

Mrs. Marie V. Talbert, 19 Prospect St., Ayer, 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

January 26, 1936

(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 **2.12 P.m.**

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

STILLBORN. Asphyxia, neonatorum.

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) **JAMES B. STAPLETON, 1st Lt., M.C., U.S.A.**
(Address) **Sta. Hosp., Ft. Banks.** Date **Jan/26/36.**

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

JAN 28 1936

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*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles: *civil engineer*, *mechanical engineer*, *mining engineer*, *electrical engineer*, etc. Avoid the term "laborer" when a person is engaged in manual work. 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 *salesman* and not a *clerk*.

Statement 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, name related to principal cause, name other important diseases.

Example

Date of onset	
1915	<i>Acute interstitial nephritis</i>
1921	<i>Chronic interstitial nephritis</i>
July 5, 1927	<i>Cerebral hemorrhage</i>
	<i>Contrivory causes of importance not related to principal cause:</i>
	<i>Acute glomerulonephritis</i>
	<i>Chronic glomerulonephritis</i>
	<i>Acute tubular degeneration</i>
	<i>Chronic tubular degeneration</i>
	<i>Acute pyelitis</i>
	<i>Chronic pyelitis</i>
	<i>Acute cystitis</i>
	<i>Chronic cystitis</i>
	<i>Acute urethritis</i>
	<i>Chronic urethritis</i>
	<i>Acute prostatitis</i>
	<i>Chronic prostatitis</i>
	<i>Acute epididymitis</i>
	<i>Chronic epididymitis</i>
	<i>Acute orchitis</i>
	<i>Chronic orchitis</i>
	<i>Acute vaginitis</i>
	<i>Chronic vaginitis</i>
	<i>Acute cervicitis</i>
	<i>Chronic cervicitis</i>
	<i>Acute salpingitis</i>
	<i>Chronic salpingitis</i>
	<i>Acute oophoritis</i>
	<i>Chronic oophoritis</i>
	<i>Acute parametritis</i>
	<i>Chronic parametritis</i>
	<i>Acute pelvic peritonitis</i>
	<i>Chronic pelvic peritonitis</i>
	<i>Acute abdominal peritonitis</i>
	<i>Chronic abdominal peritonitis</i>
	<i>Acute pleuritis</i>
	<i>Chronic pleuritis</i>
	<i>Acute pericarditis</i>
	<i>Chronic pericarditis</i>
	<i>Acute endocarditis</i>
	<i>Chronic endocarditis</i>
	<i>Acute myocarditis</i>
	<i>Chronic myocarditis</i>
	<i>Acute pericarditis</i>
	<i>Chronic pericarditis</i>
	<i>Acute peritonitis</i>
	<i>Chronic peritonitis</i>
	<i>Acute pancreatitis</i>
	<i>Chronic pancreatitis</i>
	<i>Acute cholecystitis</i>
	<i>Chronic cholecystitis</i>
	<i>Acute cholangitis</i>
	<i>Chronic cholangitis</i>
	<i>Acute hepatitis</i>
	<i>Chronic hepatitis</i>
	<i>Acute cirrhosis</i>
	<i>Chronic cirrhosis</i>
	<i>Acute fatty liver</i>
	<i>Chronic fatty liver</i>
	<i>Acute alcoholic liver</i>
	<i>Chronic alcoholic liver</i>
	<i>Acute toxic liver</i>
	<i>Chronic toxic liver</i>
	<i>Acute drug liver</i>
	<i>Chronic drug liver</i>
	<i>Acute radiation liver</i>
	<i>Chronic radiation liver</i>
	<i>Acute thermal liver</i>
	<i>Chronic thermal liver</i>
	<i>Acute electrical liver</i>
	<i>Chronic electrical liver</i>
	<i>Acute chemical liver</i>
	<i>Chronic chemical liver</i>
	<i>Acute bacterial liver</i>
	<i>Chronic bacterial liver</i>
	<i>Acute viral liver</i>
	<i>Chronic viral liver</i>
	<i>Acute parasitic liver</i>
	<i>Chronic parasitic liver</i>
	<i>Acute traumatic liver</i>
	<i>Chronic traumatic liver</i>
	<i>Acute surgical liver</i>
	<i>Chronic surgical liver</i>
	<i>Acute obstetric liver</i>
	<i>Chronic obstetric liver</i>
	<i>Acute gynecologic liver</i>
	<i>Chronic gynecologic liver</i>
	<i>Acute urologic liver</i>
	<i>Chronic urologic liver</i>
	<i>Acute dermatologic liver</i>
	<i>Chronic dermatologic liver</i>
	<i>Acute neurologic liver</i>
	<i>Chronic neurologic liver</i>
	<i>Acute endocrine liver</i>
	<i>Chronic endocrine liver</i>
	<i>Acute immunologic liver</i>
	<i>Chronic immunologic liver</i>
	<i>Acute allergic liver</i>
	<i>Chronic allergic liver</i>
	<i>Acute infectious liver</i>
	<i>Chronic infectious liver</i>
	<i>Acute degenerative liver</i>
	<i>Chronic degenerative liver</i>
	<i>Acute hereditary liver</i>
	<i>Chronic hereditary liver</i>
	<i>Acute acquired liver</i>
	<i>Chronic acquired liver</i>
	<i>Acute idiopathic liver</i>
	<i>Chronic idiopathic liver</i>
	<i>Acute unknown liver</i>
	<i>Chronic unknown liver</i>

RETURN OF CERTIFICATES OF DEATH

Gen. Laws, Chap. 46, Sec. 9

No human body or other person shall be buried or otherwise disposed of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 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 commendens it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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.*

by violence... *Gen. Laws, Chap. 38, Sec. 6.*

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

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, through disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners will investigate and certify to all deaths** **unusually due to injury.** These include not only deaths caused directly or indirectly by 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.

information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

Boston 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*

PLACE OF DEATH

(County) *Winthron*
(City or Town) *Winthron Community Hosp.*

No. *Winthron Community Hosp.* St. *Winthron* Ward *Winthron*

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

2 FULL NAME *Chester J. Williams*

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

(a) Residence. No. *76 Faywood Ave.* St. *Winthron* Ward *Winthron*

(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. *0* days. How long in U. S., if of foreign birth? yrs. *0* mos. *0* days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of *Catherine L. Powers*
(Give maiden name of wife in full)

(or) WIFE of *Chester J. Williams*
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *39* Years *7* Months *30* Days If less than 1 day
Hours *0* 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. *Boston Post Office*
10 Date deceased last worked at
this occupation (month and
year) *Dec. 1935* 11 Total time (years)
spent in this
occupation *12*

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

13 NAME OF
FATHER *William J. Williams*

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

15 MAIDEN NAME
OF MOTHER *Catherine L. Warren*

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

17 Informant *Catherine L. Williams* Relation, if any
(Address) *76 Faywood Ave. 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) *1/29/36*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan 29 1936*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Dec 25, 1935, to *Jan 29*, 1936

I last saw him alive on *Jan 29*, 1936, 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:

Pulmonary tuberculosis Date of Onset
1905

Contributory causes of importance not related to principal cause:

Pulmonary tuberculosis *1935*

Name of operation *lung collapse* Date of *Jan 12 36*
What test confirmed diagnosis? *post mortem* Was there an autopsy? *Yes*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify:

(Signed) *George G. Gable* M. D.
(Address) *601 E. 8th St.* Date *Jan 4 1936*

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

DATE OF BURIAL *Feb 2 1936*

22 NAME OF UNDERTAKER *Eastman Funeral Service*

ADDRESS *Boston*

Received and filed *19*

FEB 2 1936
(Registrar)

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

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

Example

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

	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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 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, 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., (Tentative Edition).*

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

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 **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. 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. *00000* RT *1234* St. *1234* 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. *19*

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

2 FULL NAME *Charles H. Smith Junior*

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

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. *50 Pleasant Park Road* St. *1234* 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 (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. *Born June 30, 1924*

7 AGE *II* Years *7* Months *0* Days If less than 1 day
Hours Minutes

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

12 BIRTHPLACE (City) *Worcester*
(State or country) *Mass*

13 NAME OF FATHER *Charles H. Smith*

14 BIRTHPLACE OF FATHER (City) *Nashua*
(State or country) *N.H.*

15 MAIDEN NAME OF MOTHER *Marion Gould*

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

17 Informant *Charles H. Smith (Father)*
(Address) *50 Pleasant Park Road, Winthrop*

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

Wm. A. Schielders
(Signature of Agent of Board of Health or other)

H.D.
(Official Designation)

Jan 31/36
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan - 30 - 1936*
(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.)

Found dead in a room in a house on Pleasant St. in the city of Nashua, N.H. Cause of death: Heart failure. Manner of death: Natural.

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) *Joseph H. ...* M. D.
(Address) *31 ...* Date *Jan 30 1936*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Edmond* *Nashua N.H.*
(Cemetery) (City or town)

DATE OF BURIAL *February 2, 1936* 19

22 NAME OF UNDERTAKER *Joseph H. ...*
ADDRESS *106 Prospect St. Cambridge*

Received and filed. 19

FEB 2 1936 (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.

100b-12-32. No. 7070-h



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

STANDARD
CERTIFICATE OF DEATH

Wentworth
(City or town making return)

Registered No.

20

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hospital, Fort Banks St., Ward

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

2 FULL NAME William James McGowan

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

(a) Residence. No. 160 First

(Usual place of abode)

St., Ward, Pittsfield, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 7 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	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	4	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.	General Laborer
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	

10 Date deceased last worked at this occupation (month and year)	1/22-36	11 Total time (years) spent in this occupation	1 year
--	---------	--	--------

12 BIRTHPLACE (City) Great Barrington, Mass.
(State or country)

13 NAME OF FATHER William McGowan

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

15 MAIDEN NAME OF MOTHER Ellen Caffrey

16 BIRTHPLACE OF MOTHER (City) (unknown)
(State or country) Ireland17 Informant John J. McGowan (brother)
(Address) RFD #1, New Lenox, 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.D. (Official Designation)

Jan 3 / 36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 30, 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 24, 1935 to January 30, 1936

I last saw him alive on January 30, 1936, death is said to have occurred on the date stated above, at 8:55 p.m.

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

Diabetes mellitus,	Date of Onset
Pneumonia, lobar	1934
Pleurisy, serous with effusion	1/25/36
Cardiac failure	1/29/36
	1/30/36

Contributory causes of importance not related to principal cause:

Name of operation None performed 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 ROBERT E. THOMAS, Major, U.S. M. D.
(Signed) Sta. Hosp., Ft. Banks, Mass. Jan 31, 36
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL Great Barrington, Mass.
(City or town)

DATE OF BURIAL Feb 19 1936

22 NAME OF UNDERTAKER C.R. Benson

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 supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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*, *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.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, 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 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 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 medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related 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-9-31. No. 3385-g

1 PLACE OF DEATH		Suffolk (County)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Chelsea (City or town making return)	
		Chelsea (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 23 21	
		No. Soldiers' Home Hospital		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Leo Henry Wilson (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 26 Locust		St.,		Ward,		Winthrop, Mass. (If nonresident, give city or town and state)	
Length of residence in city or town where death occurred — yrs. 2 mos. 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 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 55		Years 5 Months 21		Days		If less than 1 day Hours Minutes	
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Station man					
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — —					
		10 Date deceased last worked at this occupation (month and year) — — 11 Total time (years) spent in this occupation.					
12 BIRTHPLACE (City) East Boston		(State or country) Mass.					
PARENTS		13 NAME OF FATHER Joseph A.					
		14 BIRTHPLACE OF FATHER (City) Boston					
		(State or country) Mass.					
		15 MAIDEN NAME OF MOTHER Margaret B. McKean					
		16 BIRTHPLACE OF MOTHER (City) Boston					
		(State or country) Mass.					
17 Informant (Address)		Hospital records					
A TRUE COPY.							
ATTEST: <i>Richard G. Egan</i> (Registrar of city or town where death occurred)							
DATE FILED Jan. 20, 1936 19							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH January 18, 1936 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1935, to Jan. 18, 1936							
I last saw him alive on Jan. 18, 1936, 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: Erysipela Chronic myocarditis							
Contributory causes of importance not related to principal cause: Syphilis							
Name of operation rib-resection Date of 1/15/1936							
What test confirmed diagnosis? clinical operation Was there an autopsy? no							
20 Was disease or injury in any way related to occupation of deceased? —							
If so, specify L. P. Finkle (Signed) Soldiers' Home Hosp. Date 1/13/36 M. D. (Address)							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)							
DATE OF BURIAL Jan. 21, 1936 19							
22 NAME OF UNDERTAKER John F. O'Maley							
ADDRESS Winthrop, Mass.							
Received and filed FEB 27 1936 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-12-34. No. 2938-e

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		Registered No. 23	
1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 25a Washington Avenue (rear) Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME George Franklin Sweeney (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 25a Washington Avenue (rear) Ward,		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred 35 yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)			
5a If married, widowed or divorced HUSBAND of Elizabeth Calvert (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 78 Years Months Days		If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Grocer (retired)			
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)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Saint John (State or country) New Brunswick					
13 NAME OF FATHER John Sweeney					
14 BIRTHPLACE OF FATHER (City) New Brunswick (State or country)					
15 MAIDEN NAME OF MOTHER Alice Van Norden					
16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)					
17 Informant Maude F. Jameson (Address) (Relation, if any) (daughter)					
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) 2/3/36					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH February 1, 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from Jan 24 36 to Jan 30 36 I last saw him alive on Jan 30 36 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: Cerebral arteriosclerosis 6 years Senility 10 years					
Contributory causes of importance not related to principal cause: Hypertension 6 years					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) M. D. (Address) 57 Lee St. Cambridge Feb 3 36					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)					
DATE OF BURIAL February 3 1936					
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass					
Received and filed 19					
A TRUE COPY, ATTEST: FEB 3 1936 (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. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

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

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

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	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, sitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case 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 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, (intervenient Edition).

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

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

RULES OF PRACTICE

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

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

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

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

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

100m-12-734. No. 2939-e



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 21

Suffolk

(County)

Winthrop

(City or Town)

No. 37 Belcher

St. Ward

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

2 FULL NAME Andrew Soderen

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

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

(a) Residence. No. 37 Belcher

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED Widower5a If married, widowed, or divorced
HUSBAND of Walvoborg G Anderson

(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 4 Months 12 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Die Maker9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Machine Shop10 Date deceased last worked at
this occupation (month and
year) Oct 1935 11 Total time (years)
spent in this occupation 4012 BIRTHPLACE (City)
(State or country) Sweden13 NAME OF
FATHER Carl Soderen14 BIRTHPLACE OF
FATHER (City)
(State or country) Sweden15 MAIDEN NAME
OF MOTHER Ingrid Christianson16 BIRTHPLACE OF
MOTHER (City)
(State or country) Sweden17 Informant Frederica C Bosworth Sister Relation, if any
(Address) 37 Belcher St Winthrop MassI 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 February 2, 1936
(Month) (Day) (Year)19 I HEREBY CERTIFY that I attended deceased from
Nov. 2, 1935, to February 2, 1936I last saw h. i. in alive on February 2, 1936, death is said
to have occurred on the date stated above, at 7:15 PMThe principal cause of death and related causes of importance in order of onset
were as follows:Capillary of
StomachDate of Onset
Jan. 1935

Contributory causes of importance not related to principal cause:

General Toxemia

Name of operation. None Date of
What test confirmed diagnosis? X-Ray, Clin. Diag. Was there an autopsy? no

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

If so, specify (Signed) J. O'Brien M. D.
(Address) 181 Washington St. Date Feb 2, 193621 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL February 4 1936

22 NAME OF UNDERTAKER Richard H White

ADDRESS 147 Winthrop St Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST:

FEB 2 1936 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 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 *spinner, weaver*, etc.

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

Distinguish carefully the different 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>	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.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human 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 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, stored and from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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, make 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, (Tentative Edition.)

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

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

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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-12-34. No. 2938-e

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



(City or town making return)

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 17 Winthrop

STANDARD
CERTIFICATE OF DEATH

Registered No. 25

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

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

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

(a) Residence. No. 17 Winthrop St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 6 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) Married

5a If married, widowed, or divorced
HUSBAND of Alice Kaye
(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 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. Station master
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad station
10 Date deceased last worked at this occupation (month and year) 1/15/36
11 Total time (years) spent in this occupation 30 years

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

13 NAME OF FATHER Millard F. Smith

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

15 MAIDEN NAME OF MOTHER Emma Paine

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

17 Informant Alice K. Smith (Relation, if any wife)
(Address) 17 Winthrop St Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/7/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 5, 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan. 10, 1936 to Feb. 5, 1936
I last saw him alive on Feb. 5, 1936 death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Chronic Nephritis 1930
Hypertensive Heart Disease 1930
Cerebral Hemorrhage Feb. 4, 1936
Contributory causes of importance (not related to principal cause):

Name of operation clinical 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) Sydney W. Pickering, M.D.
(Address) South St. Winthrop, Mass. Date Feb. 6, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL February 7, 1936

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed Feb 22 1936 19

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS FROM THE LOGS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

GOVERNING THE

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another 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, 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 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 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 easy enough for the purpose, the commissioners 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 board shall constitute a permit for such removal, 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., 1782.*

RULES OF PRACTICE

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

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

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

(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.

Revised Unit, 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 for 10 years or on account of the disease causing death, report the occupation, and 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.

11.—The number of years the deceased followed the occupation.

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *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.

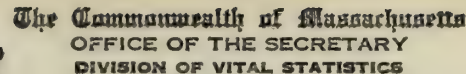
Example

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.



26

STANDARD CERTIFICATE OF DEATH

Registered No.

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

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

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

(Usual place of abode)

..Ward,.....
(If nonresident, give city or town and state)

(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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 5 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
26 5 1936 to 26 5 1936

I last saw him alive on Feb 5th, 1934, death is said

to have occurred on the date stated above, at 7:31 a.m.

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

Date of Onset

6 IF STILLBORN, enter that fact here.

7
AGE 60 Years 2 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. Manager

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

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

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City).....Dixmont
(State or country).....Maine

13	NAME OF FATHER	Isaac Croxford
----	----------------	----------------

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

15 MAIDEN NAME OF MOTHER Georgianna Sanborn

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

17 Edith H. Croxford (wife)
 Informant
 (Address) 1 Washington Terrace (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)

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 1. Unknown
(Signed) J. M. [Signature] M. D. 1924
(Address) 1. [Address] Date 2/6 1924

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

DATE OF BURIAL February 7, 1930

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed..... 19.....

A TRUE COPY. ATTEST:

(Registar)

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*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different 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, the name as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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., (Tercentenary Edition).*

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

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** 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.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 27

PLACE OF DEATH

Swiffolk
(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 BARTHOLOMEW J. A'HEARN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(U. S.
War Veteran,
specify WAR)

(a) Residence. No. 222 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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Harriet Diggins (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

8 Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc. Mission Merchant

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

10 Date deceased last worked at this occupation (month and year) 1936 11 Total time (years) spent in this occupation 30

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

13 NAME OF FATHER Thomas

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

15 MAIDEN NAME OF MOTHER Alice Kinary

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

17 Informant Harriet A'Hearn (wife) (Address) 222 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)
(Official Designation) (Date of Issue of Permit) 2/7/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 5 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 31 1936 Feb 5 1936 last saw him alive on Feb 5 1936 death is said to have occurred on the date stated above, at 11:35 A.M.

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

Date of Onset 1/31

Contributory causes of importance not related to principal cause:

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Date 2/5 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL February 8 1936

22 NAME OF UNDERTAKER John J. O'Malley ADDRESS Winthrop, Massachusetts.

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 *housework*. In answer to Question 8 and *own home* in answer to 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:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal causes 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>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

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

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, without first obtaining 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 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 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 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: All certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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. 6.—WHITE PLAIN; WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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. 123

PLACE OF DEATH

Stiffloek
(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 SIMON KEMP EDMONSTON

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

(a) Residence. No. 205 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

Male

4 COLOR OR RACE

hite

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of Mrs. Henrietta Lewis

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

48

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.

Shorthand Reporter

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

County Court

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

July 1935

11 Total time (years)

spent in this

occupation

10

12 BIRTHPLACE (City)

Washington

(State or country)

District of Columbia

13 NAME OF FATHER

Samuel

14 BIRTHPLACE OF FATHER (City)

Cannot be learned

(State or country)

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

Cannot be learned

(State or country)

17

Informant
(Address)

Daniel Aker Edmonston (son)

105 Cotton Park Road 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

Feb

5

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 5, 1935, to Feb 5, 1936

I last saw him alive on Feb 4, 1936, death is said

to have occurred on the date stated above, at 5:15 P. m.

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

Date of Onset

Carcinoma of Prostate and
Spermatitis and
General Metastasis

June 1934

Contributory causes of importance not related to principal cause:

Name of operation Benign tumor of

What test confirmed diagnosis? Laboratory Date of June 1934

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 Feb 6, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 8, 1936

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 supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 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 causing death, report the occupation 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, *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 *ship engine*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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

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

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

A human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 not previously interfere. If such a permit for the removal of a human body, make such previously interfere. 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 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. 46, Act of 1927 and Chap. 414, Acts of 1931.*

Medical examinee. Shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 46, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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 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-12-34, No. 2938-e

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



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

29

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 176 Woodside Avenue XXX Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

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

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

(a) Residence. No. 176 Woodside Avenue XX Ward, (If nonresident, give city or town and state)
(Usual place of abode)
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 Widowed (write the word)

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

6 IF STILLBORN, enter that fact here.
7 AGE 58 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. 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. 1936 11 Total time (years) spent in this occupation years

12 BIRTHPLACE (City) (State or country) Prince Edward Island

13 NAME OF FATHER James Clark

14 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island

15 MAIDEN NAME OF MOTHER Annie Coffin

16 BIRTHPLACE OF MOTHER (City) (State or country) Prince Edward Island

17 Informant Harvard Sobu Relation, if any (Brother in Law)
(Address) 19 Crested Rd Woburn

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

Wm. S. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/11/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 8 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Feb 7, 1936, to Feb 8, 1936.
I last saw him alive on Feb 8, 1936 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:

Broncho pneumonia
Bronchial asthma
Chronic bronchitis
myocarditis
Contributory causes of importance not related to principal cause:
Date of Onset 2/8

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) D. Harrison, M. D.
(Address) Washington St Date 2/12, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL February 11, 1936

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

Received and filed.....
FEB 24 1936

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>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 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 would 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, or from one cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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, which 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 from 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., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

(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.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-734. No. 2938-e

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 89 Somerset Ave.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

WINTHROP

(City or town making return)

30

Registered No.

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

2 FULL NAME

Lydia Francis Colcord

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

(a) Residence. No.

89 Somerset Ave.

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

MARRIED

(write the word)

WIDOWED

Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name, wife in full)

(or) WIFE of

John W. Colcord
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

85

Years

11

Months

26

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Feb 5/36

11 Total time (years)

spent in this
occupation

50 yrs

12 BIRTHPLACE (City)

no Personified

(State or country)

ME

13 NAME OF
FATHER

Thomas Churchell

14 BIRTHPLACE OF
FATHER (City)

no Personified

(State or country)

ME

15 MAIDEN NAME
OF MOTHER

Mary Barker

16 BIRTHPLACE OF
MOTHER (City)

Personified

(State or country)

17

Informant
(Address)

Lucy N. Colcord

Relation, if any

(Daughter)

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

Feb.

11

(Month)

1936

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 7, 1936 to Feb. 11, 1936

I last saw him alive on Feb. 10, 1936, death is said

to have occurred on the date stated above, at 4:30 A. M.

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

Date of Onset

4 days

Contributory causes of importance not related to principal cause:

Chronic Myocarditis
with Basal
decompensation

2 days

Name of operation

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy?

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

If so, specify

(Signed) Emma E. Barker, M. D.

(Address) 290 Summer St. E. Bldg. Date Feb. 11, 1936

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

DATE OF BURIAL Feb. 11, 1936

22 NAME OF
UNDERTAKER C. R. Bennett

ADDRESS Winthrop Mass

Received and filed FEB 21 1936

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 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 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 original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 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 respects 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. 45, G. L., (Tentative Edition).*

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

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 or over. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation 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 in answer 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—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 *symmer, weaver*, etc.

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34. No. 2938-a

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



(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 31

1 PLACE OF DEATH
Suffolk (County)
Wintthrop (City or Town)
No. 101 Bowdoin St. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 101 Bowdoin 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 Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) John Cannon (Husband's name 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. 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) Feb 1936 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Michael

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

15 MAIDEN NAME OF MOTHER Cannot be learned

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

17 Informant George Ostman (Address) 101 Bowdoin St. Relation, if any (Son)

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)
H.D. (Official Designation)
Feb 14/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 13 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1935 to Feb 13, 1936

I last saw him alive on Feb 12, 1936 death is said to have occurred on the date stated above, at 5:30 a.m.

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

Cerebral hemorrhage Feb 12

Contributory causes of importance not related to principal cause: Chronic hypertension

Date of Onset

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) J. F. O'Malley, M. D. (Address) 101 Bowdoin St. Date 4/14/36

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

DATE OF BURIAL Feb 15 1936 19

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

Received and filed Feb 24 1936 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 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 sufficient reasons, his certificate cannot be obtained early enough as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, his certificate cannot be obtained early enough for the purpose, or employed by it or by the selectmen for the purpose, shall 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 interned, 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., (Tercentenary Edition.)*

Distinguishing carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, 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 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.

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

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

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

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e

PLACE OF DEATH		Suffolk		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY		DIVISION OF VITAL STATISTICS		(City or town making return)	
1		Winthrop		STANDARD		CERTIFICATE OF DEATH		Registered No.		32	
No. 59		Crest Ave		St.		Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME		Willard Byard Wilson		(If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 59		Crest Ave		St.		Ward		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		12 yrs.		X mos.		X 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		Widowed					
5a If married, widowed, or divorced HUSBAND of Emma Adella Magoon (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		8 Months		20 Days		If less than 1 day		Hours. Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Retail		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Salesman		10 Date deceased last worked at this occupation (month and year)		3 years	
11 Total time (years) spent in this occupation		5 years									
12 BIRTHPLACE (City)		St. Johns		(State or country)		H. B.					
13 NAME OF FATHER		Norman, Byard, Wilson		(State or country)		Maine					
14 BIRTHPLACE OF FATHER (City)		Maine		(State or country)		N. B.					
15 MAIDEN NAME OF MOTHER		Rose, Sophia, Baker		(State or country)		Vt.					
16 BIRTHPLACE OF MOTHER (City)		Vt.		(State or country)		Vt.					
17 Informant (Address)		Ruth Whittle Wilson		Relation, if any		Daughter					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		Wm. D. Child		(Signature of Agent of Board of Health or other)		3/17/36		(Date of Issue of Permit)			
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH		Feb. 14		1936		(Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Feb. 14, 1936											
I last saw him alive on Feb. 14, 1936, 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:											
Cerebral hemorrhage											
Contributory causes of importance not related to principal cause:											
arteriosclerosis											
fracture of 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?.....											
If so, specify.....											
(Signed)..... M. D.											
(Address)..... Date 2/10/36											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)											
DATE OF BURIAL 2/12/36 1936											
22 NAME OF UNDERTAKER C. R. Bayne											
ADDRESS Winthrop											
Received and filed..... 1936											
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 aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall, 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 of 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 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 of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 36, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **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 15 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation 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" 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>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

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

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 23

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 913 Shirley St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mary W. Donoghue Gillooly

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

(a) Residence. No. 913 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 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
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Patrick Gillooly

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days If less than 1 day
Hours Minutes8 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) Sept. 1935 11 Total time (years) spent in this occupation 3012 BIRTHPLACE (City) Ireland
(State or country)13 NAME OF FATHER Michael14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)15 MAIDEN NAME OF MOTHER Mary Connors16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Patrick Gillooly
(Address) 913 Shirley 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) 2/17/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 17 1936
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from Sept. 1, 1935 to Feb. 17, 1936I last saw him alive on Feb. 17, 1936 death is saidto 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

Carcinoma of the

Contributory causes of importance not related to principal cause:

arteriosclerosisName 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) Dr. J. H. ... M. D.(Address) ... Date 2/15/3621 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs Boston
(Cemetery) (City or town)DATE OF BURIAL Feb. 17 193622 NAME OF UNDERTAKER John F. ...ADDRESS WinthropReceived and filed FEB 24 1936 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 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 delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, 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 3 per cent in the usual fee for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racialist, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racialist shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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 1921.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>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.

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

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

(City or town making return)

Registered No. 31

PLACE OF DEATH

1 PLACE OF DEATH
No. 26 Locust St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number?)

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

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

(a) Residence. No. 26 Locust 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 (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 33 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. Housekeeper
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 40

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

13 NAME OF FATHER Patrick J. McKean

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

15 MAIDEN NAME OF MOTHER Mary Mahoney

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

17 Informant Margaret Wilson (Sister) (Address) 26 Locust St. Millis

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. A. Childress
(Official Designation) Health Officer (Date of Issue of Permit) 2/17/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 16 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from April 13, 1935, to Feb. 16, 1936
I last saw him alive on Feb. 16, 1936, 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

Contributory causes of importance not related to principal cause:

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

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

If so, specify (Signed) P. Mahoney, M. D.
(Address) 4 Washington St. Date 2/17/36

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

DATE OF BURIAL February 18 1936

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS 112 Locust St. Malden

Received and filed FEB 24 1936 19

A TRUE COPY, ATTEST:

(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.

11.—The number of years the deceased followed the occupation.

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

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

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

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, 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
<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, or at the request of an undertaker, an authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death..... *ten laws Chap. 46, Sec. 9.*

No human baker or other person shall by or otherwise dispose of a human body or a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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. Notwithstanding from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to 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 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 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.*

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

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

ness from disease unrelated to any form of injury.

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

(3) **Mutual Examiners** will investigate and certify to all deaths caused or contributed to by occupational factors. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), but also deaths by the action of chemical (drugs or poisons), thermal, or electrical agents and deaths following abortion, but also deaths from disease 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 THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 35

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)

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

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

(a) Residence. No. 6 Atlantic St., St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here. 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 George Thompson

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

15 MAIDEN NAME OF MOTHER Alenna Ingersoll

16 BIRTHPLACE OF MOTHER Addison (State or country) Maine

17 Informant: George Thompson (Address) 6 Atlantic St., Winthrop Relation, if any (Father)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/18/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 16 1936
(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

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 2/17 1936

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

DATE OF BURIAL February 18, 1936 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop ST., Winthrop, Mass.

Received and filed FEB 21 1936 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 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 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 the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending 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 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 retail, as, re- 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, (tentative Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tentative Edition.)*

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

Atherosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

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

RULES OF PRACTICE

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

happens to be the second cause given.

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



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **33**

SUFFOLK
(County)

WINTHROP
(City or Town)

No. **Station Hospital, Fort Banks, St., -** Ward **{** (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. **- 19 Prospect** St., **Ayer** 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 **-** (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 **2** If less than 1 day
Hours **52** Minutes

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

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

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

11 Total time (years)
spent in this
occupation **-**

12 BIRTHPLACE (City) **Fort Banks, Winthrop,**
(State or country) **Massachusetts.**

13 NAME OF FATHER **JOHN EDWARD HALL**

14 BIRTHPLACE OF FATHER (City) **Barre,**
(State or country) **Vermont.**

15 MAIDEN NAME OF MOTHER **GERTRUDE AUGUSTA PERRY,**

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

17 Informant **John E. Hall,**
(Address) **Sgt., 13th Inf., Ft. Devens, 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) **3/19/36**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 18, 1936**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
February 18, 1936 to **February 18, 1936**

I last saw him alive on **February 18, 1936**, 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:

PREMATURE BIRTH (Five months.)

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? **No.**

If so, specify **-**
(Signed) **JAMES B. STAPLETON, 1st Lt., M. D.**
(Address) **Fort Banks, Mass.** Date **Feb/18/36.**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Fort Banks, Mass.**
(Cemetery) (City or town)

DATE OF BURIAL **Feb. 19, 1936**

22 NAME OF UNDERTAKER **-**

ADDRESS **-**

Received and filed **FEB 24 1936** 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 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 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." 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:	

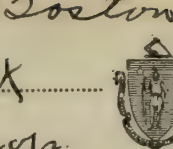
In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause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

RULES OF PRACTICE

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

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

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



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. **3324**

1 PLACE OF DEATH
Setbark
(County)
Winthrop
(City or Town)
No. **Commonwealth Hospital** St., Ward {

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

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

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

37

(a) Residence. No. **17 White St. East Boston** Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here. **stillborn**

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

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 **Michael McCarthy**

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

15 MAIDEN NAME OF MOTHER **Ruth Stewart**

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

17 Informant **Michael McCarthy - father**
(Address) **17 White 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **2/25/36**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb. 22, 1936**
(Month) **21** (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Feb 22, 1936 to **Feb 22, 1936**

I last saw him alive on **Feb 22, 1936** death is said
to have occurred on the date stated above, at **21** m.

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

**Premature July 5
months.**

Date of Onset

IMPORTANT

7/21/36

Contributory causes of importance not related to principal cause:

**Chronic kidney disease
in mother.**

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

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

If so, specify **lung pneumonia** M. D.
(Signed) **19 Pine St** Date **2/25/36**
(Address)

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

DATE OF BURIAL **Feb. 25, 1936**

22 NAME OF UNDERTAKER **Murray & Murray**
ADDRESS **259 Beach St. Boston**

Received and filed **FEB 29 1936** 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, sitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient 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 fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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

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

(3) Medical Examiners 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 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*, *saw factory*, *cotton mill*, etc.

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

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

Example

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

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

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
Winthrop
(City or Town)

No. *Winthrop Harbor off Shirley St* Ward *3*

2 FULL NAME *John Reardon*

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

(a) Residence. No. *881 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 *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 *Single* (Write the word)

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

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

6 IF STILLBORN, enter that fact here.

7 AGE *7* Years *11* 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. *At School*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *3rd grade*
10 Date deceased last worked at this occupation (month and year) *Feb 1936* 11 Total time (years) spent in this occupation. *3*

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

13 NAME OF FATHER *Edward C. Reardon*

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

15 MAIDEN NAME OF MOTHER *Emily Cunningham*

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

17 Informant *Edward C. Reardon, Father*
(Address) *881 Shirley St. Winthrop*

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

ADRIAN E. CHAMBERLAIN

(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.

Registered No. *2378*

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

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

38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *7 Feb. 23, 1936*
(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 drowning
found under ice in
Winthrop Harbor - Missing
for 24 hours.*

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) *Samuel J. Sheehy*, M. D.
(Address) *23 Med. Exam. Bldg.* Date *2/24/36*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Joseph's Boston*
(City or town)

DATE OF BURIAL *Feb 24, 1936* 19

22 NAME OF UNDERTAKER *R. C. Euby*
ADDRESS *East Boston*

Received and filed *FEB 29 1936* 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

IN BLUE INK, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 30

Suffolk
(County)Winthrop
(City or Town)

No. 19 Sargent St., St., Ward {

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

2 FULL NAME Sidney Ernest Griffin

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

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

(a) Residence. No. 19 Sargent St., St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of Nellie Floyd 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 67 Years 11 Months 5 Days If less than 1 day
Hours Minutes

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. Contractor

10 Date deceased last worked at this occupation (month and year) March 25, 1935. 11 Total time (years) spent in this occupation 50

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

13 NAME OF FATHER Sidney H. Griffin

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

15 MAIDEN NAME OF MOTHER Mary P. Ryder

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

17 Informant Mrs. Nellie Floyd Griffin (Wife)
(Address) 19 Sargent St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer 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 February 23, 1936.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/25, 1935, to 2/23, 1936

I last saw him alive on 2/23, 1936, 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:

Edema of Lungs 2/23/36

Contributory causes of importance not related to principal cause:

Unemia, Pectoris
Chronic, & pleuritis

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) _____ M. D.
(Address) _____ Date 2/24, 1936

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

DATE OF BURIAL February 25, 1936. 19

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed. 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

Example

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

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

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

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

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

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.

information would be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 10

1 PLACE OF DEATH
(County) Wimthorpe
(City or Town)
No. 87 Loring Road St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan Arabella Pray
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 87 Loring Road St. Ward
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>widowed</u>	(write the word)
5a If married, widowed, or divorced HUSBAND of <u>John Pray</u> (Give maiden name of wife in full) (or) WIFE of <u>John Pray</u> (Husband's name in full)		18 DATE OF DEATH <u>Feb</u> <u>24</u> <u>1936</u> (Month) (Day) (Year)	
6 IF STILLBORN, enter that fact here.		19 I HEREBY CERTIFY, That I attended deceased from <u>Dec 10</u> , 19 <u>35</u> , to <u>Feb 24</u> , 19 <u>36</u> I last saw him alive on <u>Feb 21</u> , 19 <u>36</u> , death is said to have occurred on the date stated above, at <u>4:30 A.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Chronic myocarditis</u> <u>1934</u> <u>Chronic interstitial nephritis</u> <u>1934</u>	
7 AGE <u>86</u> Years <u>9</u> Months <u>5</u> 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. <u>Housekeeper</u>		Date of Onset <u>1934</u>	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>		<u>1934</u>	
10 Date deceased last worked at this occupation (month and year) <u>December 1925</u>		20 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u>	
11 Total time (years) spent in this occupation <u>58y.</u>		(Signed) <u>Permon O. Barker</u> , M. D. (Address) <u>Wimthorpe, Mass</u> Date <u>Feb 24, 1936</u>	
12 BIRTHPLACE (City) <u>Asford, Conn.</u> (State or country)		21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>West Hillfield, Hillfield, Conn.</u> (City or town)	
13 NAME OF FATHER <u>Sanford Snow</u>		DATE OF BURIAL <u>February 25</u> <u>1936</u>	
14 BIRTHPLACE OF FATHER (City) <u>Unknown - Conn.</u> (State or country)		22 NAME OF UNDERTAKER <u>J. S. Waterman & Sons Inc</u> ADDRESS <u>232 Washington St, Boston</u>	
15 MAIDEN NAME OF MOTHER <u>Menerva Barrow</u>		Received and filed <u>Feb 25</u> <u>1936</u>	
16 BIRTHPLACE OF MOTHER (City) <u>Unknown, Conn.</u> (State or country)		(Registrar)	
17 Informant (Address) <u>Mrs Clara Hill</u> <u>87 Loring Road, Wimthorpe</u> Relation of any <u>(Daughter)</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>2/24/36</u> (Date of Issue of Permit)			

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, 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>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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., (Centenary Edition.)*

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

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

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** 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 B. WHILE PLAIN, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-e



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

11

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 87 Pleasant St., Ward {

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

2 FULL NAME Elizabeth S. (Harris) Gillespie
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 87 Pleasant St., Ward,

Length of residence in city or town where death occurred 29 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Elizabeth S. Gillespie
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 29 Years 3 Months 8 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, House work
sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, Own home
saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) May 1935 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Birmingham
(State or country) England

13 NAME OF FATHER Robert G. Harris

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

15 MAIDEN NAME OF MOTHER Elizabeth S. Dutton

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

17 Informant Edward H. Gillespie (husband)
(Address) 87 Pleasant St Winthrop Mass

Relation, if any

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

Wm. L. Cradock Health Officer
(Signature of Agent of Board of Health or other)
Health Officer 2/27/36
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 24 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to February 24, 1936
I last saw h. or alive on February 24, 1936, death is said to have occurred on the date stated above, at 6:30 p.m.

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

Carcinoma of Transverse Colon 1935

Contributory causes of importance not related to principal cause:

General Carcinomatosis
Strangulated inguinal hernia 5/14/35

Name of operation Hemostomy & exploratory Date of 5/14/35
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 Abraham M. D.
(Signed) (Address) 362 Stanley St
(Date) 2/25/36

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

DATE OF BURIAL Feb. 27 1936

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 last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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. (Tercentenary Edition).*

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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 this 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*, *woodman*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

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

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>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-12-34, No. 2938-e

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 300 Winthrop St		St.		Ward		Registered No. 42					
2 FULL NAME Lucy A Brown O'Connor (If deceased is a married, widowed or divorced woman, give also maiden name.)												(If U. S. War Veteran, specify WAR)					
(a) Residence. No. 300 Winthrop St												St.		Ward			
Length of residence in city or town where death occurred												yrs.		mos.		days.	
How long in U. S., if of foreign birth?												yrs.		mos.		days.	
PERSONAL AND STATISTICAL PARTICULARS																	
3 SEX 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) Michael O'Connor (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																	
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) 1-35																	
11 Total time (years) spent in this occupation 40																	
12 BIRTHPLACE (City) (State or country) New Brunswick																	
13 NAME OF FATHER Joseph Brown																	
14 BIRTHPLACE OF FATHER (City) (State or country) New York N.Y.																	
15 MAIDEN NAME OF MOTHER Elizabeth Parks																	
16 BIRTHPLACE OF MOTHER (City) (State or country) New Brunswick																	
17 Informant Mrs. Johnson (Address) Winthrop welfare win. Relation, if any																	
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 (Official Designation) 2/27/36 (Date of Issue of Permit)																	
MEDICAL CERTIFICATE OF DEATH																	
18 DATE OF DEATH Feb. 26, 1936 (Month) (Day) (Year)																	
19 I HEREBY CERTIFY That I attended deceased from Jan. 3, 1936, Feb. 25, 1936 I last saw him alive on Feb. 25, 1936, 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: Cancer of liver Date of Onset June 2, 1935 Contributory causes of importance not related to principal cause: Name of operation None What test confirmed diagnosis? Clinical Is there an autopsy? No 20 Was disease or injury in any way related to occupation of deceased? No If so, specify Septicemia (Signed) J. F. O'Malley, M. D. (Address) 111 Winthrop St. Date 2-27-36 21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Boston (Cemetery) (City or town) DATE OF BURIAL Feb. 28, 1936 22 NAME OF UNDERTAKER John F. O'Malley ADDRESS Winthrop Received and filed 19 A TRUE COPY, ATTEST: FEB 27 1936 (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.*

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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, asphyxia, asphyxia, etc. As principal causes name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause, and any important 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, 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 happens to be the second cause given.

IN B-WHITE PLACES, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e



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. 63 Prospect Ave., Winthrop St., Ward {

Registered No. 43

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

2 FULL NAME William E. D. Downes

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

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

(a) Residence. No. 63 Prospect Ave., Winthrop St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of Lena M. Wills
(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 1 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. 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) June 20 11 Total time (years) spent in this occupation 35

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

13 NAME OF FATHER Ephriam Downes

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

15 MAIDEN NAME OF MOTHER Sara Bredean

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

17 Informant Alice E. Downes (Sister)
(Address) 63 Prospect Ave., Winthrop

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

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

Agent
(Official Designation)

Feb. 29/36
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 27 1936.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
new, 19, to new, 19

I last saw him alive on new, 19, 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:

Natural Causes, probably
Angina Pectoris

Date of Onset

Feb 27 1936

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? histologic 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. Gordon, M. D.
(Address) Winthrop Board of Health Date Feb 29 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Boston
(Cemetery) (City or town)

DATE OF BURIAL March 1 1936

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St., Winthrop Mass

Received and filed MAR 19

A TRUE COPY, ATTEST:

(Registrar)

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*—*help*, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

Example

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall 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, (where the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*)

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

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

RULES OF PRACTICE

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

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

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



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

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 44

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 146 Somerset Ave., Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 146 Somerset 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 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 (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 11 Months 14 Days If less than 1 day
Hours Minutes

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. Leather trade
10 Date deceased last worked at this occupation (month and year) Jan. 1935 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER not known

14 BIRTHPLACE OF FATHER (City) not known
(State or country)

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) not known
(State or country)

17 Informant Mrs. J. P. Withevell (Relation, if any) sister-in-law
(Address) 255 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:

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

Agent Feb. 29/36
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 27 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Aug. 24, 1935 to Feb. 27, 1936
I last saw him alive on Feb. 27, 1936 death is said to have occurred on the date stated above, at 6:30 P.M.

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

Failure of liver Date of Onset 1935
jaundice

Contributory causes of importance not related to principal cause:

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

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

If so, specify Byrdie W. Fishman M.D.
(Signed) Winthrop Mass. Feb. 27, 1936
(Address) (Date)

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

DATE OF BURIAL February 29 1936

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St., 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, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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., (Tercentenary Edition).*)

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

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

RULES OF PRACTICE

The fulfillment of the 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 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>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

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

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.

25m-2-30. No. 7997-b.

1	PLACE OF DEATH 5 Suffolk (County) Wintthrop (City or Town) No. 17 Pauline St. 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. 46
2 FULL NAME Florence Springfield Bell (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 17 Pauline St. Wintthrop (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) widow	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Albert Bell (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 70 Years 0 Months 0 Days If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, dress maker, 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) 1934 11 Total time (years) spent in this occupation. 25yr		
12 BIRTHPLACE (City) Liverpool (State or country) England			
13 NAME OF FATHER Frederick Springfield Bell 14 BIRTHPLACE OF FATHER (City) Liverpool (State or country) England			
15 MAIDEN NAME OF MOTHER Unknown			
16 BIRTHPLACE OF MOTHER Liverpool (State or country) England			
17 Informant J. Edgar Bell Son (Address) Marlborough, 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 March 1 - 1936 (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) acute cardiac failure general arterio sclerosis Found dead in her own bed (See reverse side for description for unknown person)		
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 _____, M. D. (Signed) J. Buckley (Address) Boston Mar 7 - 1936		
22 PLACE OF BURIAL, CREMATION OR REMOVAL Waterside Mall Island (Cemetery) (City or town) DATE OF BURIAL March 8 - 1936		
23 NAME OF UNDERTAKER George E. Nichols ADDRESS Marlborough, Mass.		
Received and filed _____ 19____ MAR 16 1936 (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 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.

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

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

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e



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

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
No. 6 Lincoln St., Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Frederick Kiander (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 46

(a) Residence. No. 6 Lincoln 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 Widowed (write the word)

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 91 Years 11 Months 2 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Works 10 Date deceased last worked at this occupation (month and year) 1925 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Sweden (State or country)

13 NAME OF FATHER not known

14 BIRTHPLACE OF FATHER (City) not known (State or country)

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) not known (State or country)

17 Informant Miss Josephine Kiander (Daughter) (Address) 6 Lincoln St., Winthrop Mass.

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

(Signature of Agent of Board of Health or other) H. O. (Official Designation) (Date of Issue of Permit) Mar. 6/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 3 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 26 1936, to March 3 1936

I last saw him alive on March 3 1936, 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:

Principal Cause of Death: Bronchial Pneumonia Date of Onset Feb. 25 1936

Contributory causes of importance not related to principal cause:

Chronic Myocarditis Feb. 1931

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? No

If so, specify (Signed) James J. Baker (Address) 147 Wintthrop St., Winthrop, Mass. Date Mar. 5 1936

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

DATE OF BURIAL March 6, 1936

22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Wintthrop St., Winthrop, M

Received and filed 19

A TRUE COPY, ATTEST:

1936 (Registrar)

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

GOVERNING THE

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

Gen. Laws Chap. 46, Sec. 9.

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

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall not previously interred. From one town to another within the Commonwealth a death 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, as required by section ten of chapter forty-six, that 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 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.*

(*Century Edition*.)

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the community, if he has received a permit so to do from the coroner, until the agent or clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the same, be present and in which the interment is made.... *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths **impossibly due to injury**. These include (but are not limited to) deaths directly or indirectly by trauma (including but not limited to mechanical, electrical, or chemical), or by asphyxiation, strangulation, or suffocation, and by the actions of the following abortion pills, but also deaths from diseases resulting from injury or infection related to occupation, those sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

100m-12-34, No. 2938-e



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 47

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 106 Bellevue Avenue St., Ward {

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

2 FULL NAME Joseph Albert Elwell

(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 Avenue 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. 3 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of Jennie Martha 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 1 Months 25 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building supplies Store
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Dec. 1935 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Connecticut

13 NAME OF FATHER Albert J. Elwell

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

15 MAIDEN NAME OF MOTHER Ruth Crowell

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

17 Informant Albert F. Elwell (son) (Address) 51 Gloucester 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/7/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 3 5 36 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to May 5, 1936. I last saw him alive on 5-3, 1936, 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:

Date of Onset

Contribution causes of importance not related to principal cause: Extension of Stomach 2 days

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. Elwell M. D.

(Address) 51 Gloucester St Boston Mass Date 3-7-36

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

DATE OF BURIAL March 7, 1936 19

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed 3-16-36 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 name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough 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 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., (Tentative Edition).*

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

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

Distinguish carefully the different 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
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.

RULES OF PRACTICE

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

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

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

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

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

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 48

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 52 Locust St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

(a) Residence. No. 52 Locust 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? 56 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 83 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) 1931 11 Total time (years) spent in this occupation 50 yrs

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER John J Ward

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

15 MAIDEN NAME OF MOTHER Margaret Madden

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

17 Informant Ella M Ward (Address) 52 Locust St, Winthrop Relation, if any (sister)

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) May 4/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 6 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1935, to Mar 6, 1936

I last saw her alive on March 6, 1936, death is said to have occurred on the date stated above, at 3:15 P.M.

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

Chronic Hypertension Sept 6 1935
Chronic Intestinal Myofascitis Sept 6 1935

Contributory causes of importance not related to principal cause:

Name of operation None Date of 6
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) J. M. J. B. Parker M. D.
(Address) Winthrop Mass Date Mar 6 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph's Boston (Cemetery) (City or town)

DATE OF BURIAL Mar 9 1936

22 NAME OF UNDERTAKER W. J. Cassidy

ADDRESS 160 Harrison Ave, Boston

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 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 interment, if there is no attending physician, or if, for as hereinafter provided, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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 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, certificate, shall forthwith be commensurate to and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

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

RULES OF PRACTICE

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

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

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

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when no 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>	1913
<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.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-7

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



BOSTON

(City or town making return)

PLACE OF DEATH

SUFFOLK
County
BOSTON

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 2365

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

2 FULL NAME

Abraham

Nunes-Vaz

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

(a) Residence. No.

40 Trident 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)

M

W

MARRIED
WIDOWED
or DIVORCED

married

5a If married, widowed, or divorced

HUSBAND of

Jennie Moscow

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

69

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

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

salesman

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

Ralph Nunes-Vaz

14 BIRTHPLACE OF FATHER (City)

(State or country)

Holland

15 MAIDEN NAME OF MOTHER

Reina Roblas

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Holland

17

Informant (Address)

Wife- Jennie Nunes-vaz

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

March 11

1936

DATE FILED

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

8

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb 27

1936

to March 8

1936

I last saw him alive on March 8, 1936, death is said

to have occurred on the date stated above, at 5.20 P.m.

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

?coronary occlusion

hrs

prostatic hypertrophy

yrs

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)

W W Knowlton

M. D.

(Address)

Boston

Date 3/8/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Roxbury Mutual

Montvale

(Cemetery)

(City or town)

DATE OF BURIAL

March 10

1936

22 NAME OF UNDERTAKER

B F Solomon

ADDRESS

Brookline

Received and filed

19

(Registrar of City or Town where deceased resided)



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-134. No. 2938-

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



(City or town making return)

50

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 35 Lincoln St.

St. Ward {

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

2 FULL NAME Mary E. (Jennings) Toohie

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

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

(a) Residence. No. 35 Lincoln St.

St. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

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 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.

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

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass

13 NAME OF FATHER

James Jennings

14 BIRTHPLACE OF FATHER (City)

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Mary Sullivan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Patrick Toohie

35 Lincoln St

Relation, if any

(Husband)

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

March

10

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 5

1934

to

August 22, 1935

I last saw him alive on March 1, 1936, death is said

to have occurred on the date stated above, at 5:40 p.m.

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

Date of Onset

Angina Pectoris
MyocarditisMay 5:35
May 5:35

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. Truanga

M. D.

(Address) 200 Washington St. Date Mar 12, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL Mar 13, 1936

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop

Received and filed MAR 16 1936

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 standardized certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

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

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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., (Tercentenary Edition)***
- Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
- ...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition)*

RULES OF PRACTICE

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

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

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

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

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, 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	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-1. When the cause of death is not clearly stated, the physician should state the cause of death in plain terms, so 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-12-34, No. 2938-e

Suffolk

(County)

Winthrop

(City or Town)

No. 114 Circuit Rd., Winthrop

St.,

Ward

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

Registered No. 51

2 FULL NAME Ella Poole Perry

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

(a) Residence. No. 114 Circuit Rd., Winthrop

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 23 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

George H. Perry

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 72

Years 5

Months 10

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

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)

South Boston

(State or country)

Mass.

13 NAME OF FATHER

Thomas H. Poole

14 BIRTHPLACE OF FATHER (City)

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Annie E. Small

16 BIRTHPLACE OF MOTHER (City)

New Bedford

(State or country)

Mass.

17

George H. Perry

Relation, if any

(In formant)

114 Circuit Rd., Winthrop

(Husband)

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

William D. Cleaves

(Signature of Agent of Board of Health or other)

(Official Designation)

Mar. 15/36
(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Ward

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

Registered No. 51

2 FULL NAME Ella Poole Perry

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

(a) Residence. No. 114 Circuit Rd., Winthrop

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 23 yrs.

mos.

days.

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

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

12 1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 14

1933, to

March 12, 1936

I last saw him alive on March 12, 1936, death is said

to have occurred on the date stated above, at 4.9 a.m.

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

Date of Onset

Carcinoma of Stomach

1933

Contributory causes of importance not related to principal cause:

General carcinoma of

1935

Name of operation none Date of What test confirmed diagnosis? Chemical x 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)

50. Shirley St., Winthrop

M. D.

Date 3/10/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

March 15, 1936

19

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS 147 Winthrop St., Winthrop

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 the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as 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, made such certificate, 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., (Tercentenary Edition.)*

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

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

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 in 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, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the 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, apoplexy, asphena, 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
<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.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-r

SUFFOLK
(County)
BOSTON



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

BOSTON

(City or town making return)

Registered No. **2487**

1 PLACE OF DEATH

(City or Town)

No. **Home for Aged Hebrews**

St.,

Ward

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

2 FULL NAME

Esther B

Score

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

(a) Residence. No.

82 Cross

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)

F

W

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

David B Score

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

63

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.

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)

Russia

13 NAME OF FATHER

Mashir F Score

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

unknown

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Son- Wm Score

above

A TRUE COPY.

ATTEST:

Hilda Hedstrom Quirk
(Registrar of city or town where death occurred)

DATE FILED

March 16 1936

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

12

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 5

19 36

March 12

19 36

I last saw her alive on **March 12**, 19 **36**, death is said

to have occurred on the date stated above, at **11.30A.**

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

arteriosclerosis

?

cerebral hemorrhage

3/5/36

Contributory causes of importance not related to principal cause:

broncho pneumonia

3/10/36

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

B A Udelson

(Signed)

M. D.

(Address)

Boston

Date **3/13/ 19 36**

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

March 13

1936

22 NAME OF UNDERTAKER

H Rosenthal

ADDRESS

Roxbury

Received and filed

19

(Registrar of City or Town where deceased resided)

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

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

(City or town making return)

53

Registered No.

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 Ann (Toohig) Morton

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

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

(a) Residence. No. 35 Lincoln St.

St. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

8 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 Morton (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

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. t Home

10 Date deceased last worked at this occupation (month and year) March 1936 11 Total time (years) spent in this occupation 30

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

13 NAME OF FATHER John Toohig

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

15 MAIDEN NAME OF MOTHER Bridget Murphy

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

17 Informant Patrick Toohig (Address) 35 Lincoln St. Winthrop Relation, if any (Brother)

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) 3/17/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 15 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 15, 1936.

I last saw h. or alive on March 15, 1936, 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:

Chronic Endocarditis years.
Chronic Myocarditis years.

Contributory causes of importance not related to principal cause:

Septic Myocarditis years.

Name of operation Date of Was there an autopsy? No

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

If so, specify

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

(Address) 200 Washington St. Date 4-17-1936

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

DATE OF BURIAL March 15 1936

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *home*. 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 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>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 46, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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, which it has been engaged, 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., (Tercentenary Edition).*

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

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 cemetery to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

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

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

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

100m-12-34. No. 2938-e

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



(City or town making return)

51

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

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

(a) Residence. No. 36 Atlantic St., Ward, (If U. S. War Veteran, specify WAR)
(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? 20 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 Annie Maude Conohan
(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 5 Days If less than 1 day Hours _____ Minutes _____

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipper plumbing supplies
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10 Date deceased last worked at this occupation (month and year) March 1935 11 Total time (years) spent in this occupation 35

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

13 NAME OF FATHER Robert Stanwood

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

15 MAIDEN NAME OF MOTHER Sarah Doane

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

17 Informant Maude Stanwood (Relation, if any) wife
(Address) 36 Atlantic 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. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

3/19/36
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 17 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to March 17, 1936

I last saw him alive on March 16, 1936 death is said to have occurred on the date stated above, at 5.50 a.m.

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

Coronary Thrombosis Date of Onset 3/10/36
Type 4

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol. Was there an autopsy? no

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

If so, specify _____
(Signed) Dr. W. B. Layton M. D.
(Address) 210 Commercial St. Boston Date 3/18 1936

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

DATE OF BURIAL March 19 1936

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed _____ 19 _____

A TRUE COPY, ATTEST:

(Registrar)

MAR 27 1936

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

100-12-32, No. 7070-h

1 PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, St.,

Ward

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

2 FULL NAME JOSEPH W. LIAPONIY

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

(a) Residence. No. Box # 25 RFD

St.,

Ward, Portsmouth, N. H.

(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. 7

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

20

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Soldier

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

U. S. Army

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

11 Total time (years)

spent in this occupation

10/12

12 BIRTHPLACE (City)

Unknown

(State or country)

Michigan

13 NAME OF FATHER

Unknown

14 BIRTHPLACE OF FATHER (City)

Unknown

(State or country)

Unknown

15 MAIDEN NAME OF MOTHER

Unknown

16 BIRTHPLACE OF MOTHER (City)

Unknown

(State or country)

Unknown

17

Informant

(Address)

Registrar, Sta. Hospital,

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)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

(If U. S.

War Veteran,

specify WAR)

Ward, Portsmouth, N. H.

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

March

17

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 10, 1936, to March 17, 1936

I last saw him alive on March 17, 1936, death is said

to have occurred on the date stated above, at 1:45 a. m.

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

Tuberculosis, pulmonary, active,

right upper lobe

Pleurisy, fibrous,

Tuberculosis, pulmonary acute military

Meningitis, tuberculous, acute

Contributory causes of importance not related to principal cause:

Date of Onset

Unknown

Unknown

3/1/36

3/10/36

Name of operation. None performed

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) Robert E. Thomas, Major, M. D.

(Address) Fort Banks, Mass.

Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Portsmouth

(Cemetery)

(City or town)

DATE OF BURIAL

March 20

1936

22 NAME OF UNDERTAKER

Charles P. Benson

ADDRESS 120 Winthrop St.

Received and filed 19

A TRUE COPY, ATTEST:

MAR 21 1936

(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 of other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, 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, 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, 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. 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 can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation 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*—*pinies 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 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.

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

900m-12-32. No. 7070-h



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return.)

Registered No.

PLACE OF DEATH

SUFFOLK
(County)

WINTHROP
(City or Town)

No. Station Hospital, Fort Banks, St. Ward {

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

2 FULL NAME JOSEPH E. LLAPONTY

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

(a) Residence. No. Box 4 25 RD
(Usual place of abode)

St. Ward, Portsmouth, N. H.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 2 mos. 7 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 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. Soldier

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

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 10/12

12 BIRTHPLACE (City) Unknown (State or country) Michigan

13 NAME OF FATHER Unknown

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

15 MAIDEN NAME OF MOTHER Unknown

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

17 Informant Registrar, Sta Hospital. (Address) Port 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)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 17 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1936, to March 17, 1936

I last saw him alive on March 17, 1936, death is said to have occurred on the date stated above, at 1:45 a.m.

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

Tuberculosis, pulmonary, active, right upper lobe Unknown
Pleurisy, fibrous, Unknown
Tuberculosis, pulmonary acute military 3/1/36
Bronchitis, tuberculous, acute 3/10/36

Contributory causes of importance not related to principal cause:

Date of Onset

Name of operation None performed 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) J. B. LLAPONTY, Major, M. D.
(Address) Port Banks, Mass. Date 19

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

DATE OF BURIAL 19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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

of death.—*Gen. Laws, Chap. 38, Sec. 1.*

Sec. 46. G. L. as amended

RULES OF PRACTICE

those from persons to whom they are unrelated to any form of injury.

those from persons to whom they are unrelated to any form of injury.

(2) **Board of Health physicians** will certify to each case of disease un-

death is needed.

and those of persons found dead.

ever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

0 — The industry or business in which the work was done.

10.—The month and year the deceased last worked in the occupation.....

11.—The number of years...

As a kind of work done and return that, as *spinner*, *weaver*, etc.

mill, etc.

salesman and not a clerk.

related to principal cause, name other important diseases:

Statement of cause of death.—Cause of death means the disease, or complication which causes death, <i>not</i> the mode of dying, <i>e. g.</i>, 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.	
The principal cause of death and related causes of importance in order of onset were as follows: <i>Atherosclerosis</i> <i>Chronic interstitial nephritis</i> <i>Cerebral hemorrhage</i>	Date of onset 1915 1921 July 5, 1927
Contributory causes of importance not related to principal cause:	

appears 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

1 PLACE OF DEATH

No.

2 FULL NAME

(a) Residence. No.
(Usual place of abode)

Length of residence in city or town where death occurred

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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 58

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

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

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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 or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

Mar. 19 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

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

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

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

Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation

Date of

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 3/19 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

22 NAME OF UNDERTAKER

ADDRESS

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 *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service, or 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 *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 *sewing-machine*, *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 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 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 which the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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 illness from disease unrelated to any form of injury.

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

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

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

100m-12-34. No. 2938-e

PLACE OF DEATH 1 		Suffolk (County)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
		Winthrop (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 57	
		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 Andrew Hayward Sobey (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 18 Circuit Road St. Ward. (Usual place of abode)				(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred 40 yrs. mos. days.		How long in U. S., if of foreign birth? 40 yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX Male		4 COLOR OR RACE White		5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)			
5a If married, widowed, or divorced HUSBAND of Alice M. (Clark) Sobey (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 Minutes					
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor Grocery Store					
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10 Date deceased last worked at this occupation (month and year) March 1936		11 Total time (years) spent in this occupation. 30			
12 BIRTHPLACE (City) (State or country) Charlottetown Prince Edward Island							
PARENTS		13 NAME OF FATHER William Sobey					
		14 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island					
		15 MAIDEN NAME OF MOTHER Elizabeth Fergusson					
		16 BIRTHPLACE OF MOTHER (City) (State or country) Prince Edward Island					
17 Informant (Address) Louis H. Sobey (son) 18 Circuit Road Winthrop Mass		Relation, if any (son)					
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) 3/23/36 (Official Designation) (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH March 20 1936 (Month) (Day) (Year)							
19 I HEREBY CERTIFY. That I attended deceased from March 19 1936 to March 20 1936 . I last saw him alive on March 20 1936 , 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: Acute Coronary Thrombosis 3/19/36 Contributory causes of importance not related to principal cause: Hypertension ulcer 1936 Date of Onset							
Name of operation none Date of _____ What test confirmed diagnosis Chemical test 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. Briggs M. D. (Address) 562 Parker St. Winthrop Date 3/24/36							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL March 23 1936							
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop 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 *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *maid*, *janitor*, *cook*, *waiter*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the 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*, *painter*, *machinist*, etc. Distinguish carefully between *vital merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, 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
<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 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 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 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 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., (Tercentenary Edition.)*

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

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

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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-9-31. No. 3385-g

PLACE OF DEATH		Suffolk (County)		 OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Chelsea (City or town making return)			
		Chelsea (City or Town)		STANDARD CERTIFICATE OF DEATH				Registered No. 160 58	
		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 Walter Edward DeLorey (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. 38 Madison Ave.		St.,		Ward, Winthrop, Mass.		(If nonresident, give city or town and state)	
		Length of residence in city or town where death occurred 2 yrs. 17 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 Elizabeth Kelly 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		40 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. Retired							
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real estate							
		10 Date deceased last worked at this occupation (month and year) 1/1/1935				11 Total time (years) spent in this occupation 15			
PARENTS		12 BIRTHPLACE (City) Cambridge (State or country) Mass.							
		13 NAME OF FATHER Peter DeLorey							
		14 BIRTHPLACE OF FATHER (City) -- (State or country) Nova Scotia							
		15 MAIDEN NAME OF MOTHER Theresa DeCosta							
PARENTS		16 BIRTHPLACE OF MOTHER (City) -- (State or country) Nova Scotia							
		17 Joseph DeLorey brother Informant (Address) 38 Madison av. Winthrop, Mass.							
A TRUE COPY. <i>Richard G. Hoke</i>									
ATTEST: (Registrar of city or town where death occurred)									
DATE FILED March 21, 1936 19									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH March 20, 1936 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from January 3 , 19 36 to March 20 , 19 36 I last saw him alive on March 20 , 19 36 death is said to have occurred on the date stated above 11.55 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Syphilis, cerebro-spinal Date of onset 1/29/1936									
Contributory causes of importance not related to principal cause: Asthma, bronchial 1920 Bronchitis, chronic 1920 Paralysis, rt. diaphragm and rt. larynx 1930									
Name of operation ---- Date of ---- What test confirmed diagnosis? clinical Was there an autopsy? no									
20 Was disease or injury in any way related to occupation of deceased? -- If so, specify J.D. Yarbrough, Lt. (Jg) (MC) USN (Signed) (Address) -- Date ---- 19 49									
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's W. Roxbury March 28, 1936 (City or town)									
DATE OF BURIAL 19									
22 NAME OF UNDERTAKER C.R. Bennison ADDRESS Winthrop, Mass.									
Received and filed APR 4 19 36									
(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-9-'31. No. 3385-r

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

Sarah F

Holland

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

(a) Residence. No. 100 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.

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)

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Thomas (Harry) Holland

(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

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

12 BIRTHPLACE (City)

East Boston Mass

(State or country)

13 NAME OF FATHER

Daniel E Flaherty

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

15 MAIDEN NAME OF MOTHER

Sarah Warner

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

17

Informant (Address)

Mary Holland (dau)

above

A TRUE COPY.

ATTEST:

Kilda Hedstrom Quirk

(Registrar of city or town where death occurred)

DATE FILED

March 24 1936

19 35

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



BOSTON

(City or town making return)

Registered No. 2796

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

59

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

20

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 20

19

36

to

March 20

19

36

I last saw her alive on March 20, 1936, death is said

to have occurred on the date stated above, at 11.04 A

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

Date of onset

cardiac hypertrophy
hypertensive type

1 yr

Contributory causes of importance not related to principal cause:

cerebral hemorrhage

2 mos

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

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

If so, specify

(Signed)

L V Ragsdale

(Address)

Boston

Date 3/22/1936 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Mass

(Cemetery)

(City or town)

DATE OF BURIAL

March 23 1936

19 36

22 NAME OF UNDERTAKER

J F O'Maley

ADDRESS

Winthrop

Received and filed

19 35

(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. **60**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. **870** **Shirley** St., Ward {

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

2 FULL NAME **Murtha Sault M^c Cormiskey**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. **870** **Shirley** St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred **18** yrs. mos. days.

How long in U. S., if of foreign birth? **40** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH **March** **21** **1936**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of

19 I HEREBY CERTIFY That I attended deceased from
Dec 13, 19**35** to **March 21**, 19**36**

(or) WIFE of **James M^c Cormiskey**
(Give maiden name of wife in full)
(Husband's name in full)

I last saw her alive on **March 21**, 19**36**, death is said
to have occurred on the date stated above, at **11** P. M.

6 IF STILLBORN, enter that fact here.

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

7 AGE **80** Years. Months. Days If less than 1 day
Hours. Minutes

Chronic of Liver Date of Onset
Aug 1935
IMPORTANT

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) **February 1936** 11 Total time (years)
spent in this
occupation **60**

Contributory causes of importance not related to principal cause:

Chronic Myocarditis **March 1926**

12 BIRTHPLACE (City)
(State or country) **London**
England

13 NAME OF FATHER **Cannot be learned**

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 **James M^c Cormiskey** (Husband)
(Address) **870 Shirley St Winthrop**

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

Wm. A. Cuddress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **3/23/36** (Date of Issue of Permit)

Name of operation **none** Date of
What test confirmed diagnosis? **X-Ray** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Raymond B Parker** M. D.
(Address) **Winthrop Mass** Date **Mar 22 1936**

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

DATE OF BURIAL **March 24** **1936**

22 NAME OF UNDERTAKER **Lewis Frost & Son Inc.**
ADDRESS **50th Grange St Boston**

Received and filed. **19**

MAK (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, 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	1913
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 3, 1927
Contributory causes of importance not related to principal cause:	

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

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

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

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

RULES OF PRACTICE

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

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

100m-12-34, No. 2938-e

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

61

Registered No.

1 PLACE OF DEATH
(County) Winthrop
(City or Town) Winthrop
No. 116 Grover St. Grover Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen M. Dutton Ellen Philbrick (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 116 Grover St. Grover 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 F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED widow
OR DIVORCED

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

(or) WIFE of William B Dutton
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years 9 Months 24 Days If less than 1 day
Hours Minutes

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

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

13 NAME OF FATHER Richard Dunn

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

15 MAIDEN NAME OF MOTHER Mary Howell

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

17 Ellen Philbrick Relation, if any
Informant (Address) York Village Maine

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) 3/24/36
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 3 23 36
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Mar 23, 1936.
I last saw her alive on Mar 23, 1936, 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: Death Dilatation of Heart

Death Dilatation of Heart

Contributory causes of importance not related to principal cause:

Chronic Cholecystitis

Name of operation Cholecystectomy Date of Mar 23
What test confirmed diagnosis? Cholecystogram Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Housewife

(Signed) Wm. D. Childress M. D.
(Address) York Village Maine Date 3/24/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL York Village York Me
(Cemetery) (City or town)

DATE OF BURIAL March 26 1936

22 NAME OF UNDERTAKER Roger K. Luss

ADDRESS York Village Maine

Received and filed MAR 27 1936 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 early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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., (Tercentenary Edition.)*

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including burning, scalding, and by the action of chemical (drugs or poisons), thermal, or electrical agents), and deaths following abortion, but also deaths from disease 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 merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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

Example

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

	Date of onset
<i>Arteriosclerosis</i>	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.

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

4/9/36

(City or town making return)

62

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)

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

2 FULL NAME

Babe Riley

(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)

6 Baywater

St.,

Ward,

East 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

W

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

Stillborn

7

AGE

8 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)

Wentrop
Mass

13 NAME OF FATHER

Leonard Riley

14 BIRTHPLACE OF FATHER (City)

(State or country)

East Boston
Mass

15 MAIDEN NAME OF MOTHER

Katherine Shea

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Charlestown
Mass

17

Informant

(Address)

Mrs. Leonard Riley
156 Baywater 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. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

24

1936

(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
Encephalic
monsters

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) S. S. Schaff, M. D.

(Address) 19 Benning St. Date Mar 29, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

St. John's
Chelsea

DATE OF BURIAL

March 26

19.....

22 NAME OF UNDERTAKER

Charles F. Lawrence

ADDRESS

440 Bay St. Chelsea

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*, *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, 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.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, and enter 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 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 for the purpose, and 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 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. 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. <u>Winthrop Community Hospital</u> 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. <u>63</u>	
2 FULL NAME <u>Henry W. Soper</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. <u>26 Plummer Ave</u> <u>Winthrop</u> St., <u>Winthrop</u> Ward, (Usual place of abode)		(If U. S. War Veteran, specify WAR)	
Length of residence in city or town where death occurred <u>13</u> 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 <u>Male</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of <u>Sarah Reid Soper</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>62</u> Years <u>8</u> Months <u>14</u> Days		If less than 1 day Hours _____ Minutes _____			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ship Yard</u>			
10 Date deceased last worked at this occupation (month and year) <u>March 23</u>		11 Total time (years) spent in this occupation. <u>13</u>			
12 BIRTHPLACE (City) (State or country) <u>Trinity Bay</u> <u>Newfoundland</u>					
13 NAME OF FATHER <u>Edward Soper</u>					
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Newfoundland</u>					
15 MAIDEN NAME OF MOTHER <u>not known</u>					
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Newfoundland</u>					
17 Informant (Address) <u>Mrs. Sarah Reid Soper (wife)</u> <u>26 Plummer Ave., Winthrop</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other Health Officer) <u>3/28/36</u> (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>March - 25 - 1936</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>acute Cardiac Failure</u> <u>Probably coronary Sclerosis</u> <u>collapsed & died quickly</u>					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) <u>Wm. J. Buckley</u> M. D. (Address) <u>Boston</u> <u>Mar 25</u> 19 <u>36</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop</u> <u>Winthrop</u> (Cemetery) (City or town) DATE OF BURIAL <u>March 28</u> , 19 <u>36</u>					
22 NAME OF UNDERTAKER <u>Richard H. White</u> ADDRESS <u>147 Winthrop St., Winthrop</u>					
Received and filed <u>1936</u> <u>MAR 31 1936</u> (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-9-31. No. 3385-g



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

442

Registered No.

PLACE OF DEATH

(County)
Cambridge

(City or Town)

No. Holy Ghost Hospital

St.,

Ward {

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

2 FULL NAME

Mary A. Mahoney

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

12 Myrtle Avenue

(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.

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

74

0

0

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.

Retired

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

Watch factory

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

11 Total time (years) spent in this occupation

Waltham

Mass.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

William Mahoney

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Buckley

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

Hospital records

17

Informant (Address)

A TRUE COPY.

ATTEST:

March 27 1936

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

25

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from March 14 1936 to March 25 1936

I last saw her alive on March 25, 1936 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

Carcinoma of bowel

1 year

Contributory causes of importance not related to principal cause:

Name of operation..... none Date of..... no

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 P. Nelligan

M. D.

(Address)

2336 Mass. Ave.

date

3-26

36

Cambridge
Calvary

Waltham

21 PLACE OF BURIAL, CREMATION OR REMOVAL

March 28

(City or town)

36

DATE OF BURIAL

John F. O'Maley

19

22 NAME OF UNDERTAKER

Winthrop

36

ADDRESS

Received and filed

APR 6

1936

19

(Registrar of City or Town where deceased resided)

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

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

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

Registered No. 85

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)

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

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

(a) Residence. No. 45 Nahant 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 3 yrs. 6 mos. days. How long in U. S., if of foreign birth? 44 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 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. Upholsterer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture House
10 Date deceased last worked at this occupation (month and year) March 1936 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) ST. John
(State or country) New Brunswick

13 NAME OF FATHER Alfred Thompson

14 BIRTHPLACE OF FATHER (City) St. John
(State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Helen Elizabeth McCarthy

16 BIRTHPLACE OF MOTHER (City) Rothsay
(State or country) New Brunswick

17 Informant Nellie P. Brosseau Relation, if any (Sister)
(Address) 45 Nahant 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) Wm. S. Childress
(Official Designation) Health Officer (Date of Issue of Permit) 3/8/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 27 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to March 27, 1936
I last saw him live on March 27, 1936 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:

Definite medical
cause

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Pneumonia

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) P. J. Brosseau, M. D.
(Address) Washington St. Date 3/28 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(City or town)

DATE OF BURIAL March 29 1936

22 NAME OF UNDERTAKER Emma C. Nathan
ADDRESS 300 Meridian St. E Boston

Received and filed 19

MAR 31 1936

(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 or 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 or other place of interment 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 required by section ten of chapter forty-six that 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., (Tercentenary Edition).*

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

RULES OF PRACTICE

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

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

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**

BROOKLINE
(City or town making return)

Registered No. **66**

PLACE OF DEATH

NORFOLK
(County)

BROOKLINE
(City or Town)

No. **PARKWAY** HOSPITAL

--St.--

Ward

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

2 FULL NAME **AGNES MARY MC GEE**

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

(a) Residence. No. **49 BATES AVE**
(Usual place of abode)

--St.--

Ward

WINTHROP

MASS

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

(write the word)

Married

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

James J. Mc Gee

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE **63** Years **3** Months **9** Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Housework

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

Own home

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

3/36

11 Total time (years) spent in this occupation **38**

12 BIRTHPLACE (City)
(State or country)

Avondale

Newfoundland

13 NAME OF FATHER

John

St. John

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

Conception Bay

Newfoundland

15 MAIDEN NAME OF MOTHER

Johanna

Gushue

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

Conception Bay

Newfoundland

17

Informant
(Address)

James J. Mc Gee

(Husband)

#49 Bates ave

Winthrop

A TRUE COPY.

Edw. J. Richardson

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March

2

1936

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

MARCH

(Month)

1

(Day)

1936

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
February 16, 19**36**, to **March 1**, 19**36**

I last saw **or** alive on **March 1**, 19**36**, death is said

to have occurred on the date stated above, at **10.25pm.**

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

Pulmonary Embolus

Procidencia

Date of onset:

3/1/36

1916

Contributory causes of importance not related to principal cause:

Name of operation **Vaginal Hysterectomy** Date of **2/17/36**

What test confirmed diagnosis? **Exam** Was there an autopsy? **No**

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

If so, specify

Paul A. Youngs

(Signed)

#101 Bay State Rd

Date

3/2

1936

(Address)

Boston

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop - Winthrop**

(Cemetery)

(City or town)

DATE OF BURIAL

March 4

1936

22 NAME OF UNDERTAKER **M. J. Kelly**

ADDRESS **#11 Meridian St. 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-12-34. No. 2938-e



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

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 67

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 58 Birch Rd. Winthrop St. Ward

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

2 FULL NAME

Winfield Scott Kenarick

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

(a) Residence. No. 2 Rogers St. Lynn Mass.

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 2 mos.

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

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

Married

5a If married, widowed or divorced

HUSBAND of

Gertrude 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

73

Years

8

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.

Clerk

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

Baint Store

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Swampscott

(State or country)

Mass

13 NAME OF FATHER

Rueben Kendrick

14 BIRTHPLACE OF FATHER (City)

Chatham

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Betsy Higgins

16 BIRTHPLACE OF MOTHER (City)

Chatham

(State or country)

Mass.

17

Informant (Address)

Winfield S. Kenarick Jr. Son

58 Birch Rd. Winthrop Mass

Relation, if any

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

I

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 1, 1936, to April 1, 1936

I last saw him alive on April 1, 1936, death is said

to have occurred on the date stated above, at 7:07 a.m.

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

Date of Onset

atherosclerosis

Contributory causes of importance not related to principal cause:

arteriosclerosis

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)

M. D.

(Address)

Date

1936

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Swampscott

Swampscott

(Cemetery)

(City or town)

DATE OF BURIAL

April 4 1936

19

22 NAME OF

UNDERTAKER

Richard H. White

ADDRESS

147 Winthrop St. Winthrop Mass.

Received and filed

19

APR 7 1936

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. 45, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent. Notwithstanding the foregoing, no permit shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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, 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. 45, G. L., (Tentative Edition).*

In stating the occupation, 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," unless 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, 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 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>	<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.

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

RULES OF PRACTICE

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

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

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

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

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

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

Middlesex (County)		Everett (City or Town)		No. Whidden Hospital		St.,		Ward		Everett (City or town making return)	
1 PLACE OF DEATH The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS Everett											
STANDARD CERTIFICATE OF DEATH											
Registered No.											
(If death occurred in a hospital or institution, give its NAME instead of street and number)											
2 FULL NAME Baby Zuccala (If deceased is a married, widowed or divorced woman, give also maiden name.)											
(a) Residence. No. 23 Girdlestone 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 (write the word) MARRIED single WIDOWED OR DIVORCED							
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)											
6 IF STILLBORN, enter that fact here. 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) Everett (State or country) Mass.											
13 NAME OF FATHER Anthony Zuccala											
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.											
15 MAIDEN NAME OF MOTHER Dorothy Lanfranchi											
16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.											
17 Informant Father (Address)											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:											
N. L. Pickering (Signature of Agent of Board of Health or other) Ex. Sec. 4-9-1936 (Official Designation) (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH April 2, 1936 (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 8.40 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Stillborn (Toxemia) 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) D. Thomas Staffieri 4-8-36 (Address) Boston Date 4-8 1936											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Garden, Chelsea (Cemetery) (City or town) DATE OF BURIAL April 9, 1936											
22 NAME OF UNDERTAKER Rinaldo DiIorio Chelsea ADDRESS Received and filed 4-10-1936 19..... John W. Carroll (Registrar) A TRUE COPY, ATTEST:											

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-12-34, No. 2938-F

PLACE OF DEATH		Suffolk (County)		City or Town		No. 12 Ward 64		St., Ward		Registered No. 60	
2 FULL NAME <u>John D. O'Malley</u> (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. <u>12 Ward 64</u> St., Ward <u>64</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 (write the word)									
Male	White	MARRIED Married									
5a If married, widowed, or divorced											
HUSBAND of <u>John D. O'Malley</u> (Give maiden name of wife in full)											
(or) WIFE of <u>John D. O'Malley</u> (Husband's name in full)											
6 IF STILLBORN, enter that fact here.											
7 AGE <u>76</u> Years Months Days If less than 1 day Hours Minutes											
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>											
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>B. & L. R. R.</u>											
10 Date deceased last worked at this occupation (month and year) <u>1928</u>											
11 Total time (years) spent in this occupation <u>40</u>											
12 BIRTHPLACE (City) <u>N. Sydney</u> (State or country) <u>Cape Breton</u>											
13 NAME OF FATHER <u>John</u>											
14 BIRTHPLACE OF FATHER (City) <u>N. Sydney</u> (State or country) <u>Cape Breton</u>											
15 MAIDEN NAME OF MOTHER <u>Donnell</u>											
16 BIRTHPLACE OF MOTHER (City) <u>N. Sydney</u> (State or country) <u>Cape Breton</u>											
17 Informant <u>John D. O'Malley</u> (Address) <u>12 Ward 64</u> Relation, if any <u>(son)</u>											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>John D. O'Malley</u> (Signature of Agent of Board of Health or other) <u>John D. O'Malley</u> (Official Designation) <u>4/8/36</u> (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH <u>April 7 1936</u> (Month) (Day) (Year)											
19 I HEREBY CERTIFY That I attended deceased from <u>June 1 1928</u> to <u>April 7 1936</u> last saw him alive on <u>April 7 1936</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>Chronic Myocardial Degeneration 1928</u> <u>Angina Pectoris 1928</u> <u>Terminal Broncho-Pneumonia April 1936</u>											
Contributory causes of importance not related to principal cause: <u>None</u>											
Name of operation <u>none</u> Date of <u>none</u> What test confirmed diagnosis <u>clinical</u> Was there an autopsy? <u>No</u>											
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>none</u> (Signed) <u>Jacob O'Malley</u> M. D. (Address) <u>562 Shirley St.</u> Date <u>4/7/36</u>											
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Courthouse, Ware</u> (Cemetery) (City or town)											
DATE OF BURIAL <u>April 17 1936</u> 19											
22 NAME OF UNDERTAKER <u>John J. O'Malley</u> ADDRESS <u>12 Ward 64</u>											
Received and filed <u>APR 17 1936</u> 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, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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, certificate, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Tentative Edition.)

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 substantially 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>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

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

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

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)

Registered No. 20

2 FULL NAME Inez Harriett Burnham

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

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

(a) Residence. No. 55 Edgehill Rd.

St., Ward,

Length of residence in city or town where death occurred 15 yrs.

mos.

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

Frank E. Burnham

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

68

Years

10

Months

21

Days

If less than 1 day

Hours

Minutes

OCCUPATION:

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

None (Invalid)

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)

Stetson

(State or country)

Maine

13 NAME OF FATHER

Unknown Cole

14 BIRTHPLACE OF FATHER (City)

Unknown

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Unknown Chamberlain

16 BIRTHPLACE OF MOTHER (City)

Unknown

(State or country)

Maine

17

Informant

(Address)

Mrs. Gertrude Atkinson (Cousin)

Skowhegan 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)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April 11

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 14

1935

to

April 10

1936

I last saw him alive on April 10, 1936, death is said

to have occurred on the date stated above, at 6:55 A.M.

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

Carcinoma of Stomach

Date of Onset

1935

Contributory causes of importance not related to principal cause:

Carcinoma of Rectum

1930

Name of operation

Colostomy

Date of

1930

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)

Louis F. Salerno

M. D.

(Address)

44 Scituate St. E.B.

Date

April 1936

21 PLACE OF BURIAL

Spring Street

Essex

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Apr. 13

1936

19

22 NAME OF

UNDERTAKER

Edmund L. Sullivan - E.F.H.

ADDRESS

300 Meridian ST. E. Boston

Received and filed

APR 17 1936

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 *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," unless 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>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 or which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, 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 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.*

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

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

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

RULES OF PRACTICE

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

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

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-9-'31. No. 3385-g

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)

Registered No. 3488

BOSTON

(City or town making return)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

2 FULL NAME

Cohen

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

(a) Residence. No. 16 Hawthorne

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)

M

W

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

3 Hours 30 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

Max Cohen

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Frances Norian

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Max Cohen - father

above

A TRUE COPY:

Hilda Hedstrom Quirk

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

April 14 1936

-755

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

11

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 11

1936

to

April 11

1936

I last saw him alive on April 11, 1936, 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:

prematurity (6½ mos)

4/11/36

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

(Address)

Boston

Date 4/12/1936 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Roxbury Lodge W Rox

(Cemetery)

(City or town)

DATE OF BURIAL

April 12

1936

22 NAME OF UNDERTAKER

M Schwartz

ADDRESS

Malden

Received and filed

1936

(Registrar of City or Town where deceased resided)

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

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. **72**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. **81 Birch Rd.** St. Ward {

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

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

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

(a) Residence. No. **81 Birch 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 **12** yrs. mos. days. How long in U. S., if of foreign birth **LIFE** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of **Joseph S. Pearson**
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **82** Years **6** Months **26** Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Invalid**
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) **Rockland**
(State or country) **Maine**

13 NAME OF FATHER **George Sargent**

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

15 MAIDEN NAME OF MOTHER **Aremanta Doormer Gregory**

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

17 Informant (Address) **Mrs. Margurite Pearson Moss**
81 Birch Rd. Winthrop (Daughter)
Relation, if any

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) **4/15/36**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **April 13 1936**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Jan. 1933**, to **April 13, 1936**

I last saw her alive on **April 12, 1936**, 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:

Cerebral Hemorrhage April 12, 1936

Contributory causes of importance not related to principal cause:

Myocarditis
Arterio-sclerosis

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? **yes**

If so, specify **101 Birch Rd. Winthrop, Mass.**
(Signed) **Wm. D. Childress** M. D.
(Address) **300 Meridian St. E. Boston** Date **April 13, 1936**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Woodlawn** **Everett**
(City or town)

DATE OF BURIAL **Apr. 16 1936**

22 NAME OF UNDERTAKER **E. C. Rollins - E. 22th**
ADDRESS **300 Meridian St. E. Boston**

Received and filed **APR 17 1936**

(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*—*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, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such 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 to another, than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent forwarded or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an 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 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., (Tercentenary Edition).*

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

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related 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-9-31. No. 3385-r



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

STANDARD
CERTIFICATE OF DEATH

Putland
(City or town making return)

Registered No. 54

73

PLACE OF DEATH

Worcester

(County)

Putland

(City or Town)

No. Veterans' Administration Facility

St.,

Ward {

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

2 FULL NAME

David Stewart

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

(a) Residence. No.

(Usual place of abode)

30 Cutler

St.,

Ward,

Winthrop, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

1 yrs.

10 mos.

10 days.

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

4 yrs.

10 mos.

10 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

54

0

3

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.

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

12 BIRTHPLACE (City)

Anan,

(State or country)

Scotland

13 NAME OF FATHER

James Stewart

14 BIRTHPLACE OF FATHER (City)

Scotland

(State or country)

15 MAIDEN NAME OF MOTHER

Margaret White

16 BIRTHPLACE OF MOTHER (City)

Scotland

(State or country)

17

Informant (Address)

Hospital Records

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

April 15, 1936

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

14,

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from March 4, 1936 to April 14, 1936

I last saw him alive on April 14, 1936, 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:

Tuberculosis of the lungs Unknown

Contributory causes of importance not related to principal cause:

None

Name of operation

None

Date of

What test confirmed diagnosis?

Phys. x-ray, lab.

Was there an autopsy? NO

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

If so, specify

E. J. Breck, Clin. Director

M. D.

(Signed)

VA Putland Hts. Mass. Date 4/15, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop, Winthrop, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

April 17, 1936

19

22 NAME OF UNDERTAKER

Frank H. Miles Co.

ADDRESS

Jefferson, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34. No. 2938-f

1 PLACE OF DEATH		2 FULL NAME		3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		6 IF STILLBORN, enter that fact here.		7 AGE		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)		18 DATE OF DEATH		19 I HEREBY CERTIFY. That I attended deceased from		20 Was disease or injury in any way related to occupation of deceased?		21 PLACE OF BURIAL, CREMATION OR REMOVAL		22 NAME OF UNDERTAKER		Received and filed.	
Suffolk (County)		Jean Cicatelli		F		white		Single				18		at home		at home						Revere Mass.		Lawrence Cicatelli		Italy		Alice Mancini		Italy		Lawrence Cicatelli		April 16 1936		April 13 1936, to April 16 1936		No		Holy Cross, Chelsea		Charles Bruno & Son		APR 17 1936	
Winthrop (City or Town)		(If deceased is a married, widowed or divorced woman, give also maiden name.)										Years Months Days																																	
No. 1000 Community Hosp.		St. Ward																																											
Revere		Revere																																											
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																																											
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) (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)		18 DATE OF DEATH		19 I HEREBY CERTIFY. That I attended deceased from		20 Was disease or injury in any way related to occupation of deceased?		21 PLACE OF BURIAL, CREMATION OR REMOVAL		22 NAME OF UNDERTAKER		Received and filed.															
at home		at home						Revere Mass.		Lawrence Cicatelli		Italy		Alice Mancini		Italy		Lawrence Cicatelli		April 16 1936		April 13 1936, to April 16 1936		No		Holy Cross, Chelsea		Charles Bruno & Son		APR 17 1936															
18 DATE OF DEATH		19 I HEREBY CERTIFY. That I attended deceased from		20 Was disease or injury in any way related to occupation of deceased?		21 PLACE OF BURIAL, CREMATION OR REMOVAL		22 NAME OF UNDERTAKER		Received and filed.																																			
April 16 1936		April 13 1936, to April 16 1936		No		Holy Cross, Chelsea		Charles Bruno & Son		APR 17 1936																																			
(Month)		(Day)		(Year)																																									
I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on		I last saw h. alive on							
to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.		to have occurred on the date stated above, at 7:30 A.M.							
The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:		The principal cause of death and related causes of importance in order of onset were as follows:							
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Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia		Lobar Pneumonia							
Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:							
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failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure		failure							
Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation		Name of operation							
What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?		What test confirmed diagnosis?							
Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical		Clinical									
Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?		Was there an autopsy?							
No		No		No		No		No		No		No		No		No		No		No		No		No		No		No		No		No		No		No									
If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify		If so, specify									
(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo		(Signed) F. J. Zallo									
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PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL		PLACE OF BURIAL, CREMATION OR REMOVAL									
Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea		Holy Cross, Chelsea									
(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)		(Cemetery)											
DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL		DATE OF BURIAL									
April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936		April 19 1936									
NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER		NAME OF UNDERTAKER									
Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son		Charles Bruno & Son									
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Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.		Received and filed.									
APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936		APR 17 1936									
(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)		(Registrar)											

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

74

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)

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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, 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>	1919
<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., (centenary Edition).*

RULES OF PRACTICE

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

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

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

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

The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (centenary Edition).*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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., (centenary Edition).*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e

PLACE OF DEATH		STANDARD		CERTIFICATE OF DEATH		Registered No. 75	
1 (County) <u>Winchester</u> (City or Town)		No. <u>10</u> St. <u>Wendell</u> Ward <u>6</u>		(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 <u>John P. Revokshy</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence No. <u>108</u> St. <u>Wendell</u> Ward <u>6</u>		(Usual place of abode)		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred <u>27</u> yrs. <u>6</u> mos. <u>20</u> days		How long in U. S., if of foreign birth? yrs. mos. days					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE <u>Married</u> (write the word) MARRIED <u>Widowed</u> or DIVORCED		18 DATE OF DEATH <u>April 16</u> 19 <u>36</u> (Month) (Day) (Year)			
5a If married, widowed, or divorced HUSBAND of <u>Anna P. Revokshy</u> (Give maiden name of wife in full)				19 I HEREBY CERTIFY That I attended deceased from <u>April 9</u> 19 <u>36</u> to <u>April 16</u> 19 <u>36</u> Last saw him alive on <u>April 15</u> 19 <u>36</u> , death is said to have occurred on the date stated above, at <u>3 A.M.</u> The principal cause of death and related causes of importance in order of onset were as follows:			
(or) WIFE of <u>John P. Revokshy</u> (Husband's name in full)				Date of Onset <u>4/16</u>			
6 IF STILLBORN, enter that fact here.							
7 AGE <u>28</u> Years <u>6</u> Months <u>20</u> Days If less than 1 day Hours Minutes							
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tractor man</u>							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home owner</u>							
10 Date deceased last worked at this occupation (month and year) <u>Sept 26-1935</u>				11 Total time (years) spent in this occupation <u>2 years</u>			
12 BIRTHPLACE (City) <u>Winchester</u> (State or country) <u>Mass</u>							
13 NAME OF FATHER <u>John P. Revokshy</u>							
14 BIRTHPLACE OF FATHER (City) <u>Winchester</u> (State or country) <u>Mass</u>							
15 MAIDEN NAME OF MOTHER <u>Elizabeth Hannon</u>							
16 BIRTHPLACE OF MOTHER (City) <u>East Boston</u> (State or country) <u>Mass</u>							
17 Informant <u>Mrs. Florence Henry</u> (Relationship) <u>(Daughter)</u> (Address) <u>108 Winchester St. Winchester Mass</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. T. Childress</u> (Signature of Agent of Board of Health or other) (Official Designation)				20 Was disease or injury in any way related to occupation of deceased? If so, specify <u>E. O. Brown</u> M. D. (Signed) <u>200 West 1st Ave</u> Date <u>4/18</u> 19 <u>36</u> (Address)			
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winchester - Winchester</u> (Cemetery) (City or town)				22 NAME OF UNDERTAKER <u>Chas. P. Bannister</u> ADDRESS <u>Winchester Mass</u>			
DATE OF BURIAL <u>April 19 1936</u>				Received and filed <u>4/18/36</u> 19 <u>36</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.

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 house housework, write *housework* in answer to Question 8 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 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*, *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 4, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 same....*Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

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

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

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

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. 76

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 352 Pleasant St., Ward

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

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

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

(a) Residence. No. 352 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 40 yrs. mos. days. How long in U. S., if of foreign birth? 60 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 Widow (write the word)

18 DATE OF DEATH April 16th 1936
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John E. Bell (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from May 1931 to April 1936
I last saw him alive on April 14th 1936 death is said to have occurred on the date stated above, at 6:30 p.m.

6 IF STILLBORN, enter that fact here.
7 AGE 84 Years 11 Months 24 Days If less than 1 day Hours Minutes

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

Hypertension
Date of Onset IMPORTANT May 1931

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

Contributory causes of importance not related to principal cause:
Oedema of lungs April 1936

12 BIRTHPLACE (City) (State or country) Souris East P. E. I.

13 NAME OF FATHER Richard Burk

14 BIRTHPLACE OF FATHER (City) (State or country) Souris East P. E. I.

15 MAIDEN NAME OF MOTHER Nellie's Douglas

16 BIRTHPLACE OF MOTHER (City) (State or country) Souris East P. E. I.

17 Informant Mrs. Charles Gorman (Address) 352 Pleasant St.

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) Geo. M. Mudgett M. D. (Address) 60 Boston Date April 1936

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

DATE OF BURIAL Apr 19 1936

22 NAME OF UNDERTAKER Leclis M. Scribner
ADDRESS 146 Pine St. Malden Mass.

Received and filed 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Gaudreau
Health Officer (Official Designation) 7/18/36 (Date of Issue of Permit)

(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 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, 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.

from one grave or tomb other 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, 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.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 77

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 49 Green St., Ward {

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

2 FULL NAME Lydia G. Dorman (Robinson)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 49 Green St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of Albert B. Dorman (Give maiden name of wife in full)

(or) WIFE of Albert B. Dorman (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 11 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. 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) Oct 1914 11 Total time (years) spent in this occupation 30

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

13 NAME OF FATHER Gardner G. Robinson

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

15 MAIDEN NAME OF MOTHER Julia Coburn

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

17 Informant Mabel D. Southwick (daughter) Relation, if any (Address) 49 Green St. Winthrop

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

Wm. D. Childress (Signature of Agent of Board of Health or other) 4/21/36 (Date of Issue of Permit) Health Officer (Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 18 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 15 1935 to April 15 1936 I last saw him alive on April 15 1936 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:

Carcinoma of the Date of Onset ? Important Contributory causes of importance not related to principal cause: Impaired ?

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) Edw. Southwick M. D. (Address) 49 Green St. Winthrop Date 4/18 1936

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

DATE OF BURIAL April 21 1936

22 NAME OF UNDERTAKER Francis M. Wilson Inc. ADDRESS 28 College Ave. Somerville

Received and filed APR 22 1936 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this space for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private 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*, *marblist*, 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 causes 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 causes of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

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

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration, bearing 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. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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. 43, G. L. (Tercentenary Edition).*

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

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 1.*

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

RULES OF PRACTICE

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

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

N. B.—WRITE PLAINLY, WITH UNFADING 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.

25m-2-30. No. 7997-b.

1	PLACE OF DEATH	Suffolk (County)		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.	
		Winthrop (City or Town)		No. 61 Birch Road Winthrop St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		William S. H. Thompson				(If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence. No.		51 Birch Road Winthrop St.,				Ward, { (If U. S. War Veteran, specify WAR)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?		yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED					
Male	White	Married					
5a If married, widowed, or divorced HUSBAND of							
Maudie Wornelle (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			
60	4	18		Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
	Manufacturing Business						
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
Rheumatic							
10 Date deceased last worked at this occupation (month and year)	11 Total time (years) spent in this occupation						
April 1935	25						
12 BIRTHPLACE (City) (State or country)							
Leicester, Leicester, England							
PARENTS	13 NAME OF FATHER						
	Jonathan Hutchinson						
	14 BIRTHPLACE OF FATHER (City) (State or country)						
	England						
15 MAIDEN NAME OF MOTHER							
Anne E. Davies							
16 BIRTHPLACE OF MOTHER (City) (State or country)							
Liverpool, England							
17 Informant (Address)							
Frank W. Hutchinson, 45 Birch Rd 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)							
Walter J. Galt							
(Official Designation)							
(Date of Issue of Permit)							
4/24/36							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH							
April - 21 - 1936 (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)							
Explosion							
The deceased was killed by an explosion of dynamite.							
(See reverse side for description for unknown person)							
20 If death was due to external causes (VIOLENCE) fill in the following:							
Accident							
Suicide or Homicide?							
Date of injury							
April 21 1936							
Where did injury occur? (City or town and State)							
Winthrop, Mass.							
Manner of Injury							
Nature of Injury							
Hanging							
21 Was disease or injury in any way related to occupation of deceased?							
If so, specify							
(Signed) M. D.							
(Address) Date							
140th St. April 21 1936							
22 PLACE OF BURIAL, CREMATION OR REMOVAL							
Winthrop, Winthrop (Cemetery) (City or town)							
DATE OF BURIAL							
April 24/36 1936							
23 NAME OF UNDERTAKER							
Chas. R. Bennett							
ADDRESS							
Winthrop, Mass.							
Received and filed							
19							
MAY 7 1936 (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

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

100-12-12-32. No. 7070-5

New Bedford 5/8/36



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

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, St., Ward {

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

Registered No. 79

2 FULL NAME MITCHELL A. WESOLY

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

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 77 Mill Rd New Bedford, 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. 1 mos. 8 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 19 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. Unknown 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) - (State or country) Massachusetts

13 NAME OF FATHER - Unknown

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

15 MAIDEN NAME OF MOTHER -

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

17 Informant REGISTRAR, Fort Banks, Mass. (Address) Station Hospital.

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

Wm. A. Chidress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4/27/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 27 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 19 1936 to April 27th 1936

I last saw him alive on April 27th, 1936, death is said

to have occurred on the date stated above, at 4:00AM

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

1. Tuberculosis, pulmonary, acute
2. laryngitis, acute, tuberculous
3. Pharyngitis, acute, tuberculous.

Contributory causes of importance not related to principal cause:

Date of Onset

Name of operation none performed 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) ROBERT E. THOMAS, Major, MC M. D.

(Address) Sta. Hosp. Ft. Banks, Mass. Date Apr 27 1936

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

DATE OF BURIAL April 28 1936

22 NAME OF UNDERTAKER Chas. P. Benson

ADDRESS Winthrop Mass

Received and filed MAY 7 1936 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 late illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish not registration and burial certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 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 as a death, as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 1.*

Example

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

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

Contributory causes of importance not related to principal cause:

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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-12-34. No. 2938-e

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. 80	
	No. 165 Bowdoin St., Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Louisa (Downs) Fox (If deceased is a married, widowed or divorced woman, give also maiden name.)				{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 165 Bowdoin St., Ward,		(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 Married			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of George H. Fox (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 67 Years 3 Months 26 Days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 1936 11 Total time (years) spent in this occupation 40				
12 BIRTHPLACE (City) Upland (State or country) Pennsylvania					
PARENTS	13 NAME OF FATHER John Downs				
	14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)				
	15 MAIDEN NAME OF MOTHER Unable to obtain				
	16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)				
17 Informant John W. Fox (son, if any) (Address) 165 Bowdoin 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) 4/30/36					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April 28, 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from June 17, 1931 to April 28, 1936. I last saw her alive on April 28, 1936, death is said to have occurred on the date stated above, at 12:20 AM. The principal cause of death and related causes of importance in order of onset were as follows: Coronary Thrombosis April 1936					
Contributory causes of importance not related to principal cause: Arterio-sclerosis Myocarditis					
Name of operation _____ Date of _____ What test confirmed diagnosis Cholesterol Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify D. J. Jones, M.D. (Signed) 78 Bowdoin St. Winthrop Mass (Address) April 1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) 1936					
DATE OF BURIAL April 30 1936					
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass					
Received and filed _____ 1936 MAY 1 1936 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, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 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., (Tentative Edition).*

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

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

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 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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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—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, 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>Atteridrosis</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.

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

Example

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health 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 make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal examination required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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

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

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

State cause for which surgical operation was undertaken.

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

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

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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-9-31. No. 3385-g

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

Mildred

Boylan

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

(a) Residence. No.

14 Court Rd

St.,

Ward, **Winthrop**

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

22

Years

Months

Days

If less than 1 day

Hours

Minutes

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.

R H White Co

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

Mar 15 1936

11 Total time (years)

spent in this occupation

7 yrs

12 BIRTHPLACE (City)

(State or country)

Winthrop

13 NAME OF FATHER

Arthur G Boylan

14 BIRTHPLACE OF FATHER (City)

(State or country)

Winthrop

15 MAIDEN NAME OF MOTHER

Alice L Flynn

16 BIRTHPLACE OF MOTHER (City)

(State or country)

East Boston

17

Informant (Address)

Father-

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

April 27 1936

1936

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **3389**

Ward {

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

(If U. S.

War Veteran, specify WAR)

82

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 24

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

April 18

1936

April 24

1936

I last saw her alive on **April 24**, 19**36**, death is said

to have occurred on the date stated above, at **11.05A**.

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

Date of onset

tuberculosis meningitis

2 wks

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? **NO** Was there an autopsy?

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

If so, specify

(Signed)

N C Baker

M. D.

(Address)

Boston

Date **4/24/** 19**36**

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

DATE OF BURIAL

April 27

1936

22 NAME OF UNDERTAKER

E. J. Maley

ADDRESS

Winthrop

Received and filed

1936

(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-9-31. No. 3385-g



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

Chelsea

(City or town making return)

Registered No. 241

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 Charles H. Barret

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

(a) Residence. No. 144 Loring Rd.

(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 7 yrs. 3 mos. 14 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 (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 91 Years 3 Months 4 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. —

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

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

13 NAME OF FATHER Smith Barrett

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

15 MAIDEN NAME OF MOTHER Lydia W. Boylston

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

17 Informant Hospital records (Address)

A TRUE COPY.

ATTEST: Richard G. Hoke City Clerk (Register of city or town where death occurred)

DATE FILED May 8, 1936 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 4, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929 to May 4, 1936.

I last saw him alive on May 4, 1936, death is said to have occurred on the date stated above, at 5.14 p.m.

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

Chronic myocarditis Arterio sclerosis

Contributory causes of importance not related to principal cause: —

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

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

If so, specify Lewis Glazer (Signed) Soldiers' Home Chelsea M. D. (Address) Date 5/4/ 1936

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

DATE OF BURIAL May 7, 1936 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 141 Winthrop st., 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. 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.

25m-2-30. No. 7997-b

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

Annie Mullins

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

(a) Residence.

No. 15 Harrison St. Boston Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Timothy J. Mullins

(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.

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)

May 1936

11 Total time (years) spent in this occupation

35

12 BIRTHPLACE (City)

Pictou Co.

(State or country)

Nova Scotia

13 NAME OF FATHER

David Sutherland

14 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Anna McPherson

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant (Address)

Miss Marie Mullins-Daughter
15 Harrison St.

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

HENRY PHILLIPS

(Official Designation)

MAY 7 1936

(Date of Issue of Permit)

13/34



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.

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

May - 6 - 1936

(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)

apoplexy
small stroke
clotted blood
in brain

(See reverse side for description for unknown person)

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)

(Address)

M. D.

May 7 1936

22 PLACE OF BURIAL, CREMATION OR REMOVAL

New Calvary-Boston

(Cemetery)

(City or town)

DATE OF BURIAL

May 8

1936

23 NAME OF UNDERTAKER

P. C. Murphy

ADDRESS

54 Roxbury St., Roxbury

Received and filed

MAY 11 1936

19

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

300m-9-33. No. 9321-a'

PLACE OF DEATH		1	
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 John M ² Seach			
(If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No. 16 Pratt St. 208 Cliff Ave		St. Ward, (If U. S. War Veteran, specify WAR)	
(Usual place of abode)			
Length of residence in city or town where death occurred 2 yrs. X mos. X days. How long in U. S., if of foreign birth? 70 yrs. X mos. X 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 F. C. Simmons (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 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. retired		
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman - mill		
	10 Date deceased last worked at this occupation (month and year) June 1928 11 Total time (years) spent in this occupation 50		
12 BIRTHPLACE (City) (State or country) Scotland			
PARENTS	13 NAME OF FATHER John M ² Seach		
	14 BIRTHPLACE OF FATHER (City) (State or country) Scotland		
	15 MAIDEN NAME OF MOTHER Ellen Agnew		
	16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland		
17 Informant Mrs. Franklin Seach daughter (Address) 16 Pratt St. Town, Mass.			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			
Wm. S. Childers (Signature of Agent of Board of Health or other Health Officer) 5/18/36			
(Official Designation) (Date of Issue of Permit)			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH May 6 1936 (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from April 15 1936 to May 6 1936			
I last saw him alive on May 6 1936, 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:			
cerebral hemorrhage			Date of Onset IMPORTANT 4/11/36
Contributory causes of importance not related to principal cause:			
Senility			1130
arteriosclerosis			1430
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. M. D.			
(Address) 562 Kinsley St. Date 5/7/36			
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Phillips Cemetery (City or town) Winthrop, Mass. Crompton R?			
DATE OF BURIAL May 9th 1936			
22 NAME OF UNDERTAKER George P. Merwin			
ADDRESS 305 Beach St. Boston			
Received and filed _____ 19 _____			
MAY 11 1936 (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 some was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 **supposedly 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.

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

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the different 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.

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

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

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 86

1 PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)

No. Winthrop Community Hospital Ward

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

2 FULL NAME

Baby Amster

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

(a) Residence. No.

328 Bellevue St W Rox

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)

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

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

Gus Amster

14 BIRTHPLACE OF FATHER (City)

(State or country)

Charlestown
Mass

15 MAIDEN NAME OF MOTHER

Anna M Eagan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

East Boston
Mass

17

Informant (Address)

Gus Amster
328 Bellevue St W Rox

Relation, if any

Father

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

8

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 7

1936

to May 8

1936

I last saw him alive on May 8, 1936, 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:

Pre-eclampsia
6 months pregnancy

Date of Onset

IMPORTANT

Contributory causes of importance not related to principal cause:

Eclampsia of mother

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

If so, specify

(Signed)

(Address)

Prof. H. F. Howard

M. D.

Date 1/18 1936

21 PLACE OF BURIAL

CREMATION OR REMOVAL

St Michaels

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

May

8

1936

22 NAME OF UNDERTAKER

Frederick J. Magrath

ADDRESS

East Boston

Received and filed

1936

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 shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, 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 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, certificate, shall forthwith commensurate it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tercentenary Edition).*

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

...He 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., (Tercentenary Edition).*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting 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*, *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 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-12-34. No. 2938-f



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. 87

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

2 FULL NAME Harry Jackson (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 14 Shirley St. St. San Antonio Ward, St. Louis (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

8 SEX Male 4 COLOR OR RACE White 5 SINGLE Married (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 52 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 2912 BIRTHPLACE (City) York
(State or country) Thomas13 NAME OF FATHER Granville Jackson14 BIRTHPLACE OF FATHER (City) Unknown
(State or country)15 MAIDEN NAME OF MOTHER Emma Lake16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)17 Informant Hospital Relation, if any Records
(Address)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 10 1936
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from May 7 1936 to May 10 1936, 1936I last saw him alive on May 10 1936, death is said to have occurred on the date stated above, at 6:30 P.M.

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

Bronchopneumonia
all lobes
General arteriosclerosisDate 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) R. W. Whittier, M.D. M. D.
(Address) Station Hospital Date May 10 193621 PLACE OF BURIAL, CREMATION OR REMOVAL St. Louis (Cemetery) St. Louis (City or town)DATE OF BURIAL May 16 193622 NAME OF UNDERTAKER R. Benjamins
ADDRESS St. LouisReceived and filed JUN 1 1936 1936

(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 tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If 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 affirming 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., (Tercentenary Edition).*

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 certify to the town clerk or registrar in the place where the deceased died his name 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., (Tercentenary Edition).

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners 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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
		STANDARD CERTIFICATE OF DEATH		Registered No.	
		PLACE OF DEATH 1 <u>Fort Sam Houston Texas</u> (County) <u>Texas</u> (City or Town) No. <u>U.S. Army Hospital</u> St., <u>Ward</u> { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Harry G. Jackson</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>74 Shirley St. Winsted Conn.</u> (Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (write the word)			
5a If married, widowed or divorced HUSBAND of <u>Virginia Ellen Appleby</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>62</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>Sergeant in</u>				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. Army</u>				
	10 Date deceased last worked at this occupation (month and year) <u>May 10/16</u> 11 Total time (years) spent in this occupation <u>28</u>				
12 BIRTHPLACE (City) <u>York</u> (State or country) <u>Pa.</u>					
PARENTS	13 NAME OF FATHER <u>Granville Jackson</u>				
	14 BIRTHPLACE OF FATHER (City) <u>York</u> (State or country) <u>Pa.</u>				
	15 MAIDEN NAME OF MOTHER <u>Ewing. Drake</u>				
16 BIRTHPLACE OF MOTHER (City) <u>York</u> (State or country) <u>Pa.</u>					
17 Informant <u>Verger E. Jackson</u> (Address) <u>74 Shirley St. Winsted Conn.</u> Relation, if any <u>(Wife)</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)					
(Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>May 14 1916</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw him _____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: _____ Date of Onset _____					
Contributory causes of importance not related to principal cause: _____					
Name of operation _____ Date of _____ 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 <u>Winsted Winsted</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>May 16 - 1916</u> 19____					
22 NAME OF UNDERTAKER <u>C. R. Bennett</u> ADDRESS <u>Winsted Conn.</u>					
Received and filed _____ 19____					
A TRUE COPY, ATTEST: _____ (Registrar)					

OFFICIAL FORM OF TRANSIT PERMIT

ISSUED BY TEXAS STATE BOARD OF EMBALMING

Missouri-Pacific

RAILROAD

PHYSICIAN'S OR CORONER'S CERTIFICATE

CH, Harry G.

CITY

Bexar

TEXAS

COUNTY

FULL NAME Station Hospital, Ft. Sam Houston, Texas.

Hospital

Street

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out Nos. 17a and 17b).

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 Mrs. H. G. Jackson		
6 DATE OF BIRTH Unknown 19 36 (Month) (Day) (Year)		
7 AGE 52 years months days		
8 OCCUPATION (a) Trade, profession, or particular kind of work. Sgt. U. S. Army (b) General nature of industry, business, or establishment in which employed (or employer). Sgt. U. S. Army		
9 BIRTHPLACE (State or county, city or town) Pennsylvania		
10 NAME OF FATHER Unknown		
11 BIRTHPLACE OF FATHER (State or County) Unknown		
12 MAIDEN NAME OF MOTHER Unknown		
13 BIRTHPLACE OF MOTHER (State or County) Unknown		
17a LENGTH OF RESIDENCE How long in U. S., if of foreign birth? years months days		
14 The Above Is True to the Best of My Knowledge (Informant) Hospital Records Address		

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 10, 19 36 (Month) (Day) (Year)	16 I HEREBY CERTIFY, That I attended deceased from May 7, 19 36, to May 10, 19 36 that I last saw him alive on May 10, 19 36 and that death occurred on the date stated above at 6:30 P. M. The CAUSE OF DEATH* was as follows: 107 (a) Bronchopneumonia, all lobes Unknown (Duration) years months days Contributory General arteriosclerosis Unknown (Duration) years months days CAUSES, state (1) Means of Injury; and (2) whether (probably) 17b Where was the disease contracted If not at place of death? Did an operation precede death? No date of Was there an autopsy? Yes What test confirmed diagnosis? Autopsy (Signed) R. W. Whittier, Major M.C. Registrar, M.D. May 11, 19 36 (Address) Ft. Sam Houston, Texas. *State the disease causing death, or if death from violent causes, state (1) Means and nature of injury, and (2) whether accidental, suicidal, or homicidal. 18 Place of Burial or Removal Boston, Mass. Date of Shipment 5-12 19 36 19 Undertaker Charles H. Hannon, 711 E. ALAMO, SAN ANTONIO, TEXAS Address
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TRANSPORTATION PERMIT

This Permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

Permission is hereby granted Colin Campbell under Embalmer's License No. 798

to remove for burial the body of the above described person from San Antonio Bexar Texas,
(City) (County)

to Boston Mass.
(City) (County) (State)

and is hereby granted authority to accompany said body.

Signed [Signature] Health Officer
Address San Antonio Texas

Rule 70. No body of any person dead of Asiatic cholera, bubonic plague, smallpox, shall be transported, except in a hearse or undertaker's wagon, unless said body shall have been cremated.

The upper half of this sheet must be detached at this perforation and handed to the passenger in charge of the corpse.

This Shipping Certificate below must be detached at perforation and securely tacked on end of Coffin Box.

LICENSED EMBALMER'S CERTIFICATE

I hereby certify that I have prepared the body of Harry G. Jackson

for transportation in conformity with Rule No. 80, Chap. 95, General Laws, 32nd Legislature, 1911, and that I am a Licensed Embalmer, under License No. 798, issued by the Texas State Board of Embalmers for the year ending May 31, 19 36, in accordance with Article 4600 or 4601 Chap. 4, Title 12, R. C. S. 1911.

Signed [Signature] Licensed Embalmer
Date May 11 19 36 Address San Antonio, Texas

RAILWAY TRANSIT FORM

Station Baggage-man must enter hereon a description of the ticket, the exact route and VIA WHAT JUNCTION POINTS THE TICKET reads, which is held by the passenger in charge of the remains.

SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation, unless the person in charge of the remains presents a Certificate of the attending physician or coroner, a permit from the Board of Health, and a Licensed Embalmer's Certificate that the body has been prepared for burial according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping from the case.

Date May 12, 1936

From San Antonio to Boston State of Mass.

No. of Ticket of Escort Form No. Ticket of Escort

No. of Corpse Ticket Form No. of Corpse Ticket

Via R. R. to Via R. R. to

Via R. R. to Via R. R. to

Name of Passenger in Charge Residence

Signed [Signature] Baggage Agent

SEE RULES AND INSTRUCTIONS ON OTHER SIDE.

Laws Governing the Preparation for Transportation of Dead Human Bodies

Rule 77. Bodies Dead of Pestilential Diseases. No body of any person dead of Asiatic cholera, bubonic plague, typhus fever or smallpox shall be transported except in a hearse or undertaker's wagon unless said body shall have been cremated.

Rule 78. Bodies Dead of Contagious Diseases. The bodies of those who have died of diphtheria (membranous croup), scarlet fever (scarlatine, scarlet rash), glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfectant fluid, (b) disinfecting and stopping all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by a licensed embalmer, holding a certificate as such. After being disinfected as above, such body shall be encased in an airtight zinc, tin, copper or lead-lined coffin, or iron casket, all joints and seams hermetically soldered, and all enclosed in a strong, tight wooden box. Or, the body being prepared for shipment by disinfecting as above, may be placed in a strong coffin or tin casket and said coffin or casket enclosed in an airtight copper or tin case, all joints and seams hermetically soldered and all enclosed in a strong outside wooden box.

Rule 79. Bodies Dead of Non-Quarantinable Contagious Disease. The bodies of those dead of typhoid fever, puerperal fever, erysipelas, tuberculosis and measles, or other dangerous communicable disease, other than those specified in Rules 77 and 78, may be received for transportation when prepared for shipment by filling cavities with an approved disinfectant, washing the exterior of the body with the same, and stopping all orifices with absorbent cotton and encased in an airtight coffin or casket; provided, that this shall apply only to bodies which can reach their destination within forty-eight hours from time of death. In all other cases such bodies shall be prepared for transportation in conformity with Rule 78. But when the body has been prepared for shipment by being thoroughly disinfected by an embalmer holding a certificate, as in Rule 78, the air-tight sealing may be dispensed with.

Rule 80. Bodies Dead of Other Diseases. The bodies of those dead of diseases that are not contagious, infectious or communicable may be received for transportation when encased in a sound coffin or casket and enclosed in a strong outside box; provided, they reach their destination within thirty hours from time of death. If the body cannot reach its destination within thirty hours from time of death, it must be prepared for shipment by filling cavities with an approved disinfectant, washing the exterior of the body with the same, and stopping all orifices with absorbent cotton, and encased in an airtight coffin or casket. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer as in Rule 78, the air-tight sealing may be dispensed with.

Rule 81. Persons Accompanying Bodies Dead of Contagious Diseases. In cases of contagious or infectious diseases, the body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected; and before selling passage tickets, agents shall carefully examine the transit permit and note the name of the passenger in charge or any other proposing to accompany the

body, and see that all necessary precautions have been taken to prevent the spread of disease. The transit permit in such cases shall specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 78, notice must be sent by telegraph to health officer at destination, advising the date and train on which the body may be expected. This notice must be sent by or in the name of the health officer of the initial point, and is to enable the health officer at destination to take all necessary precautions at that point.

Rule 82. Bodies Not Shipped by Express. Every dead body not shipped by express must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse," for the transportation of the body, and a transit permit, showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and if of a contagious or infectious disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 78, the names of those authorized by the health authorities to accompany the body. The transit permit must be made in duplicate, and the signatures of the physician or coroner, health officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and paster of the original shall be detached from the transit permit and pasted on the end of the coffin box. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial lines and by him to the Secretary of the State Board of Health at Austin.

Rule 83. Bodies Shipped by Express. When dead bodies are shipped by express, the whole original transit permit shall be pasted upon the outside box, and the duplicate forwarded by the express agent to the Secretary of the State Board of Health at Austin.

Rule 84. Disinterred Bodies Treated as Contagions. Every disinterred body, dead from any disease or cause, shall be treated as contagious or dangerous to the public health and shall not be accepted for transportation unless removal has been approved by the State or local health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains shall be enclosed in a hermetically sealed (soldered) zinc, tin or copper-lined coffin or box. Bodies deposited in receiving vaults shall be treated and considered the same as buried bodies.

Rule 85. Transfer of Bodies in Transit. When necessary to transfer dead bodies in transit from one railway train to another, or from one station to another, or from a station to a ferry, the affidavit of the undertaker and permit of the local health officer accompanying the remains shall be in all cases sufficient authority for such transfer.

Rule 86. Certificate of Undertaker. No common carrier shall accept for transportation any body unless a certificate is furnished by the undertaker preparing such body for shipment to the effect that the foregoing rules have been complied with in the preparation for transportation of said body.

Tariff Rules Governing Handling Corpses in Baggage Cars

Agents and Baggage men will see Railway Companies' current baggage tariff to cover the ticketing, checking, routing, collection, etc., on corpses.

Transportation of Deceased Persons in Baggage Cars

To Railroad Agents, Station and Baggage men:

You will in no case receive a corpse for transportation unless accompanied by a physician's, coroner's or Board of Health Certificate, also a licensed embalmer's certificate that the body has been prepared for burial and shipment in accordance with the rules of the Texas State Board of Health, nor will you receive it **EVEN WITH SUCH CERTIFICATE IF FLUIDS OR OFFENSIVE ODORS ARE ESCAPING FROM THE CASE.**

It will be the duty of Agents and Baggage Agents to see that each burial case is properly marked on "paster" giving date and at what station shipped, point of destination, "State," number and form of ticket, name of passenger in charge and place of residence, with name of agent. If the corpse is destined to a point beyond the initial line the initials of each road over which it passes must be written on the "paster," also the terminal point of each road at which transfer is to be made with the connecting line, as shown on the coupons of the ticket.

Agents and Baggage men must satisfy themselves that the embalmer signing the above certificate holds a valid license, by having him exhibit his identification card issued by the Texas State Board of Embalming.

You will see that the "certificate" of licensed embalmer is properly filled out by him, and the "paster" is properly filled out by yourself and is securely pasted to the coffin box before it is put into the car, and the permit remaining you will hand to the passenger in charge of the corpse.

The whole form must be made in duplicate, either with a pen, carbon paper or simplex paper, and the signatures of the physician or coroner and licensed embalmer must be on both the original and duplicate copies. The licensed embalmer's certificate and "paster" of the original will be detached from the physician's certificate and permit and pasted to the coffin box. The physician's certificate and permit will be handed to the passenger. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line by first passenger train and by him to the Secretary of the State Board of Health at Austin.

All of this information is necessary to insure the prompt and correct transportation of the corpse.

CAUSE OF DEATH, in plain terms, so 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. 33

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 20 Woodside Pk St., Ward

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

2 FULL NAME

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

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

Spanish
Battle of Iloilo

(a) Residence. No.

20 Woodside Pk St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Martha Shaw (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 1 Months 18 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman (retired)
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Mar. 1933. 11 Total time (years) spent in this occupation. 17 yrs

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

13 NAME OF FATHER Andrew Mc Bullough

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

15 MAIDEN NAME OF MOTHER Hannah Smythe

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

17 Informant Mrs. Martha J Mc Bullough (Address) 20 Woodside 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. J. O'Connell (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/13/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 11 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 12, 1935, to May 11, 1936.

I last saw him alive on May 11, 1936, death is said to have occurred on the date stated above, at.....m.

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

Chronic Myocarditis
Chronic Valvular Heart Disease

Date of Onset
IMPORTANT

Jan 1935

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Laboratory Was there an autopsy? No

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

If so, specify (Signed) James B. Park M. D. (Address) Winthrop Mass Date May 12, 1936

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

DATE OF BURIAL May 13 1936

22 NAME OF UNDERTAKER Walter H. Harris ADDRESS 23 Phillips St. Malden, Mass.

Received and filed MAY 15 1936 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 reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 purposes of these laws calls for the observance of the following rules of practice:

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

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

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

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, machanic*, 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.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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 STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 89

1 PLACE OF DEATH

(County)

Wentworth

(City or Town)

No. 40 Thornton Park

St. Ward

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

2 FULL NAME Annie Cobb Burrill

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

(a) Residence. No. 40 Thornton Park

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

E. Burrill

(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.

Dr. Jan

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

Dr. Jan

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)

Charlotte town Prince Edward Is Canada

13 NAME OF FATHER

Sam Cobb

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Mary Bamberg

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17 Informant (Address)

Ellsworth Burrill (husband) 40 Thornton Park

Relation, if any

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 12

(Month)

1936

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 5

1936

to

May 12

1936

I last saw him alive on May 12, 1936, death is said

to have occurred on the date stated above, at 11 P.M.

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

Date of Onset

Cerebral Hemorrhage

5/11/36

Contributory causes of importance not related to principal cause:

Broncho pneumonia

5/5/36

Name of operation

none

What test confirmed diagnosis

clinical

Was there an autopsy

No

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

If so, specify

No

(Signed)

(Address)

147 Northrop St. Wentworth

Date May 12, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Wentworth

(Cemetery)

(City or town)

DATE OF BURIAL

May 15

1936

22 NAME OF UNDERTAKER

W. H. White

ADDRESS

147 Northrop St. Wentworth

Received and filed May 15, 1936

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, 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 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 same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have 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 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, for example, 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 commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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*, *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 "labourer" 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 3, 1927
Contributory causes of importance not related to principal cause:	

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

WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

100m-12-34, No. 2938-f

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

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

No. 35 Birch Road

St. Ward

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

2 FULL NAME Alice E. McNeil

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

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

(a) Residence. No. 35 Birch Road

(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Ronald J. McNeil

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

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

OCCUPATION

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

Housewife

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

at Home

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

Feb 1, 1936

11 Total time (years) spent in this occupation 38 yrs

12 BIRTHPLACE (City) Chelsea

(State or country)

Mass

13 NAME OF FATHER Patrick Henning

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER Annie O'Hagan

16 BIRTHPLACE OF MOTHER (City)

St John

(State or country)

New Brunswick

17

Informant (Address)

Ronald J. McNeil, Husband, 35 Birch Road Winthrop

Relation, if any

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 14 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 1936, to May 14 1936

I last saw her alive on May 14 1936, 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:

Cancer of stomach

Date of Onset

Dec. 1935

Contributory causes of importance not related to principal cause:

Name of operation Exploratory laparotomy Date of 4/4/36

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) Arthur G. Murray, M. D.

(Address) Winthrop, Mass Date 5/15 1936

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

DATE OF BURIAL May 18 1936

22 NAME OF UNDERTAKER Frank G. Welshy

ADDRESS 721 Broadway Chelsea

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent stored away or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 this commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker deciding 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, for example, "section two of chapter forty-six that 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, G. L., (Tentative Edition).*

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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." Use 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 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-9-33, No. 9321-a'

1 PLACE OF DEATH { <u>Sorfolk</u> (County) <u>Winthrop</u> (City or Town) No. <u>67 Thornton Park</u> 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. <u>91</u>	
		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>James Francis McDonough</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. <u>67 Thornton Park</u> St., Ward, (If nonresident, give city or town and state) (Usual place of abode)					
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? <u>89</u> yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>male</u>		4 COLOR OR RACE <u>white</u>		5 SINGLE MARRIED WIDOWED or DIVORCED <u>widowed</u> (write the word)	
5a If married, widowed, or divorced HUSBAND of <u>Mary Walsh</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>89</u> Years <u>10</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>laster</u>			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>shoe</u>		10 Date deceased last worked at this occupation (month and year) <u>July 1921</u>			
11 Total time (years) spent in this occupation <u>50</u>					
12 BIRTHPLACE (City) (State or country) <u>Novo Scotia</u>					
13 NAME OF FATHER <u>Bernard McDonough</u>					
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Ireland</u>					
15 MAIDEN NAME OF MOTHER <u>Fannie</u>					
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u>					
17 Informant <u>Mrs. Robert McLoughlin daughter</u> (Address) <u>67 Thornton Park Winthrop</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. S. Childress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>5/20/36</u> (Date of Issue of Permit)					
18 DATE OF DEATH <u>May 18 1936</u> (Month) (Day) (Year)				19 I HEREBY CERTIFY That I attended deceased from <u>January 10 1936</u> to <u>May 18 1936</u> I last saw him alive on <u>May 18 1936</u>, death is said to have occurred on the date stated above, at <u>3:30 p.m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral Hemorrhage</u> (Date of Onset) <u>May 1936</u> Contributory causes of importance not related to principal cause: <u>Senility</u> 1932	
Name of operation <u>none</u> Date of 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? If so, specify <u>No</u> (Signed) <u>Geo. B. Channing</u> M. D. (Address) <u>562 Stanley St. Southbury Conn.</u> Date <u>May 19 1936</u>	
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>New Calvary</u> (Cemetery) <u>Boston</u> (City or town)				DATE OF BURIAL <u>May 21 1936</u>	
22 NAME OF UNDERTAKER <u>Murray + Murray</u> ADDRESS <u>289 Beach St. Boston</u>				Received and filed <u>JUN 1 1936</u> 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 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... *Cent. Laws Chap. 40, Sec. 9.*

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town in which the body lies.

body and remove it from a town, from one cemetery to another, or from one cemetery to another, or

same 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 each

original intent, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough

For the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall issue such certificate. If such a certificate is not issued by the

not previously interred, from a permit for the removal of a human body, and the permit for the removal of another within the commonwealth cannot be obtained early enough for the removal of the certificate of death made as above provided and in the possession of the officer testing 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 secured by the second officer. If the death certificate contains a rectal, as required by section 26, it shall be returned to the town from which it was removed by the second officer. If the death certificate contains a rectal, as re-

the army, navy or marine department, or the deceased served in the armed forces of the United States in any war in which it has been engaged, such facts shall appear upon the permit, and the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur in it and forward the same to the clerk of the town for registration. The person to whom the death shall be ascribed and the physician certifying the cause of death shall thereupon give and the physician certifying the cause of death shall thereupon give for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death.

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health.

appointed to issue such permits, or if there is no such board, from

to be held, or from a person appointed to have the care of the ceme-

ec. 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 **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 suddenness of death of persons not disabled by recognized disease, and those of persons who die of disease.

N. B.—WRITE BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. Station Hospital, Fort Banks 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. 92

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

2 FULL NAME EDWARD BROWN

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

(a) Residence. No. 1072 Washington ST

(Usual place of abode)

St., Ward, Dorchester, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 20 days. How long in U. S., if of foreign birth? yrs. mos. days.

(If U. S.

War Veteran, World War

specify WAR)

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 Unknown

(Give maiden name of wife in full)

(or) WIFE of Elizabeth Hall

(Husband's name in full)

6 IF STILLBORN, enter that fact here. -

7

AGE 62 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

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

Retired 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)

Unknown

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City)

(State or country)

Virginia

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 REGISTRAR, Sta Hosp Ft 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)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

20

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1st, 1936, to May 20th, 1936

I last saw him alive on May 20th, 1936, death is said

to have occurred on the date stated above, at 7:05P.m.

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

1. Arteriosclerosis, generalized

Date of Onset

Unknown

2. Arterial Hypertension

Unknown

Contributory causes of importance not related to principal cause:

None

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

(Signed) ROBERT E. THOMAS, Major, MC, M. D.

(Address) Fort Banks, Mass. Date May 21, 1936

21 PLACE OF BURIAL, Arlington Washington, D.C.

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

May 25

1936

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST:

1936

(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, sitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 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 "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants*, and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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

Example.

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

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

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

RULES OF PRACTICE

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

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

1

Suffolk

(County)

Winthrop

(City or Town)

No. Community Hospital

St., Winthrop Ward

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

2 FULL NAME

Ella Freeman

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

(a) Residence. No. 33

Nevada

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Jack Freeman
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7

AGE

47

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION:

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

Housewife

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)

May 22, 1936

11 Total time (years) spent in this occupation

21

12 BIRTHPLACE (City)

Russia

(State or country)

PARENTS

13 NAME OF FATHER

Wolf Goldstein

14 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

15 MAIDEN NAME OF MOTHER

Julie - (unknown)

16 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

17

Informant (Address)

John Freeman
46 Bushnell St. Dor.

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)

Registered No.

93

(If U. S.

War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

22

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 2, 1936 to May 22, 1936

I last saw him alive on May 21, 1936, 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

Carcinomatosis
ovarian adenocarcinoma
metastasis

Contributory causes of importance not related to principal cause:

Terminal bronchopneumonia 5-21-36

Name of operation: Expt. Lap. & Biopsy 5-18-36

What test confirmed diagnosis? Clin. & path. Was there an autopsy? No

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

If so, specify

(Signed) M. D. Wilson

(Address) 81 Shore Drive, Winthrop Date 5-22-1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

W. Winthrop (Cemetery) (City or town)

DATE OF BURIAL May 24, 1936 19

22 NAME OF UNDERTAKER

B. Schlossberg & Son

ADDRESS 196 Washington St. Dor.

Received and filed 19

1936

A TRUE COPY, ATTEST: (Registrar)

Revised Standard 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 age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 in the possession of the undertaker desiring to make such removal and in the possession of the undertaker moving, provided, that such body shall constitute a permit for such removal; 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.*

Distinguish carefully the different 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 *real estate dealer, wholesaler and merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

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

Example

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

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 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 persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

(3) **Medical examiners** 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 (gases or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

100m-12-135. No. 6156F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 4 Johnson Ave.

St.

Ward

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

2 FULL NAME

John William Gough

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

(a) Residence. No. 4 Johnson Ave.

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 16 years 2 months

days

How long in U.S., if of foreign birth Life years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

6a If married, widowed, or divorced

HUSBAND of

Estelle Hutchings Gough

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 74

Years

7

Months

24

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Auditor (Retired)

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

New England Tel. & Tel.

10 Date deceased last worked at this occupation (month and year) Nov. 1933

11 Total time (years) spent in this occupation 26

12 BIRTHPLACE (City)

Dorchester

(State or country)

Mass.

13 NAME OF FATHER

John H. Gough

14 BIRTHPLACE OF FATHER (City)

Unknown

(State or country)

England

15 MAIDEN NAME OF MOTHER

Ann Tasey

16 BIRTHPLACE OF MOTHER (City)

Unknown

(State or country)

England

17

Informant (Address)

Estelle H. Gough

Relation, if any (Wife)

4 Johnson 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)

(Official Designation)

(Date of Issue of Permit)

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

STANDARD

CERTIFICATE OF DEATH

Registered No.

91

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 25 1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from May 24, 1936 to May 25, 1936

I last saw him alive on May 24, 1936 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:

arteriosclerosis

Date of Onset

Chronic Nephritis

1934

Cerebral Hemorrhage

May 24, 1936

anemia

May 24, 1936

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)

(Address)

Eugene P. Robinson, M.D.

Winthrop Mass Date May 26, 1936

21 Mt. Auburn

Cambridge

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 27, 1936

19

22 NAME OF UNDERTAKER

E. C. Rollins

ADDRESS 300 Meridian St. E. Boston

Received and filed

1936

19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not lawfully employed may be returned as at school or at home. For a woman whose only occupation was that of own housework, write 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 mechanics 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, MECHANIST, 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:	
<i>Arteriosclerotic</i>	Date of Onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent 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 increment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall 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 a 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. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. (TERCENTENARY EDITION.)

RULES OF PRACTICE

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

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

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-9-'31. No. 3385-r



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

STANDARD
CERTIFICATE OF DEATH

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

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

(a) Residence. No. 227 Shirley St., Ward, Winthrop, Mass. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 2 mos. 24 days. How long in U. S., if of foreign birth? yrs. mos. days.

Registered No. 76

(If U. S. 95
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Negro 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 19 Years 7 Months 29 Days If less than 1 day Hours Minutes

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

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

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

11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Winthrop, (State or country) Mass.

13 NAME OF FATHER John Sandiford

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

15 MAIDEN NAME OF MOTHER Minnie Blair

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

17 Informant State Sanatorium Records (Address) Rutland, Mass.

A TRUE COPY.

ATTEST: Lain M. Hanff (Registrar of city or town where death occurred)

DATE FILED May 28, 1936 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 27, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 3, 1936 to May 27, 1936

I last saw him alive on May 27, 1936, 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:

Pulmonary tuberculosis Fall, 1936

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? X-ray, lab Was there an autopsy? NO

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

If so, specify (Signed) Charles K. McCarthy M. D. (Address) Rutland, Mass. Date 5/27 1936

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

DATE OF BURIAL May 31, 1936 19

22 NAME OF UNDERTAKER C. R. Morrison

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHCambridge
(City or town making return)

Registered No. 763

1 PLACE OF DEATH
Middlesex
(County)
Cambridge
(City or Town)
52 FirstSt., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John E Dahlgren

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

(If U. S.
War Veteran,
specify WAR) 96

(a) Residence. No. 20 Coral Ave.

(Usual place of abode)

St., Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 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 Dorouth A Brough

(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 8 Months 19 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Rigger
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Riggish
10 Date deceased last worked at
this occupation (month and
year) May 1936 11 Total time (years)
spent in this
occupation. 4 yrs12 BIRTHPLACE (City)
(State or country) Sweden13 NAME OF
FATHER Cannot be learned14 BIRTHPLACE OF
FATHER (City)
(State or country) Sweden15 MAIDEN NAME
OF MOTHER Laura Knoll16 BIRTHPLACE OF
MOTHER (City)
(State or country) Sweden17 Informant Mrs Dorothy Dahlgren wife
(Address) 20 Coral Ave. Winthrop Mass.

A TRUE COPY.

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

DATE FILED

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH May 29 1936
(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)Fracture of skull with intra
cranial injuries

Fell from a derrick

Accident

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Date of injury 5/9 1936
Suicide or
Homicide? AccidentWhere did
injury occur? Cambridge, Mass.
(City or town and State)Manner of
Injury
Nature of
Injury no

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

If so, specify Rigger
(Signed) David C Dow, M. D.
(Address) 1587 Mass. Ave. Date 5/29/19 3622 PLACE OF BURIAL,
CREMATION OR REMOVAL Winthrop Cem. Winthrop
(Cemetery) (City or town)

DATE OF BURIAL May 31 1936 19

23 NAME OF
UNDERTAKER Charles J. Watson
ADDRESS Cambridge Mass.

Received and filed June 1 1936 19

Frederick H. Bunker
(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-9-31. No. 3385-r

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Boston State Hospital

-St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Julia

McManus

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

10 Loring Rd.

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

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

John McManus

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

78

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

unknown

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

unknown

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Son- Henry J Barry

above

A TRUE COPY.

ATTEST:

Kelsie Oedstrom Quirk

(Registrar of city or town where death occurred)

DATE FILED

May 20

1936

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 4715

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

97

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

18

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 13

1936, to

May 18

1936

I last saw her alive on

May 17

1936, death is said

to have occurred on the date stated above, at 5.35A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

general arteriosclerosis

unk

Contributory causes of importance not related to principal cause:

Psychosis with cerebral arterio
sclerosisBefore
Mar/36

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)

F. A. Braulieu

M. D.

(Address)

Boston

Date 5/18/1936

21 PLACE OF BURIAL
CREMATION OR REMOVAL

St. Patrick's

Lowell

(Cemetery)

(City or town)

DATE OF BURIAL

May 20

1936

22 NAME OF UNDERTAKER

R. C. Kirby

ADDRESS

Boston

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 of information should be carefully supplied. AGE should be stated 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-9-31. No. 3385-7

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Peter Bent Brigham Hospital -St.

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank H

McClure

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

89 Upland 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

(write the word)

WIDOWED

or DIVORCED

married

5a If married, widowed, or divorced

HUSBAND of

Bertha M Logan

(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.

shipper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

A Stowell Co

10 Date deceased last worked at this occupation (month year)

March 1924

11 Total time (years)

spent in this occupation 25

12 BIRTHPLACE (City)

(State or country)

New Brunswick

13 NAME OF FATHER

James McClure

14 BIRTHPLACE OF FATHER (City)

(State or country)

Florida

15 MAIDEN NAME OF MOTHER

Elizabeth J Staples

16 BIRTHPLACE OF MOTHER (City)

(State or country)

N B

17

wife

Informant

(Address)

above

A TRUE COPY

ATTEST:

Heidi Hedstrom Quirk

(Registrar of city or town where death occurred)

DATE FILED

May 22

1936

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4753

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank H

McClure

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

89 Upland 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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

19

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to May 19, 1936

I last saw him alive on May 19, 1936, death is said to have occurred on the date stated above, at 7.35P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

cirrhosis of liver

type undetermined

Date of onset

yrs

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

W W Knowlton

M. D.

(Signed)

Boston

Date 5/20/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Cedar Hill St John N B

(Cemetery)

(City or town)

DATE OF BURIAL

May 22

1936

22 NAME OF UNDERTAKER

I A F Douglass

ADDRESS

Chelsea

Received and filed 19

(Registrar of City or Town where deceased resided)

SUFFOLK
(County)BOSTON
(City or Town)

No. Sidewalk 109 Causeway

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 4893

BOSTON

(City or town making return)

2 FULL NAME

Elliott W

Hayes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

131 Cottage Pk 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

Ina Stillwell

(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

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.10 Date deceased last worked at
this occupation (month and
year)

May 1936

11 Total time (years)
spent in this
occupation

16

12 BIRTHPLACE (City)

(State or country)

Roxbury Mass

13 NAME OF
FATHER

George H Hayes

14 BIRTHPLACE OF
FATHER (City)

(State or country)

N B

15 MAIDEN NAME
OF MOTHER

Elizabeth Wright

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Roxbury

17

Informant
(Address)

Wife-

above

A TRUE COPY

ATTEST:

Hilda Hedstrom Dirks

(Registrar of city or town where death occurred)

DATE FILED

May 26

19 36

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Ward

(If U. S.
War Veteran,
specify WAR)

99

Ward,

Winthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May

23

1936

(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)Alcoholism. Coronary sclerosis.
Said to have collapsed on side walk near
109 Causeway St Boston

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?

Not known

(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)

W J Brickley

M. D.

(Address)

Boston

Date 5/23/19 36

22 PLACE OF BURIAL,
CREMATION OR REMOVAL

DATE OF BURIAL

May 25

19 36

23 NAME OF
UNDERTAKER

R. Harrison

ADDRESS

Winthrop

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 of information should be carefully supplied. AGE should be stated 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-9-31, No. 3385-g

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass Memorial Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eugene P

Connelly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

39 Coral 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

(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 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.

chief engineer

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)

1936

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF FATHER

John Connelly

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Margaret Molloy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Bro- George H Connelly

31 Station St Brookline

A TRUE COPY.

ATTEST:

Kids Hedstrom Jirik

(Registrar of city or town where death occurred)

DATE FILED

May 28

1936

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4957

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran, specify WAR)

100

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 25

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 24

1936

May 25

1936

I last saw him alive on May 25, 1936, death is said

to have occurred on the date stated above, at 7.25Pm.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

acute epidemic cerebrospinal meningitis

5/23/36

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)

E. C. Smith

M. D.

(Address)

Boston

Date 5/25/ 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross

Malden

(Cemetery)

(City or town)

DATE OF BURIAL

May 27

1936

22 NAME OF UNDERTAKER

J. S. Waterman & Sons

ADDRESS

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-9-31. No. 3385-f

PLACE OF DEATH		The Commonwealth of Massachusetts		Everett Notifying #	
1		OFFICE OF THE SECRETARY		(City or town making return)	
2		DIVISION OF VITAL STATISTICS		Registered No. 101	
3		STANDARD			
4		CERTIFICATE 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)	
FULL NAME Anna Arigo		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 27 Rich St. Everett 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 Stillborn					
7 AGE		Years Months Days		If less than 1 day Hours 30 Minutes	
OCCUPATION:		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Winthrop (State or country) Mass					
13 NAME OF FATHER Joe Arigo					
14 BIRTHPLACE OF FATHER (City) Italy (State or country)					
15 MAIDEN NAME OF MOTHER Lena Guathochis					
16 BIRTHPLACE OF MOTHER (City) Italy (State or country)					
PARENTS					
Informant Joe Arigo (Address) 27 Rich 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. Chudley Jr. (Signature of Agent of Board of Health or other)					
Health Officer 6/23/36 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH June 1 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from June 1 1936 to June 1 1936, death is said to have occurred on the date stated above, at 3:00 p.m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Premature Birth probably Hydronephrosis					
Contributory causes of importance not related to principal cause:					
Atelectasis					
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 Frank F. Sandler, M. D. (Signed) (Address) (Date) June 2 1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Everett (Cemetery) (City or town)					
DATE OF BURIAL June 2 1936					
22 NAME OF UNDERTAKER Frederick Cafago ADDRESS 368 Main St. Everett					
Received and filed JUN 10 1936 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 or which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 of 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 and the permit for such removal, shall be moved; 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. 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; 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 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 *housewife*. In answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail 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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34. No. 2938-e

PLACE OF DEATH		COUNTY		CITY OR TOWN		WARD		REGISTERED NO.	
1		Suffolk		Boston		Ward		102	
2 FULL NAME		Serena Holmes Midgety							
(a) Residence		No. 31 Villa Ave 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					MEDICAL CERTIFICATE OF DEATH				
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED OR DIVORCED		18 DATE OF DEATH		19 I HEREBY CERTIFY	
Female		White		Widowed		June 6, 1936		That I attended deceased from May 1, 1936, to June 6, 1936.	
6a If married, widowed, or divorced		HUSBAND of		(Give maiden name of wife in full)		I last saw h. alive on June 6, 1936, 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:	
(or) WIFE of		(Give husband's name in full)		6 IF STILLBORN, enter that fact here.		7 AGE		Date of Onset	
74		2		16		If less than 1 day		Angina Pectoris	
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		Contributory causes of importance not related to principal cause:	
At Home		At Home		At Home		At Home		Chronic Endocarditis	
12 BIRTHPLACE (City)		13 NAME OF FATHER		14 BIRTHPLACE OF FATHER (City)		15 MAIDEN NAME OF MOTHER		Arterio-sclerosis	
Bradford		Samuel Holmes		Bradford		Cannot be learned		Name of operation	
England		England		England		England		What test confirmed diagnosis?	
16 BIRTHPLACE OF MOTHER (City)		17 Informant (Address)		18 DATE OF BURIAL		19 NAME OF UNDERTAKER		20 Was disease or injury in any way related to occupation of deceased?	
Cannot be learned		F. V. Midgety		7 June 1936		John F. O'Connell		If so, specify	
Cannot be learned		Arlington Mass.		21 PLACE OF BURIAL, CREMATION OR REMOVAL		22 ADDRESS		Edward J. Trauger	
Relation, if any		Son		Cemetery		200 Washington Ave		M. D.	
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)		Date		6.6.36		Date	
Wm. L. Cullen		6/6/36		Received and filed		19		Date	
(Official Designation)		(Date of Issue of Permit)		A TRUE COPY, ATTEST		JUN 10 1936		(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 of the attending physician, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 to 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 nevertheless furnish for registration any other necessary information which can be obtained 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6*
....He 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing 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 prior to 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 *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 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>	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.

Information should be carefully supplied. AGES should be stated EXACTLY. If the cause of death is in plain terms, so 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-12-34. No. 2938-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2378

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 181 Shirley St. St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Michael J. McLaughlin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR) 103(a) Residence. No. 181 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 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 Annie Call
(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. Custodian
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Building
10 Date deceased last worked at this occupation (month and year) Jan 1932 11 Total time (years) spent in this occupation 23

12 BIRTHPLACE (City) East Boston,
(State or country) Mass.

13 NAME OF FATHER James McLaughlin

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Marcella ?

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Mrs. Annie McLaughlin (Relation, if any)
(Address) 181 Shirley St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/12/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 10 1936
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 1, 1936, to June 9, 1936I last saw him alive on June 9, 1936, death is said
to have occurred on the date stated above, at 3:30 A.M.The principal cause of death and related causes of importance in order of onset
were as follows:

Carcinoma of Intestines. Months 5

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? N.A.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Edward J. Franzen M. D.
(Signed) 200 Washington St. Date June 11, 1936
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or town)

DATE OF BURIAL June 13, 1936 19

22 NAME OF UNDERTAKER Richard Kirby
ADDRESS East Boston

Received and filed JUN 12 1936 19

(Registrar)

RETURN OF CERTIFICATE OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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 a certificate as hereinafter provided. If there is no attending physician, or if, for pertinent reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall, 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. 43, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tentative Edition).*

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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—praise family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assthenia, 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>Arteriosclerotic</i>	1019
<i>Chronic interstitial nephritis</i>	1021
<i>Cerebral hemorrhage</i>	July 5, 1027
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY IN 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. 19 Chester Ave.
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. 101

2 FULL NAME Edward L. Baxter
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 19 Chester Ave. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

(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 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 51 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. New England & Zelt	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cable Placer	
	10 Date deceased last worked at this occupation (month and year) June 2, 1936 11 Total time (years) spent in this occupation 15 yrs	
12 BIRTHPLACE (City) (State or country) Ipswich Mass		
PARENTS	13 NAME OF FATHER Charles H. Baxter	
	14 BIRTHPLACE OF FATHER (City) (State or country) England	
	15 MAIDEN NAME OF MOTHER Kelle & Gove	
	16 BIRTHPLACE OF MOTHER (City) (State or country) Ipswich Mass	
17 Informant Mrs. Kelle H. Baxter Mother (Address) Wentworth		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 10 1936 (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.) Carbon Monoxide poisoning - presumably suicidal
(See reverse side for description for unknown person)
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Wentworth (Signed) Charles H. Baxter, M. D. (Address) 100 Med. Exam. Date 6/10/1936
21 PLACE OF BURIAL, CREMATION OR REMOVAL Highland Cemetery (City or town) Ipswich
DATE OF BURIAL June 12 1936
22 NAME OF UNDERTAKER R. K. Whittier ADDRESS Ipswich

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

HENRY F. ROY
JUN 10 1936
BOSTON HEALTH DEPT.

(Signature of Agent of Board of Health or other)

(Date of Issue of Permit)

Received and filed JUN 12 1936

19

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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-9-31. No. 338-c

PLACE OF DEATH

Essex
(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

Danvers

(City or town making return)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

2 FULL NAME George L. H. Stevenson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Pico Ave.

(Usual place of abode)

St. Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yr.

3 mos.

4 days

How long in U. S., if of foreign birth?

yr.

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

Cannot be learned

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

73 years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

(State or country)

Boston

13 NAME OF FATHER

Charles E. Stevenson

14 BIRTHPLACE OF FATHER (City)

Bethel

(State or country)

Me.

15 MAIDEN NAME OF MOTHER

Susan E. Clarke

16 BIRTHPLACE OF MOTHER (City)

Windsor

(State or country)

N.S.

17

Informant (Address)

Mary K. McPhillips

DEH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

6/13/36

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 10, 1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 6, 1936 to June 10, 1936

I last saw him alive on June 10, 1936 death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Generalized arteriosclerosis 1930
Hypertension 1930

Contributory causes of importance not related to principal cause:

Psychosis with Cerebral arteriosclerosis 1933

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)

M. D.

(Address) Wm. Charles Inman

Date

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop

DATE OF BURIAL

(City or town)

6/14/36

19

22 NAME OF UNDERTAKER

(City or town)

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

Information should be stated in plain terms, so 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-12-34. No. 2938-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2378

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 27 Thornton St., St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Augusta C. Tirrell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

106

(a) Residence. No. 27 Thornton 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 10 yrs. mos. days. How long in U. S., if of foreign birth? 10 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 Charles Henry Tirrell (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Stockholm, (State or country) Sweden

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Sweden (State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

17 Informant Mrs. S. James McLaren, daughter (Address) 27 Thornton St., Winthrop

Relation, if any

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, 12, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 1, 1936, to June 12, 1936. I last saw him alive on June 12, 1936, death is said

to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Acute Pulmonary edema 6/10/36

Contributory causes of importance not related to principal cause:

Concomitant Pyelitis and of Stomach 1/3/36

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 George H. Schwartz, M. D. (Signed) 19 Princeton St. (Address) Date 6/13/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop. (Cemetery) (City or town)

DATE OF BURIAL June 14, 1936 19

22 NAME OF UNDERTAKER East Boston

ADDRESS East Boston

Received and filed JUN 18 1936 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.

100m-9-33, No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 107

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME T. Edgar Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 176 Woddside Ave. St., Ward, (If U. S. War Veteran, specify WAR)

Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? 64 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED (write the word)
WIDOWED Married
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Minnie L. Troop (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years 3 Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CPA
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) 1921
11 Total time (years) spent in this occupation 42

12 BIRTHPLACE (City) (State or country) New Brunswick, Canada
13 NAME OF FATHER William Smith
14 BIRTHPLACE OF FATHER (City) (State or country) New Brunswick, Canada
15 MAIDEN NAME OF MOTHER Emma
16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Herbert T. Smith (Son)
(Address) 67 Summit Court 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 6/15/36
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 13 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 24/36 to June 13/36
I last saw him alive on June 13 1936, death is said to have occurred on the date stated above, at 3:41 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary Thrombosis May 24/36
Atherosclerosis 1935
Senility 1936

Name of operation none Date of none
What test confirmed diagnosis? except clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Jacoby & Brays
(Signed) Dr. Stanley H. Date June 13/36
(Address) Court St., Ward, Mass

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) Winthrop, Mass

DATE OF BURIAL June 16 1936

22 NAME OF UNDERTAKER J. E. Henderson Co
ADDRESS 517 Broadway Court Mass

Received and filed JUN 18 1936 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 hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 soon obtained hereunder. 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, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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 without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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*, *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>Asthenoid</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.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f



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. Winthrop Community Hosp. St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Helena Maria Gleason
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

108

(a) Residence. No. 22 Banks 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 2 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John B. Gleason (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years. Months. Days If less than 1 day Hours. Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 1936 11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) Boston, (State or country) Mass.

13 NAME OF FATHER John Schneider
14 BIRTHPLACE OF FATHER (City) Germany (State or country)

15 MAIDEN NAME OF MOTHER Apollonia (Unknown)

16 BIRTHPLACE OF MOTHER (City) Germany (State or country)

17 Informant Mr. John B. Gleason, husband (Address) 22 Banks St., Winthrop Relation, if any

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) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 17 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 12, 1936 to June 17, 1936. I last saw him alive on June 17, 1936, 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:

Coronary embolism

Contributory causes of importance not related to principal cause:

Heart failure

Name of operation Caesarean Date of 6/12/36 What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) (Address) Date 6/18/36 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs, Boston (Cemetery) (City or town)

DATE OF BURIAL June 20, 1936

22 NAME OF UNDERTAKER Richard Kirby East Boston ADDRESS

Received and filed June 20, 1936 1936

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. 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>Atherosclerosis</i>		1915
<i>Chronic interstitial nephritis</i>		1917
<i>Cerebral hemorrhage</i>		July 5, 1917
Contributory causes of importance not related to principal cause:		
In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.		

Dr. Mahoney, Washington Ave., Winthrop

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, 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, is 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*
"He shall in all cases certify 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 the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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, as deaths following abortion, but also deaths from disease **resulting from injury or infection related 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-12-34, No. 2938-e

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. 109
No. 69 Crystal Cove Ave., Winthrop St.,		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Sarah M. Seaton		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)
(a) Residence. No. 69 Crystal Cove Ave., 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	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED		
Female	White	Widow		
5a If married, widowed, or divorced				
HUSBAND of (Give maiden name of wife in full) Winthrop Minton Seaton				
(or) WIFE of (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 83 Years 10 Months 18 Days If less than 1 day Hours Minutes				
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Brooklyn (State or country) N. Y.				
PARENTS	13 NAME OF FATHER Francis Allyn			
	14 BIRTHPLACE OF FATHER (City) Dunston (State or country) Vt.			
	15 MAIDEN NAME OF MOTHER Elizabeth Prouty			
	16 BIRTHPLACE OF MOTHER (City) Brattleboro (State or country) Vt.			
17 In formant Winifred Seaton (Address) 69 Crystal Cove Ave., Winthrop Relation, if any (Daughter)				
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) 6/20/36				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH June 18 1936 (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from June 12, 1936, to June 18, 1936, last saw her alive on June 18, 1936, death is said to have occurred on the date stated above, at 9:50 A. M.				
The principal cause of death and related causes of importance in order of onset were as follows:				
				Date of Onset June 18 1936
Contributory causes of importance not related to principal cause:				
Name of operation none Date of What test confirmed diagnosis? Pus and blood 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 June 20, 1936				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)				
DATE OF BURIAL June 20, 1936 19				
22 NAME OF UNDERTAKER Richard H. White				
ADDRESS 142 Winthrop St., Winthrop				
Received and filed. 19				
A TRUE COPY, ATTEST: JUN 1 1936 (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, qualified as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer, and the date of his death.... *Gen. Laws Chap. 46, Sec. 91*

No undertaker or other person shall bury or otherwise dispose of a human body in a tomb, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town, where the person died, and no undertaker or other person shall remove a human body and reinter it from a tomb, from one cemetery to another, or from one grave of earth other than the receptacle 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 three shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing 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 a reinterment, if any, as required by law, or an interment certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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. (Terminology Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. (Terminology Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, 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*. 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*, *janitor*, *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, asphyxia, asthemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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 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., (Tentative Edition).*

Statement 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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

0. B. WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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 STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 111

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Comm Hospital St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Girl Reese

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

76 Stover

St.

Ward

Revere Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

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 pianer, 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

Alfred Reese

14 BIRTHPLACE OF FATHER (City)

(State or country)

Revere Mass

15 MAIDEN NAME OF MOTHER

Louise Prager

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Dorchester Mass

17

Informant (Address)

Winthrop Comm Hospital Records

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 20 1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1936, 1936, to June 20, 1936

I last saw him alive on June 19, 1936, 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

Premature birth
Atelectasis & lungs

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)

Reese's Siegel

M. D.

Date 6-23-1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

Burden Chelsea

DATE OF BURIAL

June 24

1936

22 NAME OF UNDERTAKER

Charles H. Taunice

ADDRESS 424 Broadway Chelsea

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as 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*—*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 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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; 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, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended 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.

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-9-31. No. 3385-r



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BROOKLINE

(City or town making return)

112

NORFOLK

(County)

BROOKLINE

(City or Town)

STANDARD
CERTIFICATE OF DEATH

80 GREEN ROAD

Registered No.

No. FREE HOSPITAL FOR WOMEN/

-St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HELEN M. THOMPSON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 49 NAHANT AVE

-St.,

Ward, WINTHROP

MASS.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

14 days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(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)
Alfred W. Thompson

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 51

Years

8

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.

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)Central Falls
Rhode Island

13 NAME OF FATHER

William

Anderson

14 BIRTHPLACE OF FATHER (City)
(State or country)Berlin
Germany

15 MAIDEN NAME OF MOTHER

Unknown

Unknown

16 BIRTHPLACE OF MOTHER (City)
(State or country)

England

17

Informant
(Address)

Alfred W. Thompson

(Husband
Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June/22

19 36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

JUNE

20

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 8

19 36

to June 20

19 36

I last saw or alive on June 20

19 36

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:

Carcinoma of Ovary
Post Operative Paralytic Ileus

Contributory causes of importance not related to principal cause:

Name of operation S. V. Hyst. & Bil. Sal. / Date of 6/10/36

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) S. B. Kirkwood

(Address) Free Hosp. for Women

Date 6/20 19 36

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn

Everett

DATE OF BURIAL

June 22

19 36

22 NAME OF UNDERTAKER

E. C. Rollins

ADDRESS 300 Meridian Street

Ea. Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35, No. 6156F

PLACE OF DEATH

1

(County)

Winthrop

(City or Town)

No. 25 Orlando Av.,

St.,

Ward

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Austin Higgins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Orlando 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 1 years 1 months

days.

How long in U.S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED 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 58 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
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) June/36 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) County of Ross (State or country) Canaan, Ireland

13 NAME OF FATHER John J. Higgins

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary A. Green

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Ireland

17 Informant (Address) Katherine Higgins (sister) 25 Orlando Av., 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

Registered No. 113

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 23 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 16, 1936, to June 23, 1936. I first saw him alive on June 16, 1936, death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cardiac Dilatation

Contributory causes of importance not related to principal cause:

Arteriosclerosis (Angina)

Name of operation here Date of Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. De la Cruz M.D. (Address) Date June 24, 1936

21 Holy Cross Malden Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL June 28, 1936

22 NAME OF UNDERTAKER C. C. Ballis 300 Meridian St., E. Boston ADDRESS

Received and filed July 6, 1937 19

(Registrar)

OF DEATH

9.

9.

7

PRACTICE

See:

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

400m-9-33. No. 9321-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	PLACE OF DEATH (County) <u>Suffolk</u> (City or Town) <u>Winthrop</u> No. <u>Commonwealth Hospital</u> St., <u>Revere</u> Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	STANDARD CERTIFICATE OF DEATH		Registered No. <u>114</u>	
2	FULL NAME <u>Edmund Thomas McCarth</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>71</u> <u>Wickham St.</u> <u>Revere</u> (Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		Yrs. <u>1</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>single</u>			
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>26</u> Years	Months	Days	If less than 1 day Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>contractor</u>			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>road construction</u>			
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) <u>Revere</u> (State or country) <u>Mass.</u>					
13 NAME OF FATHER <u>Charles McCarth</u>					
14 BIRTHPLACE OF FATHER (City) <u>Ireland</u> (State or country)					
15 MAIDEN NAME OF MOTHER <u>Mary Connell</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Ireland</u> (State or country)					
17 Informant (Address) <u>Charles McCarth - father</u> <u>71 Wickham St. Revere</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 Health officer) <u>[Signature]</u>					
(Official Designation) <u>[Signature]</u> (Date of Issue of Permit) <u>6/25/36</u>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH		<u>June 24</u> 19 <u>36</u> (Month) (Day) (Year)			
19 I HEREBY CERTIFY That I attended deceased from <u>July 15</u> 19 <u>35</u> to <u>June 24</u> 19 <u>36</u> last saw him alive on <u>June 24</u> 19 <u>36</u> , death is said to have occurred on the date stated above, at <u>12:05 A</u> m. The principal cause of death and related causes of importance in order of onset were as follows:					
		<u>Chronic peritonitis</u>		Date of Onset <u>7-15-35</u>	
		<u>Frenal fistula (cecal)</u>		<u>9-1-35</u>	
		<u>Acute (perforated) appendicitis</u>		<u>7-15-35</u>	
Contributory causes of importance not related to principal cause:					
		<u>Septic endocarditis (Strept)</u>		<u>6-3-36</u>	
		<u>Septicemia</u>		<u>6-3-36</u>	
Name of operation <u>Appendectomy</u> Date of <u>6-3-36</u>					
What test confirmed diagnosis? <u>Biopsy</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>Asst. Surgeon</u> M. D.					
(Address) <u>60 Beach St. Revere</u> Date <u>6-25</u> 19 <u>36</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Walton Milder</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>JUNE 26</u> 19 <u>36</u>					
22 NAME OF UNDERTAKER <u>Henry + Son</u>					
ADDRESS <u>254 Beach St. Revere</u>					
Received and filed _____ 19 <u>36</u>					
(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 is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 43, G. L., 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, stationary engineer*, etc. Avoid the term "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 *realtor, merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement 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 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.

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.

115

Registered No.

No. 136 Bowdoin

St.,

Ward

(If death occurred in a hospital or institution, give as NAME instead of street and number)

2 FULL NAME John Grace

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 136 Bowdoin

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 9 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

Mary A. Coulter

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

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Iron Moulder

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Factory.

10 Date deceased last worked at this occupation (month and year)

1920

11 Total time (years) spent in this occupation

59

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

Thomas Grace

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Catherine Dunn

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Sarah J. Grace

Relation, if any

DAUGHTER

136 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

6/29/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

26

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 21, 1936, to June 26, 1936

I last saw him alive on June 26, 1936, 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:

Arterio-sclerosis

Coronary atherosclerosis

Contributory causes of importance not related to principal cause:

Name of operation

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Mosen

(Address)

Date

1936

21 Holy Sepulchre Cemetery, S. Lawrence

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 29 1936

22 NAME OF UNDERTAKER William A. Trepanier

ADDRESS 559 Saratoga St. E. B.

Received and filed

JUL 6

1936

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 or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member for 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 a 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, as 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, to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TENTHENTH EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. (TENTHENTH EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK. For a person engaged in domestic service for wages, Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

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 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		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		Registered No. 116	
Suffolk (County) Winthrop (City or Town) No. 15 Trident Ave Winthrop St.,		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Timothy F. Foley (If deceased is a married, widowed or divorced woman, give also maiden name.)		Ward,		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 15 Trident Ave Winthrop (Usual place of abode)		Ward,		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)			
5a If married, widowed, or divorced Lillian Mc Cormack 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			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer				
	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) Feb. 1936		11 Total time (years) spent in this occupation 35			
12 BIRTHPLACE (City) (State or country) Ireland					
PARENTS	13 NAME OF FATHER John Foley				
	14 BIRTHPLACE OF FATHER (City) (State or country) Ireland				
	15 MAIDEN NAME OF MOTHER Delaney				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland				
17 Informant (Address) Mr. Lillian Foley 15 Trident 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. Gilchrist (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 6/29/36 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH June - 27 - 1936 (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.) Broncho pneumonia oedema of Brain old Injury Brain Recent contusion of Scalp. Said to have been injured in a scuffle at Winthrop June - 22 - 1936					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop (Signed) Wm. D. Gilchrist M. D. (Address) Boston June 27, 1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)					
DATE OF BURIAL June 30 19 36					
22 NAME OF UNDERTAKER C. W. Bennison ADDRESS Winthrop Mass.					
Received and filed JUN 29 1936 (Registrar)					

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 105 Cottage Ave St. Ward		Registered No. 117	
2 FULL NAME		John Joseph Leary (If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No.		105 Cottage 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		(write the word)			
Male		White		MARRIED		Married			
5a If married, widowed, or divorced		HUSBAND of Marion (Fibler) Leary (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									
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.		Rugs & Carpets							
10 Date deceased last worked at this occupation (month and year)		October 1933.		11 Total time (years) spent in this occupation		9			
12 BIRTHPLACE (City)		Boston							
(State or country)		Massachusetts							
13 NAME OF FATHER		John J. Leary							
14 BIRTHPLACE OF FATHER (City)		Boston							
(State or country)		Massachusetts							
15 MAIDEN NAME OF MOTHER		Anna M. McGrath							
16 BIRTHPLACE OF MOTHER (City)		Boston							
(State or country)		Massachusetts							
17 Informant		Marion E. Leary		Relation, if any		(Wife)			
(Address)		105 Cottage Ave Winthrop							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
Wm. S. Chidress (Signature of Agent of Board of Health or other)									
Health Officer (Date of Issue of Permit) 6/30/36									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH June 25 1936 (Month) (Day) (Year)									
19 I HEREBY CERTIFY That I attended deceased from Jan. 1 1936 to June 22 1936 last saw him alive on June 22 1936; death is said to have occurred on the date stated above, at 10:30 p.m.									
The principal cause of death and related causes of importance in order of onset were as follows:									
Meningioma (left frontal) 4 1/2 yrs. Parietal Region									
Contributory causes of importance not related to principal cause:									
Name of operation Laboratory op. of removal of parietal Date of Nov. 14-36									
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. Franger M. D. (Signed) (Address) 200 Washington St. Date June 30 1936									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston (Cemetery) (City or town)									
DATE OF BURIAL July 1, 1936 19									
22 NAME OF UNDERTAKER Wm. S. Chidress									
ADDRESS Winthrop Massachusetts									
Received and filed JUL 5 1936 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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
 He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).*

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 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.

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 3 and *own home* in answer to 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, precision engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, joiner, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. 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>	<i>1913</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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial
permit with Board of
Health or its Agent.

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Boston
(City or Town)
No. 57 Read St.

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth P. M. Murphy (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

118

(a) Residence. No.

57 Read St.

St., Ward,

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 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 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. 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) July 1936 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER Daniel Murphy

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Ellen Donahue

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

17 Informant Francis E. M. Carthy son
(Address) 57 Read St. Wm.

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)
7/3/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 1 1936
(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.)

Massive third degree burns - said to have fallen over lighted gas register range in home

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Wintthrop
(Signed) Louis J. Kelly, M. D.
(Address) 111 W. Main St. Date 7/1/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Weymouth
(Cemetery) (City or town)

DATE OF BURIAL July 3, 1936

22 NAME OF UNDERTAKER Wm. J. Kelly
ADDRESS 11 Weymouth St., E. 13

Received and filed..... 19

JUL 6 1936

(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

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.see
sep #25
Good

Registered No. 2378

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hosp. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Henry J. Barry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

119

(a) Residence. No. 10 Loring Road

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of Elizabeth K. Grady

(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.

Attorney

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) Jan 193611 Total time (years)
spent in this
occupation 35

12 BIRTHPLACE (City)

Somerville,

(State or country)

Mass.

13 NAME OF
FATHER

Henry Barry

14 BIRTHPLACE OF
FATHER (City)

(State or country)

15 MAIDEN NAME
OF MOTHER

Elizabeth Kennedy

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

17

Informant
(Address)

Mrs. Elizabeth K. Barry, wife

10 Loring Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

June 1, 1936, to July 3, 1936

I last saw him alive on July 3, 1936, death is said

to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance in order of onset
were as follows:

1. Heart Attack

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? L

20 Was disease or injury in any way related to occupation of deceased? L

If so, specify

(Signed) J. H. Barry

(Address) 10 Loring Rd., Winthrop, M. D.

(Date) 7/5/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL July 7, 1936

22 NAME OF UNDERTAKER

ADDRESS East Boston

Received and filed 19

JUL 8 1936

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*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, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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. His 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 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 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, certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-734. No. 2938-f



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. 120

1 PLACE OF DEATH (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)

2 FULL NAME Baby Boy Baratz (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Thornton St., 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 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 10 Hours Minutes If less than 1 day

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS 13 NAME OF FATHER David Baratz 14 BIRTHPLACE OF FATHER (City) Russia (State or country) 15 MAIDEN NAME OF MOTHER Edith Goldstein 16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant David Baratz (Father) 19 Thornton St Win. Relation, if any (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. A. Childress (Signature of Agent of Board of Health or other Health Officer) 7/5/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 4, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 4, 1936, to July 4, 1936. I last saw him alive on July 4, 1936, death is said to have occurred on the date stated above, at 3.0 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Atelectasis 7 lungs. Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause: Newborn

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) James J. Quirk, M. D. (Address) 70 St. Ann Date 7/4/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Sharp T. File Cem (Cemetery) (City or town)

DATE OF BURIAL July 4, 1936 (City or town)

22 NAME OF UNDERTAKER B. J. H. (Address) 190 Washington St Dor

Received and filed 19 (Registrar)

RETURN OF CERTIFICATE OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the Board of Health, or its agent appointed to issue such permits, 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 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 counterstent it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tercentenary Edition).*

Medical examiners shall 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, or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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 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, assthenia, 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-12-34, No. 2938-e

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 81 Main Street

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 121

2 FULL NAME Alma Maria (Jonsson) Fahlander

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 81 Main 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 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)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of August Ludwig Fahlander (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years 6 Months 4 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 1936 11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) Stockholm (State or country) Sweden

13 NAME OF FATHER Anders Jonsson

14 BIRTHPLACE OF FATHER (City) Sweden (State or country)

15 MAIDEN NAME OF MOTHER Maria Peterson

16 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

17 Informant Alma M. Axelma (Address) 81 Main St Winthrop Mass Relation, if any

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)
Seattle Officer 7/7/36
(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 7 5 36
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5-1, 1936, to 7-5, 1936

I last saw him alive on 7-4, 1936, 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:

Chronic Endocarditis 1935

Contributory causes of importance not related to principal cause:

White Polymorphous ?

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) Mary A. Bell M. D.
(Address) 777 Date 7/7 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Swedish Worcester (Cemetery) (City or town)

DATE OF BURIAL July 8 1936

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JUL 10 1936

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 finding 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. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, certificate, and the 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, within the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead 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 died his name 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. (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 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.

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 changed or account of the disease causing death, report the occupation 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 house housework, write *Housework* in answer to Question 8 and *own home* in answer to 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" 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.

information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

1

PLACE OF DEATH

Suffolk
(County)
Mintrop
(City or Town)
No. 27 Robble Ave.
St. Ward

8/1/36

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

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Margaret E. Coughlin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 67 Highland Ave. St. Ward, Cambridge
(Usual place of abode)
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 21 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX F	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married	18 DATE OF DEATH July 7, 1936 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from July 4, 1936, to July 7, 1936. I last saw him alive on July 6, 1936, death is said to have occurred on the date stated above, at 1:51 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Hypertensive hemorrhage Contributory causes of importance not related to principal cause: Hypertensive hemorrhage Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?..... 20 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed)..... M. D. (Address)..... Date 7/7/36 21 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Cambridge (Cemetery) (City or town) DATE OF BURIAL July 9, 1936 22 NAME OF UNDERTAKER Paul J. Quinn ADDRESS Cambridge Received and filed..... 19..... JUL 18 1936 (Registrar)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of David E. Coughlin (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 74 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home					
10 Date deceased last worked at this occupation (month and year) Dec 1935					
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) (State or country) Cambridge					
13 NAME OF FATHER Maurice Corkery					
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland					
15 MAIDEN NAME OF MOTHER Ellen O'Brien					
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland					
17 David F. Coughlin (Husband) (Address) 67 Highland Ave., Cambridge Relation, if any					
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) 7/8/36					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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 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. (Century Edition).*
- Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
- He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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>Asphyxiation</i>	1015
<i>Chronic interstitial nephritis</i>	1021
<i>Cerebral hemorrhage</i>	July 5, 1027
Contributory causes of importance not related to principal cause:	

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 123

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)

2 FULL NAME Thore Gustava Nelson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 20 Bellingham Ave., Beverly 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?

48 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 Hannah M. (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 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. Interior Decorator
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10 Date deceased last worked at this occupation (month and year) 1930
11 Total time (years) spent in this occupation12 BIRTHPLACE (City) Sweden
(State or country)13 NAME OF FATHER Nels Nelson CK
not known14 BIRTHPLACE OF FATHER (City) not known
(State or country) Sweden15 MAIDEN NAME OF MOTHER not known
Karin16 BIRTHPLACE OF MOTHER (City) not known
(State or country) Sweden17 Informant Conrad Nelson (Son)
(Address) 7 Pickwick Rd., Marblehead

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) 7/10/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 26, 1935, to July 8, 1936

I last saw him alive on July 8, 1936, death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

arterio-sclerosis

Date of Onset

Contributory causes of importance not related to principal cause:

Broncho-pneumonia

July 6, 36

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) Southey M. D. (Address) 200 W. 10th St. Date 7-9-36

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pariter Lawn Cemetery (City or town)

DATE OF BURIAL July 10, 1936 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed. 1936 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, or from the clerk of the town where the body or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, or as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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., (Tentative Edition).*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different 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 *dealer.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, 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

Chronic interstitial nephritis 1913

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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 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.

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



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Yarmouth

(City or town making return)

124

 1 PLACE OF DEATH
Barnstable
 (County)
Yarmouth
 (City or Town)

No. _____ St., _____ Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME **Isaiah William Crowell**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (If U. S.
 War Veteran,
 specify WAR)

 (a) Residence. No. **Winthrop, 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 **yr. 14** mos. _____ days. How long in U. S., if of foreign birth? yrs. _____ mos. _____ days.

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
Married

 5a If married, widowed, or divorced
 HUSBAND of **Anna L. Walsh**
 (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 **3** 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. **Accountant**
 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) **5/15/36** 11 Total time (years) spent in this occupation **Syracuse**

 12 BIRTHPLACE (City) **Yarmouth**
 (State or country) **Mass.**

 13 NAME OF FATHER **Isaiah Crowell**

 14 BIRTHPLACE OF FATHER (City) **Yarmouth**
 (State or country) **Mass.**

 15 MAIDEN NAME OF MOTHER **Mercy B. Crowell**

 16 BIRTHPLACE OF MOTHER (City) **Yarmouth**
 (State or country) **Mass.**

 17 Informant **Mrs. Isaiah W. Crowell**
 (Address) **Winthrop, Mass.**

A TRUE COPY.

 ATTEST: **William H. Knowles**
 (Registrar of city or town where death occurred)

 DATE FILED **July 11, 1936**

MEDICAL CERTIFICATE OF DEATH

 18 DATE OF DEATH **July 8, 1936**
 (Month) (Day) (Year)

 19 I HEREBY CERTIFY, That I attended deceased from **June 10, 1936** to **July 8, 1936**

 I last saw him alive on **July 8, 1936**, death is said to have occurred on the date stated above, **9 A.** m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Hypostatic Pneumonia **7/6/36**

Contributory causes of importance not related to principal cause:

Essential Hypertension **1932**
Chr. Hepatitis **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 _____
 (Signed) **Paul P. Henson** M. D.
 (Address) **Hyannis** Date **7/9/36**

 21 PLACE OF BURIAL, CREMATION OR REMOVAL **Woodside, W. Yarmouth**
 (Cemetery) (City or town)

 DATE OF BURIAL **July 11, 1936**

 22 NAME OF UNDERTAKER **Doane, Beal & Ames**
 ADDRESS **Hyannis, Mass.**

 Received and filed **July 22, 1936**

(Registrar of City or Town where deceased resided)

RECEIVED



JUL 22 1936 PM

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

1 PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
Suffolk (County) Winthrop (City or Town) No. 21 Sturges		STANDARD CERTIFICATE OF DEATH		Registered No. 125	
2 FULL NAME Elias Greenberg (If deceased a married, widowed or divorced woman, give also maiden name.)		St. Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
(a) Residence. No. 21 Sturges (Usual place of abode)		St. Ward		(If U. S. War Veteran, specify WAR)	
Length of residence in city or town where death occurred 14 yrs. mos. days		How long in U. S., if of foreign birth? 48 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			
6a If married, widowed, or divorced HUSBAND of Minnie Mannis (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			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. mens clothing				
10 Date deceased last worked at this occupation (month and year) 1991		11 Total time (years) spent in this occupation 25			
12 BIRTHPLACE (City) Birmingham, England. (State or country)					
PARENTS	13 NAME OF FATHER Charles Greenberg				
	14 BIRTHPLACE OF FATHER (City) Poland (State or country)				
	15 MAIDEN NAME OF MOTHER Lobej (unknown)				
16 BIRTHPLACE OF MOTHER (City) Poland (State or country)					
17 Informant Minnie Greenberg (wife) (Address) 21 Sturges St. Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Guldberg (Signature of Agent of Board of Health or other Health Officer) 7/9/36 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH July 9 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from new 19 to new 19, death is said to have occurred on the date stated above, at 1:45 A. M. The principal cause of death and related causes of importance in order of onset were as follows: natural causes Probable Acute dilatation of heart. July 9 1936 Contributory causes of importance not related to principal cause: Diabetic history 1910					
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? No If so, specify R. B. Parker (Signed) M. D. (Address) Winthrop Board of Health Date July 9 1936					
21 PLACE OF BURIAL, CREMATION OR REMOVA Ohshei Shalom, E. Boston (Cemetery) (City or town)					
DATE OF BURIAL July 10 1936					
22 NAME OF UNDERTAKER Benjamin J. Solomon ADDRESS 420 Harvard St., Brookline					
Received and filed 19 (Registrar)					

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, joiner, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Acute endocarditis</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 aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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 septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related 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

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. *Winthrop Community Socy* 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. *126*

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mrs. Ida Phillips
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. *65 Sargent St.*St. *Winthrop* Ward *1*

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred *1* yrs. *6* mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

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

George Phillips

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

85

Years

3

Months

6

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

New York City

(State or country)

New York

13 NAME OF FATHER

Not Known

14 BIRTHPLACE OF FATHER (City)

not known

(State or country)

15 MAIDEN NAME OF MOTHER

not known

16 BIRTHPLACE OF MOTHER (City)

not known

(State or country)

17

Mrs. Ida Carsley (Daughter)

Informant

(Address) *65 Sargent St., Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

7/10/36
(Date of Issue of Permit)

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.)

*Chronic Hypertension Chronic
myocarditis, atherosclerosis
of the heart - said to have
fallen down stairs.
May 1936.*

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed)

(Address)

Winthrop
Richard H. White, M. D.
65 Sargent St. Date *7/7/36*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

*Winthrop**Winthrop*

(Cemetery)

(City or town)

DATE OF BURIAL *July 11, 1936*

19

22 NAME OF UNDERTAKER

*Richard H. White*ADDRESS *147 Winthrop St., Winthrop*

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 INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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-9-'31. No. 3385-g

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 Elizabeth Gallan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 6 Court Rd

(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

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

Frank A Gallan

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

65

Years

10

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.

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)

Springfield

13 NAME OF FATHER

---Jennings

PARENTS

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Gordon J. Son

A TRUE COPY

ATTEST:

DATE FILED

7/13/36

1935

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6286

{ (If U. S. War Veteran, specify WAR)

127

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jul 9/36

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

7/8/36

, 19

to

7/9/36

, 19

I last saw her alive on 7/9/36, 19, death is said

to have occurred on the date stated above, at 12.15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

cancer of breast with metastases
to regional lymph nodes & liver

yrs

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 B Howland

(Address) Peter B B Hosp

Date 7/9/36, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn-Wellesley

Cemetery

(City or town)

DATE OF BURIAL

7/11/36

1935

22 NAME OF UNDERTAKER

E Anderson Co

ADDRESS

Everett

Received and filed

1935

(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		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
Suffolk		County		Wentworth		City or Town		No. Community Hospital		St.		Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 128		2 FULL NAME Clara Ege		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence No. 22 Central Ave		St.		Ward		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred 10 yrs.		mos.		days.		How long in U. S., if of foreign birth?		yrs.		mos.		days.		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH July 11, 1936		(Month) (Day) (Year)		19 I HEREBY CERTIFY, That I attended deceased from Feb 1936 to July 11, 1936		I last saw him alive on July 10, 1936, 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:		Diets Melitus		1928		Myocarditis		1936		Hypertension		1936		Contributory causes of importance not related to principal cause:		Pulmonary edema July 6-36		Name of operation D		Date of		What test confirmed diagnosis? Heart exam		Was there an autopsy?		20 Was disease or injury in any way related to occupation of deceased?		If so, specify		Frank Fandler		M. D.		(Address) River Mass		Date July 11, 1936		21 PLACE OF BURIAL Northwood Phil Va		CREMATION OR REMOVAL		(Cemetery)		(City or town)		DATE OF BURIAL July 14, 1936		22 NAME OF UNDERTAKER		ADDRESS		Received and filed JUL 22 1936		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 *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *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, 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:

Arteriosclerosis	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 supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 storesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths exposably 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. 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		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		Registered No. 129	
Suffolk (County)		Wentworth (City or Town)		No. 47 Delano St., Ward, Rensselaer	
2 FULL NAME		Charles Ranagan		(If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence, No.		47 Delano St.,		Ward, Rensselaer	
(Usual place of abode)		(If nonresident give city or town and state)		(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					
Suzette (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 37 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
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 '36					
11 Total time (years) spent in this occupation 2 yrs					
12 BIRTHPLACE (City) Cambridge (State or country) Mass					
13 NAME OF FATHER George Ranagan					
14 BIRTHPLACE OF FATHER (City) Brooklyn (State or country) N.Y.					
15 MAIDEN NAME OF MOTHER Bessie Minahan					
16 BIRTHPLACE OF MOTHER (City) Charlestown (State or country) Mass					
17 Informant Mrs. Bessie Ranagan (Address)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
M. S. Culbreth (Signature of Agent of Board of Health or other Health Officer)					
7/3/36 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH July 11, 1936 (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.)					
Septicemia, Pneumonia, of 10 years, related to pneumonia, said to have injured leg while at work in Worcester (Fall from ladder while at work as a pressman on machinery)					
(This information required by State after (See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Worcester, Mass (Signed) Dr. J. H. H. M. D. (Address) 200 North St. Date 7/11/36					
21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)					
DATE OF BURIAL July 14, 1936					
22 NAME OF UNDERTAKER Thomas J. Canoll					
ADDRESS 9 Atlantic Ave Rensselaer					
Received and filed July 22, 1936 (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.

100m-12-34. No. 2938-e

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)	No. 50 Hutchinson St		St.,	Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
	Registered No. 120			
2 FULL NAME Ann Theresia Gaffney (If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence. No. 50 Hutchinson St, Ward, (If nonresident, give city or town and state)				
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single		
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 96 Years II 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. Beauty Parlor			
10 Date deceased last worked at this occupation (month and year) 1913 11 Total time (years) spent in this occupation 0				
12 BIRTHPLACE (City) Boston (State or country) Mass				
PARENTS	13 NAME OF FATHER Andrew			
	14 BIRTHPLACE OF FATHER (City) Ireland (State or country)			
	15 MAIDEN NAME OF MOTHER Catherine Fitzpatrick			
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)				
17 Informant Mary Campbell (Address) 50 Hutchinson St Relation, if any				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. B. Childress (Signature of Agent of Board of Health or other Health Officer) 9/13/36 (Official Designation) (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH July 12 1936 (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to July 12, 1936. I last saw him alive on July 11, 1936 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: Myocarditis Date of Onset 2/26/36				
Contributory causes of importance not related to principal cause: arteriosclerosis				
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? h				
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. J. Mahoney M. D. (Address) 211 1/2 St. Date 7/13/1936				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Brookline (Cemetery) (City or town)				
DATE OF BURIAL July 14 1936 19				
22 NAME OF UNDERTAKER John J. Mahoney ADDRESS Winthrop				
Received and filed July 22 1936 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.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and 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 *chief engineer, mechanic, navigator, mining engineer, stationary engineer*, etc. Avoid the term "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:

<i>Apoplexosis</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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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-9-31, No. 3385-g

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Norfolk 131 (City or town making return)	
1	Norfolk (County)		STANDARD CERTIFICATE OF DEATH	Registered No. 148	
	Norfolk (City or Town)	No. Pondville Hospital	St.,	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME William John Pitts		(If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No. 891 Shirley St.		St.,		Ward,	(If nonresident, give city or town and state)
Length of residence in city or town where death occurred		yrs.	mos. 34	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)		
Male	White	Married			
5a If married, widowed, or divorced					
HUSBAND of		Jennie Brazier			
(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 10 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 bar tender			
		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)		Cannot be learned			
		Canada			
13 NAME OF FATHER		Simon Pitts			
14 BIRTHPLACE OF FATHER (City)		Cannot be learned			
		Canada			
15 MAIDEN NAME OF MOTHER		Johanna Corbitt			
16 BIRTHPLACE OF MOTHER (City)		Cannot be learned			
		Canada			
17 Informant (Address)		Hospital Records			
A TRUE COPY.					
ATTEST: George F. Campbell (Registrar of city or town where death occurred)					
DATE FILED July 14 1936					
18 DATE OF DEATH July 13th, 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from June 9th, 1936 to July 13th, 1936					
I last saw him alive on July 13th, 1936, death is said to have occurred on the date stated above, at 8:57 P.M.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Carcinoma of bladder. Date of onset About 5 mos. ago					
Secondary anemia. Date of onset ago					
Uremia.					
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? If so, specify					
(Signed) George L. Parker, M. D. (Address) Pondville Hospital Date 7/14/36					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)					
DATE OF BURIAL July 17th, 1936 19					
22 NAME OF UNDERTAKER C. Kirby ADDRESS East Boston, Mass.					
Received and filed July 11 1936 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-12-134. No. 2938-e

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Dorchester
 No. 24 Park 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. 132

2 FULL NAME Charles Jordan
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. 24 Park 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? 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED Widowed
 WIDOWED
 or DIVORCED

6a If married, widowed, or divorced,
 HUSBAND of Anna L. Jordan
 (Give maiden name of wife in full)

(or) WIFE of Charles Jordan
 (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 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) July 1936
 11 Total time (years) spent in this
 occupation 80

12 BIRTHPLACE (City) Worcester
 (State or country) Massachusetts

13 NAME OF FATHER Charles Jordan

14 BIRTHPLACE OF FATHER (City) England
 (State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
 (State or country)

17 Informant William D. Muldrew (Signature)
 (Address) 24 Park St. Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Muldrew
 (Signature of Agent of Board of Health or other)
Health Officer
 (Official Designation) 7/17/36
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 14 1936
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
January 10 1928 to July 14 1936

I last saw him alive on July 14 1936, death is said
 to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance in order of onset
 were as follows:

Acute Coronary Thrombosis Date of Onset July 10 1936

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1934

Penicillia 1930

Name of operation none Date of July 10
 What test confirmed diagnosis laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Geo. A. Brown 1936(Address) 100 Park St. Dorchester Date July 1621 PLACE OF BURIAL, CREMATION OR REMOVAL Dorchester 1936(Cemetery) Dorchester (City or town)DATE OF BURIAL July 17 193622 NAME OF UNDERTAKER Charles P. Bennett 1936ADDRESS DorchesterReceived and filed JUL 23 1936 1936

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, approved or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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.*

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.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposablely due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		Registered No. 133	
1	Suffolk (County) Winthrop (City or Town) No. 21 Orlando Avenue St. Ward					(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME John Randolph Hanmer (If deceased is a married, widowed or divorced woman, give also maiden name.)						(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 21 Orlando Avenue (Usual place of abode)						(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 23 yrs. mos. days						How long in U. S., if of foreign birth? yrs. mos. days	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed		18 DATE OF DEATH 7 14 36 (Month) (Day) (Year)			
5a If married, widowed, or divorced HUSBAND of Sophia Gaines (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)				19 I HEREBY CERTIFY That I attended deceased from 3/1, 1936, to 7/14, 1936. I last saw him alive on 7-14, 1936, 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: Edema of lungs Contributory causes of importance not related to principal cause: Coronary thrombosis			
6 IF STILLBORN, enter that fact here.				Date of Onset 7/12			
7 AGE 70 Years 2 Months 18 Days If less than 1 day Hours Minutes							
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office							
10 Date deceased last worked at this occupation (month and year) May 14/36				11 Total time (years) spent in this occupation 46			
12 BIRTHPLACE (City) Burnside (State or country) Connecticut							
13 NAME OF FATHER William Hanmer							
14 BIRTHPLACE OF FATHER (City) East Hartford Conn (State or country)							
15 MAIDEN NAME OF MOTHER Caroline E. Forbes							
16 BIRTHPLACE OF MOTHER (City) Burnside (State or country) Connecticut							
17 Informant Ruth Hanmer (Address) 21 Orlando Ave Winthrop Mass Relation, if any (daughter)							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childers (Signature of Agent of Board of Health or other Health Officer) 9/16/36 (Official Designation) (Date of Issue of Permit)				20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Hans G. Smith, M. D. (Address) 200 West 10th St. Date 7/11, 1936			
				21 PLACE OF BURIAL, CREMATION OR REMOVAL East Hartford Conn. (Cemetery) (City or town) DATE OF BURIAL July 17 1936			
				22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass			
				Received and filed JUL 23 1936 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 exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, abroad or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, 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, 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-9-31. No. 3385-g

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Westborough
		STANDARD CERTIFICATE OF DEATH		Registered No. 129
1	Worcester (County) Westboro (City or Town)			
		No. Westborough State Hospital St. Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME		Nellie F. O'Brien (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) 134
(a) Residence. No. 177 Woodside Ave.		St., Winthrop, Mass.		(If nonresident, give city or town and state)
Length of residence in city or town where death occurred 12 yrs. 11 mos. 24 days.		How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)	
female	white	single	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 6 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. Bookkeeper			
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10 Date deceased last worked at this occupation (month and year) about 47 years ago			
11 Total time (years) spent in this occupation several				
12 BIRTHPLACE (City) East Boston (State or country) Mass.				
PARENTS	13 NAME OF FATHER John O'Brien			
	14 BIRTHPLACE OF FATHER (City) Ireland (State or country)			
	15 MAIDEN NAME OF MOTHER Margaret McGourn			
	16 BIRTHPLACE OF MOTHER (City) New Brunswick (State or country)			
17 Informant Westborough State Hospital (Address) Records				
A TRUE COPY. <i>[Signature]</i>				
ATTEST: _____ (Registrar of city or town where death occurred)				
DATE FILED July 27, 1936				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH July 19, 1936 (Month) (Day) (Year)				
19 I HEREBY CERTIFY That I attended deceased from July 11, 1936 to July 19, 1936 I last saw him or alive on July 19, 1936 , death is said to have occurred on the date stated above, 11.45 a.m.				
The principal cause of death and related causes of importance in order of onset were as follows: Cerebral hemorrhage 7/19/36				
Contributory causes of importance not related to principal cause: General Arteriosclerosis				
Name of operation none Date of _____				
What test confirmed diagnosis? Lab. and physical findings Was there an autopsy no				
20 Was disease or injury in any way related to occupation of deceased? no				
If so, specify _____				
(Signed) Howard T. Fiedler , M. D. (Address) Westboro, Mass. Date 7/19/36				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)				
DATE OF BURIAL July 22, 1936				
22 NAME OF UNDERTAKER P. C. Kirby ADDRESS Last Boston				
Received and _____ 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.

100-n-12-31. No. 7070-h

1 PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 384 Hosp Ft Banks, Wintthrop, Mass. St. Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 105

2 FULL NAME ARTHUR CHARLES SUGGS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 104 Broad Street, St., Ward, Thomastown, N. C.

(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. 2 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Irene Suggs (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 23 Years 2 Months 17 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Soldier (Pvt.)

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Army 13 th Inf.

10 Date deceased last worked at this occupation (month and year) April 16, 1936 11 Total time (years) spent in this occupation 19/12

12 BIRTHPLACE (City) Thomastown, (State or country) North Carolina

13 NAME OF FATHER Charlie Suggs

14 BIRTHPLACE OF FATHER (City) Thomastown (State or country) North Carolina

15 MAIDEN NAME OF MOTHER Bettie Barnes

16 BIRTHPLACE OF MOTHER (City) North Carolina (State or country)

17 Informant Registrar, Sta Hosp Fort Banks, (Address) Wintthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress (Signature of Agent of Board of Health or other Health Officer) (Official Designation)

(Date of Issue of Permit) 7/21/36

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 July 20 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to July 20, 1936

I last saw him alive on July 20, 1936, death is said

to have occurred on the date stated above, at 9:05 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
1. Burn, caustic, esophagus, stomach (1st) suicidal intent	4/16/36
2. Abscess, lung, lower right lobe	7/14/36
3. Toxemia, generalized	7/17/36
4. Pleurisy, serofibrinous, right	7/17/36

Contributory causes of importance not related to principal cause:

Name of operation Gastrostomy Date of 6/28/36 What test confirmed diagnosis? Was there an autopsy? 105

20 Was disease or injury in any way related to occupation of deceased?

If so, specify John S. Crawford (Signed) JOHN L. CRAWFORD, Capt. MC, M. D. (Address) Sta Hosp Ft Banks Mass Date 7/20/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Thomastown North Carolina (Cemetery) (City or town)

DATE OF BURIAL July 21, 1936

22 NAME OF UNDERTAKER Murray & Murray ADDRESS 254 School St Revere

Received and filed JUL 23 1936 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 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 exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or his 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 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 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 purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative 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, 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-9-31. No. 3385-7

1 PLACE OF DEATH

SUFFOLK
(County)

BOSTON
(City or Town)

No. BOSTON CITY HOSP.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDWARD P SULLIVAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 42 S. BEECH St.,

Ward, 11TH

(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 MARR.

5a If married, widowed, or divorced
HUSBAND of ELLEN J WELSH
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

42

Years

Months

Days

If less than 1 day

Hours

Minutes

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.

TPA

10 Date deceased last worked at this occupation (month and year) 4/25

11 Total time (years) spent in this occupation 1

12 BIRTHPLACE (City) EAST BOSTON
(State or country) MASS.

13 NAME OF FATHER

EDWARD SULLIVAN

14 BIRTHPLACE OF FATHER (City)

WALTHAM

(State or country)

MASS.

15 MAIDEN NAME OF MOTHER

MARY SHAW

16 BIRTHPLACE OF MOTHER (City)

BOSTON

(State or country)

MASS.

17

Informant (Address)

LIFE

A TRUE COPY.

ATTEST:

Heidi Hedstrom Quirk
(Registrar of city or town where death occurred)

DATE FILED

7/23/36

19..3

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

Registered No. 3609

138

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

JULY 20/36
(Month) (Day)

193

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

5/9/36

19

to

7/20/36

193

~~X~~ Last saw ~~X~~ None ~~X~~ None ~~X~~ death is said

to have occurred on the date stated above, at 3:55 AM.

The principal cause of death and related causes of importance in order of onset were as follows:

cerebral hemorrhage

dys

Contributory causes of importance not related to principal cause:

Hypertension and hypertensive heart disease

yrs

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

A G Holland

(Signed)

Boston

Date 7/20/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(City or town)

DATE OF BURIAL

July 22

1936

22 NAME OF UNDERTAKER

A Lane

ADDRESS

Dorchester

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. 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

No.

2 FULL NAME

(a) Residence. No. 21 Taylor St.

Length of residence in city or town where death occurred 10 yrs.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 2428

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. specify WAR)

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 13 Years 11 Months 9 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junior High
10 Date deceased last worked at this occupation (month and year) June 1936 If Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) East Boston (State or country) Mass.

13 NAME OF FATHER Edward J. O'Neill

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Cecelia Martin

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.

17 Informant Mrs. Cecelia O'Neill Mother (Address) 21 Taylor 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 July 27 1936 (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 - white
suffocating - accidental

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Richard Kirby M. D.
(Address) 121 1/2 Ave. Date July 27 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)

DATE OF BURIAL July 26, 1936

22 NAME OF UNDERTAKER Richard Kirby

ADDRESS East Boston, Mass.

Received and filed JUL 27 1936

(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.

100m-12-'34. No. 2938-f

PLACE OF DEATH

1

No.

2 FULL 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 Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
-----------------	--------------------------	--

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

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.

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)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddeback
 (Signature of Agent of Board of Health or other)
 (Official Designation)
 Date of Issue of Permit 7/29/36

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.

138

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
 War Veteran,
 specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 28

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 15

1936

to July 28

1936

I last saw her alive on July 28, 1936, death is said

to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Advanced carcinoma left breast

7 metastases to neck, lung and liver

Contributory causes of importance not related to principal cause:

Date of Onset
IMPORTANT

Name of operation

Left mastectomy

Date of 1936

What test confirmed diagnosis?

Biopsy

Was there an autopsy? 0

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

E. M. Chapman

M. D.

(Address)

66 Commonwealth Ave.

Date July 28, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

O'Haver Cemetery

DATE OF BURIAL

July 29

1936

22 NAME OF UNDERTAKER

Joseph McNamee

ADDRESS

3907 Wash. St. Dor

Received and filed

19

JUL 6 1936

(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*, *governess*, *family coach*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid 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*, *cotton mill*, etc.

Distinguish carefully the different 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	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
Arteriosclerosis	1913
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forth with, after the death of a person whom he has attended during his last illness, as the member of an undertaker or other authorized person or of a representative of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required, by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
(*Gen. Laws, Chap. 46, Sec. 9.*)

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a verdict, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such verdict shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths *apparently due to injury*. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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. 139	
No. 19 Orleans Ave		St. Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Maurice Paul Lunsford (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 19 Orleans 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?
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 Madeline Mc Coy (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 1 Months 13 Days If less than 1 day Hours Minutes					
OCCUPATION					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Customs Mstr.					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brokers Office					
10 Date deceased last worked at this occupation (month and year) 2-4-36 11 Total age (years) spent in this occupation 13					
12 BIRTHPLACE (City) Washington D. C.					
PARENTS					
13 NAME OF FATHER William Lunsford					
14 BIRTHPLACE OF FATHER (City) Virginia					
15 MAIDEN NAME OF MOTHER Helen J. Corcoran					
16 BIRTHPLACE OF MOTHER (City) Baltimore Maryland					
17 Informant (Address) Madeline Lunsford Mc Coy 19 Orleans Ave Relation if any (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. Childers (Signature of Agent of Board of Health or other) N.D. July 31/36 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH July 30 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from new, 19, to 19, I saw him alive on 19, death is said to have occurred on the date stated above, at 10:30 P.M. The principal cause of death and related causes of importance in order of onset were as follows: Natural Causes Probably Acute Dilatation of Heart. Date of Onset July 30 1936					
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? No If so, specify Remained 03 Days (Signed) M. D. (Address) 19, 31, 1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery (Cemetery) (City or town) Cambridge					
DATE OF BURIAL July 1 1936					
22 NAME OF UNDERTAKER C. R. Burroughs ADDRESS Winthrop Mass.					
Received and filed AUG 6 1936 19					
A TRUE COPY, ATTEST: (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*, *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*, *sock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *city engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier, morbid 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>	<i>1913</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., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tentative Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related 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-9-31. No. 3385-7

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Boston City Hospital

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lewis E

Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 60 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

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

Sarah McFadden

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

53

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

receiving 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)

June 1936

11 Total time (years)

spent in this occupation

7 yrs

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

13 NAME OF FATHER

Daniel Smith

14 BIRTHPLACE OF FATHER (City)

(State or country)

N S

15 MAIDEN NAME OF MOTHER

Sarah Eliot

16 BIRTHPLACE OF MOTHER (City)

(State or country)

N S

17

Informant (Address)

Widow-

A TRUE COPY

ATTEST:

Kilda Hedstrom Quirk

(Registrar of city or town where death occurred)

Aug 18

DATE FILED

1936

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7245

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

110

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

August 13

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 5

1936

to Aug 13

1936

I last saw him alive on Aug 8, 1936, death is said

to have occurred on the date stated above, at 8:02 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

perforated peptic ulcer with
general peritonitis

6 wks

Contributory causes of importance not related to principal cause:

broncho pneumonia

dys

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

W O'Connell

M. D.

(Signed)

Boston

Date 8/14/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 18

1936

22 NAME OF UNDERTAKER

J Connolly

ADDRESS

Boston

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 of information should be carefully supplied. AGE should be stated 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-9-31. No. 3385-9

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.,		John J. Bray		7405	
(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. 241 Washington Ave		St., Winthrop		(If U. S. War Veteran, specify WAR) 111	
(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)	
M		W		married	
5a If married, widowed, or divorced HUSBAND of Anna M. McCloskey (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. Pres McKie Lighter Co					
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 1936					
11 Total time (years) spent in this occupation 25					
12 BIRTHPLACE (City) (State or country) Newfoundland					
13 NAME OF FATHER Peter J. Bray					
14 BIRTHPLACE OF FATHER (City) (State or country) NF					
15 MAIDEN NAME OF MOTHER Catherine Blythe					
16 BIRTHPLACE OF MOTHER (City) (State or country) NF					
17 Informant (Address) Wife-					
A TRUE COPY. Attest: Miss Hedstrom Quirk (Registrar of city or town where death occurred)					
DATE FILED Aug 24 1936					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August 19 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from Aug 17 1936 to Aug 19 1936. I last saw him alive on Aug 19 1936, death is said to have occurred on the date stated above, at 1.10A.					
The principal cause of death and related causes of importance in order of onset were as follows:					
					Date of onset
hypertension					1926
cerebral edema					8/18/
cirrhosis of liver					1933
Contributory causes of importance not related to principal cause:					
broncho pneumonia(bilat)					dys
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) W. W. Knowlton M. D. (Address) Boston Date 8/19/1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (City or town)					
DATE OF BURIAL Aug 22 1936					
22 NAME OF UNDERTAKER R. C. Kirby					
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-12-34. No. 2938-f

1 PLACE OF DEATH
 Suffolk County
 Wintthrop (City or Town)
 No. 180 Somerset 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. 142

2 FULL NAME Nellie J. Curtis
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 180 Somerset Ave St., Ward, Wintthrop
 (Usual place of abode)
 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	(write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of George M. Curtis (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 75 Years 5 Months 22 Days If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker		11 Total time (years) spent in this occupation 49	
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) 4/35	
12 BIRTHPLACE (City) Chelsea (State or country) Mass			
13 NAME OF FATHER George E. Sleeper			
14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass			
15 MAIDEN NAME OF MOTHER Caroline Brooks			
16 BIRTHPLACE OF MOTHER (City) Wintthrop (State or country)			

17 Informant (Address) Austin Curtis (Son) 21 Prescott St. 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) (Date of Issue of Permit) 8/3/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 1 1936 (Month) (Day) (Year)	19 I HEREBY CERTIFY That I attended deceased from Dec 1924, to 8/2, 1936. I last saw her alive on Aug 1, 1936, 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: Chronic myocarditis Coronary arteriosclerosis Contributory causes of importance not related to principal cause: Name of operation: What test confirmed diagnosis? Date of: Was there an autopsy? 20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) (Address) 270 Commonwealth Ave Boston Date 8/2 1936 21 PLACE OF BURIAL, CREMATION OR REMOVAL Wintthrop Everett (Cemetery) (City or town) DATE OF BURIAL August 2 1936 22 NAME OF UNDERTAKER Charles H. Young ADDRESS 424 Broadway Chelsea Received and filed. AUG 11 1936 19 (Registrar)
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RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall 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., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated 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 disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septimal) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 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 a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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.

100-12-32, No. 7070-H



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **143**

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. **Fort Warren, Boston Harbor** St. **Ward**
(under jurisdiction of Fort Banks)

(If death occurred in a hospital or institution,
give its NAME instead of street and number.)

2 FULL NAME **BARBARA ANN STAPLES**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **Fort Warren, Boston, 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. **25**

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 1 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.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City) **Fort Banks, Winthrop,**
(State or country) **Massachusetts.**13 NAME OF
FATHER**George K Staples**14 BIRTHPLACE OF
FATHER (City)**Boston,**

(State or country)

Massachusetts.15 MAIDEN NAME
OF MOTHER**Margaret M Kelleher**16 BIRTHPLACE OF
MOTHER (City)**Brighton,**

(State or country)

Massachusetts.

17

Informant
(Address)**FATHER: George K Staples,
Fort Warren, Boston, 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 **August 3****1936**

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 27, 19**36**, to **August 3**, 19**36**I last saw her alive on **July 9**, 19**36**, death is saidto have occurred on the date stated above, at **7:50 A.M.**The principal cause of death and related causes of importance in order of
onset were as follows:**Spina Bifida****Congenital**

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) **JAMES B. STAPLETON, Capt. MC, M. D.**(Address) **Fort Banks, Mass.**Date **Aug 3, 1936**21 PLACE OF BURIAL,
CREMATION OR REMOVAL**Calvary**
(Cemetery)**Boston**
(City or town)

DATE OF BURIAL

Aug 4**1936**

22 NAME OF

UNDERTAKER

Mrs. Kathleen A. Birmingham
379 Market St. Brighton Mass

Received and filed

19

A TRUE COPY, ATTEST:

AUG 11 1936

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid 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 "barometer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *printer*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wildcat merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

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.

Gen. Laws, Chap. 46, Sec. 9

amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

Violence... Gen. Laws, Chap. 38, Sec. 6

death.—*Gen. Laws, Chap. 38, Sec. 7.*

Sec. 46, G. L. as amended.

RULES OF PRACTICE

the following rules of practice:

ness from disease unrelated to any form of injury.

ath is needed,

and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-134. No. 2938-e

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
Winthrop (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 111	
1 PLACE OF DEATH	No. 86 Ingleside Avenue	St.	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME	Gardner Hutchins Crafts	{ (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No.	86 Ingleside Avenue	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?		yr. mos. days	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED (write the word)		18 DATE OF DEATH	
Male	White	Married		August 3, 1936 (Month) (Day) (Year)	
5a If married, widowed, or divorced			19 I HEREBY CERTIFY, That I attended deceased from		
HUSBAND of Marion Estella Roberts (Give maiden name of wife in full)			Aug. 1, 1936, to Aug. 3, 1936		
(or) WIFE of			I last saw him alive on Aug. 3, 1936, death is said		
(Husband's name in full)			to have occurred on the date stated above, at 4:45 P. M.		
6 IF STILLBORN, enter that fact here.			The principal cause of death and related causes of importance in order of onset were as follows:		
7 AGE 58 Years Months Days If less than 1 day Hours Minutes			Carcinoma of lungs		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			Date of Onset June 1, 1936		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Contributory causes of importance not related to principal cause:		
10 Date deceased last worked at this occupation (month and year)			May 1936		
11 Total time (years) spent in this occupation			20		
12 BIRTHPLACE (City) (State or country)			Newton Massachusetts		
13 NAME OF FATHER			George Ellis Crafts		
14 BIRTHPLACE OF FATHER (City) (State or country)			Newton Massachusetts		
15 MAIDEN NAME OF MOTHER			Luella Hutchins		
16 BIRTHPLACE OF MOTHER (City) (State or country)			Newton Massachusetts		
17 Informant (Address)			Marion E. Crafts (wife) 86 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:					
Wm. S. Childress, Jr. (Signature of Agent of Board of Health or other)					
Health Officer (Official Designation)					
8/6/36 (Date of Issue of Permit)					
Name of operation			Exploratory		
What test confirmed diagnosis?			Biopsy		
Was there an autopsy?			No		
20 Was disease or injury in any way related to occupation of deceased?			No		
If so, specify			Arthur C. Murray, M. D.		
(Signed)			Winthrop, Mass.		
(Address)			Date Aug 7, 1936		
21 PLACE OF BURIAL, CREMATION OR REMOVAL			Newton Newton Mass		
(Cemetery)			(City or town)		
DATE OF BURIAL			August 6, 1936		
22 NAME OF UNDERTAKER			Charles R. Bennison		
ADDRESS			Winthrop Mass		
Received and filed			AUG 11 1936		
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, 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, or 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., (Trenchard's Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Trenchard's Edition).*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." Don't 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>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<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 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. 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. Winthrop Community Hospital St. Ward

2 FULL NAME Timothy Joseph Donohue
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 3230 Woodley Rd. Washington D.C. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Irene Murray
(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 3 Months 15 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse breeder and trainer

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 1-1936

11 Total time (years) spent in this occupation 30 yrs

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Daniel Donahue

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Donahue O.R.

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Irene Donahue wife
(Address) 3230 Woodley rd Washington D.C.

18 DATE OF DEATH August 3-1936
(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.)
Spontaneous Cerebral Hemorrhage
Chronic Hypertensive Heart Disease
Minor contusions of Body

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) J. J. Breslin, M. D.
(Address) Boston Date Aug 4-1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Rochester N.Y.
(Cemetery) (City or town)
DATE OF BURIAL Aug 6 1936

22 NAME OF UNDERTAKER A. J. Breslin
ADDRESS 559 Pleasant St. Malden Mass

Received and filed AUG 11 1936 19
(Registrar)

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St. Ward

2 FULL NAME Timothy Joseph Donohue
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 3230 Woodley Rd. Washington D.C. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Irene Murray
(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 3 Months 15 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse breeder and trainer

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 1-1936

11 Total time (years) spent in this occupation 30 yrs

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Daniel Donahue

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Donahue O.R.

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Irene Donahue wife
(Address) 3230 Woodley rd Washington D.C.

18 DATE OF DEATH August 3-1936
(Month) (Day) (Year)

19 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) 166/
(Official Designation) ASSISTANT HEALTH DEPT. (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.

Registered No. 145

(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)

(See reverse side for description for unknown person)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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

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

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)

2 FULL NAME Baby Girl Ascii (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 110 Princeton St., CR Boston Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED 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

18 DATE OF DEATH August, 5, 1936.
(Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from August 5, 1936, to August 5, 1936.
I last saw him alive on August 5, 1936, death is said to have occurred on the date stated above, at Still born.
The principal cause of death and related causes of importance in order of onset were as follows:

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) Winthrop (State or country) Mass
13 NAME OF FATHER Gaetano Ascii
14 BIRTHPLACE OF FATHER (City) Italy (State or country)
15 MAIDEN NAME OF MOTHER Dionira Leopardi
16 BIRTHPLACE OF MOTHER (City) Italy (State or country)
17 Informant (Address) Gaetano Ascii (Relation, if any) Father
110 Princeton St Boston

Still born
Contributory causes of importance not related to principal cause:
Probable cold and weak insulation
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 Fracture of H. Femur
(Signed) 19 Princeton St (Address) CR Boston (City or town) Aug 6 (Date) 1936 (M. D.)
21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michael's Boston (Cemetery) (City or town)
DATE OF BURIAL Aug 6 1936
22 NAME OF UNDERTAKER Richard C Kirby
ADDRESS CR 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)
H.D. (Official Designation)
Aug 6/36 (Date of Issue of Permit)

Received and filed AUG 11 1936 1936
(Registrar)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-f

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. 1417

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 66 Sargent St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bernard F. M^r Elligott
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 66 Sargent St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Mary Larin (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. Comptroller 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. F. C. 10 Date deceased last worked at this occupation (month and year) Aug 5/36 11 Total time (years) spent in this occupation 15th

12 BIRTHPLACE (City) Fitchburg (State or country) Mass

13 NAME OF FATHER Patrick J

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Catherine Cushman

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mary M. Elligott (wife) (Address) 66 Sargent St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or tomb permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Aug 7/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 5, 1936 (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 9:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Sudden death.
natural causes.
Coronary thrombosis

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? No

20 Was disease or injury in any way related to occupation of deceased? No. If so, specify Arthur C. Murray for Board of Health, M. D. (Signed) 100 Washington Ave., Winthrop, Mass. Date Aug 6, 1936 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or town)

DATE OF BURIAL August 8, 1936

22 NAME OF UNDERTAKER Frederick H. Tape ADDRESS 145 Main St., Winthrop

Received and filed AUG 7 1936 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report this occupation prior to retirement. Children, not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operatives," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *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*, *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>	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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by a satisfactory interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, a certificate sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required 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 of such body has been so obtained by section ten of chapter forty-six, that 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 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., (Trenton Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Trenton Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related 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-g

1

PLACE OF DEATH

Suffolk
(County)
Weymouth
(City or Town)
No. 741 Washington Ave
St.,
Ward

2

FULL NAME

Ada F. Turrell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 241 Washington Ave
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. days

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

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.

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)

South Braintree Mass

13

NAME OF FATHER

David Turrell

14

BIRTHPLACE OF FATHER (City) (State or country)

Weymouth Mass

15

MAIDEN NAME OF MOTHER

Eunice Holbrook

16

BIRTHPLACE OF MOTHER (City) (State or country)

Weymouth Mass

17

Informant (Address)

Mildred Wigglesworth
128 Forest St Weymouth

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)
8/8/36
(Date of Issue of Permit)

TO be filed for burial permit with Board of Health or its Agent.

146

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)

18

DATE OF DEATH

August 6th, 1936
(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.)
arterio-sclerotic heart disease
Found dead in his own bed

(See reverse side for description for unknown person)

20

IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Amy S. Buckley, M. D.
(Address) Boston City Date 7 1936

21

PLACE OF BURIAL, CREMATION OR REMOVAL

Village - Weymouth
(Cemetery) (City or town)
DATE OF BURIAL Aug 10, 1936

22

NAME OF UNDERTAKER

Bernie Laughlin & Son
20 Adams, Mass
ADDRESS

Received and filed

19

AUG 21 1936
(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, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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), but by the action of chemical (drugs or poisons), thermal, or electric agents, and deaths following abortion, but also, deaths from **disease 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.)"

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

PLACE OF DEATH

Suffolk

(County)

Wintarop

(City or Town)

No. 26 Johnson Avenue

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 149

2 FULL NAME Abbie Tarbox Crosby

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Johnson Ave.

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 56 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

Ezra E. Crosby

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 87

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.

At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) South Boston

(State or country)

Massachusetts

13 NAME OF FATHER

Ephraim Tarbox

14 BIRTHPLACE OF FATHER (City)

Oxford

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Clara Brickford

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

17

Informant (Address)

Edith L. Floyd (Daughter)

26 Johnson Ave Wintarop 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

August

9

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

June 1, 1936 to Aug 9, 1936

I last saw him alive on Aug 9, 1936 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:

Date of Onset
IMPORTANT

Chronic Nephritis & Heart

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

Aug 10, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

August 12

1936

19

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS 147 Winthrop Street

Winthrop

Received and filed

AUG 9 1936

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.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail*, *wholesale*, and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement 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.

of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the Board of Health, or its agent appointed to issue such permits, 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, certificate, board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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. 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 **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

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. Winthrop Community Hospital Ward	STANDARD CERTIFICATE OF DEATH		Registered No. 150	
2 FULL NAME		Mason Zeir Masovetsky (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 28 Neptune Ave. (Usual place of abode)		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)			
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 1 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.		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Boston, Mass. (State or country)					
13 NAME OF FATHER Leon H. Masovetsky					
14 BIRTHPLACE OF FATHER (City) Palestine (State or country)					
15 MAIDEN NAME OF MOTHER Frances R. Saitz					
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)					
17 Informant (Address) Leon H. Masovetsky (Address) 28 Neptune Ave. Winthrop Relationship (Address) 28 Neptune Ave. Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other Health Officer) 8/10/36 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August 9 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from June 22 1936 to August 9 1936 last saw him alive on August 9 1936, death is said to have occurred on the date stated above, at 9:40 A.M. The principal cause of death and related causes of importance in order of onset were as follows: Embryoma of left lung (malignant) 1936 Contributory causes of importance not related to principal cause: Several carcinomas July 1936					
Name of operation none Date of operation July 1936 What test confirmed diagnosis biopsy Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) (Address) 352 Hurley St. Date Aug 9 1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Ave. Cemetery (City or town) 1936					
DATE OF BURIAL August 10 1936					
22 NAME OF UNDERTAKER Samuel Staretsky ADDRESS 10 West St. W. 1936					
Received and filed 1936 UG 11 1936 (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 shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 removal of death made as above provided and in the possession of the undertaker destined 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 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., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different 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:	
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.

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Arms Hotel

Winthrop

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 131

2 FULL NAME Irving Pratt

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Winthrop Arms Hotel

Winthrop

St., 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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED Married or DIVORCED

5a If married, widowed, or divorced HUSBAND of Mabel M. Greenerd (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 0 Months 27 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, Cashier sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, Boston Elevated saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Sept. 1935 11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Oil City (State or country) Penn.

13 NAME OF FATHER Isaac N. Pratt

14 BIRTHPLACE OF FATHER (City) Silver Creek (State or country) New York

15 MAIDEN NAME OF MOTHER Elizabeth R. Unifreville

16 BIRTHPLACE OF MOTHER (City) Birmingham (State or country) England

17 Informant Mabel M. Pratt (Address) Winthrop Arms Hotel, Winthrop (Relation, if any) 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)
W. M. D. Childress
Health Officer
(Official Designation)

(Date of Issue of Permit) 10/13/36

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 August 10 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 12, 1935, to August 10, 1936. Last saw him alive on August 10, 1936, death is said to have occurred on the date stated above, at 7:39 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocardial Degeneration 1935

Contributory causes of importance not related to principal cause:

Chronic Intestinal Hepatitis 1935

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 A. Briggs M. D. (Address) 662 Shirley St. Date Aug 10, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL August 13, 1936 19

22 NAME OF UNDERTAKER W. M. D. Childress ADDRESS Boston, Mass.

Received and filed 19

AUG 21 1936

(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 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 *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" 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 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 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>Acute enteritis</i>	Date of onset 1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when 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 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, 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. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the name and residence, if known; place where the deceased died his name and 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., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection**, related 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-'34. No. 2938-e

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)

Registered No. 152

2 FULL NAME James Henry Douglas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Fremont 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 50 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 Jane (Douglas) Douglas
(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 10 Months 13 Days
If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieutenant of Police
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police station
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Charlottetown
(State or country) Prince Edward Island

13 NAME OF FATHER Edward Douglas

14 BIRTHPLACE OF FATHER (City) Prince Edward Island
(State or country)

15 MAIDEN NAME OF MOTHER Hetty Cook

16 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country)

17 Sarah J. D. Douglas (Relation, if any)
(Address) 40 Fremont 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. Childers
(Signature of Agent of Board of Health or other)

H. O. (Official Designation)
Aug. 14/36 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 13 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 9 1936, to August 13 1936
I last saw him alive on August 13, 1936, death is said to have occurred on the date stated above, at 7:10 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Acute cholecystitis with rupture of Gall Bladder 8/9/36 & operation therefore

Contributory causes of importance not related to principal cause:

Cholelithiasis 1936
Atrophic cirrhosis of liver 1935
Acute dilatation of heart 8/13/36
Name of operation Excision of Gall Bladder Aug 12/36
What test confirmed diagnosis? Cholecystectomy 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) 302 Dudley St. Date 8/13/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Aug. 15 1936

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed Aug 21 1936

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 name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an application, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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, (1 *centenary Edition*), which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L.*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store, factory, mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, 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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. (Tercentenary Edition)

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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 153

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 430 Revere
St., Ward {(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Martha (Jones) Griffin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 430 Revere St., Ward,
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Harry Griffin (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 85 Years 8 Months 25 Days If less than 1 day
Hours Minutes8 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) 1934 11 Total time (years) spent in this occupation 5012 BIRTHPLACE (City)
(State or country) England

13 NAME OF FATHER Unable to obtain Jones

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Unable to obtain17 Informant Mrs. Henrietta Wilkinson Relation, if any
(Address) 430 Revere St. daughterI 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)
Death Officer 8/17/36
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 15, 1936
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
Aug. 10th 1936, to Aug 15th 1936
I last saw h. in alive on Aug 15th 1936, 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:

Date of Onset

Cerebral Hemorrhage Aug 10th

Contributory causes of importance not related to principal cause:

Natural

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) Michael J. Hennrich M. D.
(Address) 112 Shirley Ave. Date 8/16/193621 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL August 17 1936

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed AUG 21 1936 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 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 recital as required by section ten of chapter forty-six of the United States 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

It shall in all cases pertain to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (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.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, 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 *chief engineer*, *mechanical engineer*, *steam 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 *retailman* and not a *clerk*.

Statement 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 case
<i>Atherosclerosis</i>	1919
<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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		Registered No. 151	
1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 73 Plummer Ave St., Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)	
2 FULL NAME John Arthur Harvey		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If nonresident, give city or town and state)	
(a) Residence. No. 73 Plummer Ave St., Ward,					
Length of residence in city or town where death occurred		yrs.	mos.	days	How long in U. S., if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single		18 DATE OF DEATH August- 16th 1936	
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		6b IF STILLBORN, enter that fact here.		19 I HEREBY CERTIFY, That I attended deceased from August 30, 1936, to Aug 16, 1936	
(or) WIFE of (Husband's name in full)		7 AGE 42 Years. Months. Days If less than 1 day Hours. Minutes		I last saw him alive on August 16, 1936, death is said to have occurred on the date stated above, at 2:05 P. M.	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Sport Editor		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Globe		The principal cause of death and related causes of importance in order of onset were as follows:	
10 Date deceased last worked at this occupation (month and year) Oct 1 1935		11 Total time (years) spent in this occupation 25		Chronic Myocarditis years.	
12 BIRTHPLACE (City) Waltham (State or country) Mass		13 NAME OF FATHER Charles J.		Contributory causes of importance not related to principal cause:	
14 BIRTHPLACE OF FATHER (City) Waltham (State or country) Mass		15 MAIDEN NAME OF MOTHER Ellen Lannigan		Colitis	
16 BIRTHPLACE OF MOTHER (City) Waltham (State or country) Mass		17 Informant Catherine Keefe (Address) 73 Plummer Ave		Name of operation NONE Date of What test confirmed diagnosis? Was there an autopsy? NO	
Relation, if any (Sister)		20 Was disease or injury in any way related to occupation of deceased? If so, specify Edward F. Traynor (Signed) 200 Washington St. (Address) Date Aug 18 1936		21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		DATE OF BURIAL Aug 19 1936		22 NAME OF UNDERTAKER John F. O'Malley	
(Signature of Agent of Board of Health or other)		ADDRESS Winthrop		Received and filed AUG 21 1936	
(Official Designation)		(Date of Issue of Permit) 8/18/36		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 early enough for the purpose, or is insufficient, a physician who is a 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 of a 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 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 counterpoise it, and transmit it to the clerk 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. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting supplications) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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*, *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*, *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," then 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-734. No. 2938-f

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. **155**

2 FULL NAME

Manuel Cabral

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *433 Bennington*

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

Marie Ribeiro

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

54 Years

— Months

— Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Longshoreman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Cunard Line

10 Date deceased last worked at this occupation (month and year)

8-33

11 Total time (years)

spent in this occupation

34

12 BIRTHPLACE (City)

(State or country)

Portugal

13 NAME OF FATHER

Manuel Cabral

14 BIRTHPLACE OF FATHER (City)

(State or country)

Portugal

15 MAIDEN NAME OF MOTHER

Rose De Lima

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Portugal

17

Informant

Mrs. Marie Cabral

Relation, if any

WIFE

(Address)

433 Bennington 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. E. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

8/17/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

*August 16**1936*

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

*August 13, 1936, to August 16, 1936*I last saw him alive on *August 16, 1936*, death is saidto have occurred on the date stated above, at *9:30 A.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary Edema

Date of Onset

IMPORTANT

8/15/36

Contributory causes of importance not related to principal cause:

*General Peritonitis**8/12/36*

Name of operation

*Appendectomy*Date of *8/15/36*

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

Hardy Hegan

(Signed)

Hardy Hegan, M. D.

(Address)

*670 Saratoga*Date *8/16*, 19 *36*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

*8-18*19 *36*

22 NAME OF UNDERTAKER

Charles H. Treanor

ADDRESS

559 Saratoga St E. B.

Received and filed

AUG 21 1936

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, whichever same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

See Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, 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 or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a certificate written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of an attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** 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*—*opposite 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 cause, 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.

10m-12-34. No. 2938-e

1 { PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 293 Main St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry Gibbons (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 293 Main 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 Married (write the word)

5a If married, widowed, or divorced HUSBAND of Margaret A. Sherry (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10 Date deceased last worked at this occupation (month and year) 1928 11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Randolph (State or country) Mass

13 NAME OF FATHER William

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Noonan

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs. Johnson (Address) Town Hall Relation, if any

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 17th 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sudden death, 19 to 19. I last saw him alive on 19, 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: Natural causes: Coronary thrombosis Date of Onset 8/17/36

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) Arthur C. Mynors, Health Officer (Address) 100 Main St. Date 8/17/1936

21 PLACE OF BURIAL CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL Aug 19 1936 19

22 NAME OF UNDERTAKER John H. J. Maloy ADDRESS Winthrop

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chidress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/18/36 (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

五

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, 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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits. 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 transport it from a town, from one cemetery to another, or from one grave or lot in a cemetery to another, or place it in any other than the receiving tomb at another in the same cemetery until he has received a permit from the board of health.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body has died, and no undertaker or other person shall exhum a human body from one place to another from one cemetery to another, or remove it from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or has received a permit from the clerk of the town where the body is buried. No such permit shall be issued until the body

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 a cemetery, until he has received a permit from the board of health or its agent, storeward or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satis-

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, from one cemetery to another, or from one grave or tomb other 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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his 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 instructing, a physician who is a member of

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 by law to 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, or previously interred, from one town to another, is issued, the

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 cemetery, until he has received a permit from the board of health or its agent, alongside or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 herein 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 purpose, a 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, and

No human body or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 of 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 examination 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 constitute a permit for such removal, if 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, and the agent, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, shall be the clerk or registrar may receive.—*Chap. 114, Sec. 45 G. L.*

Gen. Laws, Chap. 38, Sec. 7

Date of onset

YOTR

1021

July 8, 1927

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directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons, not disabled by recognized disease, of those of persons, not disabled by recognized disease,

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, 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, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall not previously interfere. If such a permit for the removal of a human body, not previously interfered from one town to another within the commonwealth cannot be obtained early enough for the purpose, the committee 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 and other necessary information which can be obtained as 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., (Mental Hygiene).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

of the following rules of practice:

Illness from disease unrelated to any form of injury.

ance or whose physician is absent from home when the certificate of death is needed.

and those of persons found dead, and those of persons not disabled by recognized disease,



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. 10 Locust St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Maria C. Rebello (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 10 Locust 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? 50 yrs. mos. days.

Registered No. 2378

157

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed	18 DATE OF DEATH Aug 23 1936 (Month) (Day) (Year)		
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Manuel F. Rebello (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY That I attended deceased from July 4 1936 to Aug 23 1936 last saw him alive on Aug 23 1936, 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: Chronic hepatitis Date of Onset IMPORTANT 10 yrs		
7 AGE 81 Years Months Days If less than 1 day Hours Minutes			Contributory causes of importance not related to principal cause: Arteriosclerosis		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home			Name of operation Date of		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None			What test confirmed diagnosis? Was there an autopsy?		
10 Date deceased last worked at this occupation (month and year) -			20 Was disease or injury in any way related to occupation of deceased? 6 If so, specify (Signed) (Address) Date 1936		
11 Total time (years) spent in this occupation -			21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)		
12 BIRTHPLACE (City) (State or country) Portugal			DATE OF BURIAL August 26, 1936 19		
13 NAME OF FATHER Antonio Jose Pimental			22 NAME OF UNDERTAKER East Boston		
14 BIRTHPLACE OF FATHER (City) (State or country) Portugal			ADDRESS East Boston		
15 MAIDEN NAME OF MOTHER Sabina Joaquina			Received and filed 19		
16 BIRTHPLACE OF MOTHER (City) (State or country) Portugal			SEP 4 1936 (Registrar)		
17 Informant Miss M. Rebello (daughter) 10 Locust St., Winthrop Relationship, if any					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: W. M. A. Chuldras (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 8/25/36					

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 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 only occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 is insubstantially, or employed by it or by the selectmen for the purpose, shall 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, 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 racial, as, for example, 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., (Trenton Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He 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., (Trenton Edition).*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (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.

Boston 9/17/36
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

158

Registered No.

PLACE OF DEATH

No. *Sta Hosp Ft Banks, Mass.* St. *Ward*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *JAMES A. CAMPBELL*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

World

(a) Residence. No. *252* 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)

5a If married, widowed or divorced

HUSBAND of *Frances MacNichol*
(Give maiden name of wife in full)

(or) WIFE of *(Husband's name in full)*

6 IF STILLBORN, enter that fact here.

7 AGE *54* Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Warrant 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) 11 Total time (years) spent in this occupation *27*

12 BIRTHPLACE (City) *Providence*
(State or country) *Rhode Island*

13 NAME OF FATHER *Thomas A. Campbell*

14 BIRTHPLACE OF FATHER (City) *Hartford*
(State or country) *Conn.*

15 MAIDEN NAME OF MOTHER *Mary E McCarthy*

16 BIRTHPLACE OF MOTHER (City) *Saratoga Springs*
(State or country) *New York*

17 Informant (Address) *Sta Hosp Ft 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) *Health Officer* (Date of Issue of Permit) *8/27/36*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

August 25 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Aug 25* 19*36* to *Aug 25* 19*36*

I last saw him alive on *Aug 25* 19*36*, death is said

to have occurred on the date stated above, at *2:52 PM*

The principal cause of death and related causes of importance in order of onset were as follows:

Septicemia, sigmoid, severe
Nephritis, chronic, interstitial
Heart failure, chronic
Diabetes, mellitus
Arteriosclerosis

Date of Onset

1936
8/25
7/1/36

Contributory causes of importance not related to principal cause:

Name of operation *None* Date of *None*
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 *None*

(Signed) *Murray* M. D.

(Address) *Sta Hosp Ft Banks, Mass* Date *Aug 25 1936*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Arlington County, Virginia*
(Cemetery) (City or town)

DATE OF BURIAL *Aug 28 1936*

22 NAME OF UNDERTAKER *Murray*

ADDRESS *254 Beal St Revere*

Received and filed *SEP 4 1936* 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 the purpose, or is insufficient, a physician who is a 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 a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retiral, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retiral shall appear upon the permit, certificate, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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.*

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different 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. 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 illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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 THE STATE OF MASSACHUSETTS, WITH UNPAID BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 159

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Hospital St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry W. Farran

(If deceased was a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. Corinnah Beach 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 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 53 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman
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) 1936
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Farran

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant Hospital Records Winthrop Mass (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/31/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 28 1936 (Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from July 5, 1936, to Aug 28, 1936. I last saw him alive on Aug 28, 1936, 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:

Carcinoma of Stomach

Date of onset July 1936

Contributory causes of importance not related to principal cause:

General Toxemia

Name of operation Eplasty, Laparotomy Date of July 1936
What test confirmed diagnosis Chinese Lungs Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) H. J. O'Brien M. D.
(Address) 70 West 80th St. New York City Date Aug 31, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL New Calvary Boston (Cemetery) (City or town)

DATE OF BURIAL Aug 31 1936

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St Winthrop

Received and filed SEP 1 1936 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith ascertain the cause of the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, and must not register 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 disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Loeb's Chap. 46, Sec. 9.

No undertaker or other person shall have any right to remove the body of a deceased person from the place where he died until the death certificate has been signed by the physician or officer.

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove the

Under no circumstances shall the undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent.

If there is no such board, from the clerk of the town where the person died; and no ward or district.

body and remove it from a town from one person shall exhumate a human

from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health for its agent aforesaid or from the clerk of the board of health.

burned. No such permit shall be issued until the body delivered to such board, agent or clerk, as the case may be, has signed a written statement containing the facts required by law to be returned and recorded, which shall be accompanied by a

original intent, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, then, for the

If death is caused by violence, the medical examiner shall require such certificate. If the death certificate contains a recital, signed by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any branch of service, in which it has been entered, steps shall be taken to obtain early enough the purport of or insufficient, a physician who is a member of the medical corps, or employed by it or by the selectmen for the purpose, and upon application make the certificate required for the purpose.

The board of health, or its agent, upon receipt of such

and certificate, shall forthwith connect, sign it and transmit to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall 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, § 45, G. L., as amended.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

.....He 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.*

by violence... *Gen. Laws, Chap. 38, Sec. 6.*

medical examiners shall make examination upon the view of the dead bodies of only such persons as

Sec. 45, G. L., as amended.—Chap. 114, Mod.

which can be obtained as to the deceased, or as to the manner of

ment and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration.

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 permit, shall

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice.

(1) Attached are the rules for the observance of the following rules of practice:

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

(City or town making return)

160

Suffolk

(County)

Winthrop

(City or Town)

No. 76 Lowell Road

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Elizabeth (Roberts) Edwards

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 35 Hermon

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George Charles Edwards (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 11 Months 18 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) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Australia

13 NAME OF FATHER John W. Roberts

14 BIRTHPLACE OF FATHER (City) (State or country) Australia

15 MAIDEN NAME OF MOTHER Marie

16 BIRTHPLACE OF MOTHER (City) Tasmania (State or country) Australia

17 Informant Mrs. Ethel E. Wilder daughter Relation, if any (Address) 76 Lowell 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)

18 DATE OF DEATH August 31 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

January 10 1930, to August 31, 1936

I last saw her alive on August 30, 1936, death is said

to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocardial Degeneration 1935

Contributory causes of importance not related to principal cause:

Senility 1935

Name of operation none Date of What test confirmed diagnosis autopsied Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob Charles W.D. M.D.

(Address) 302 County St. Date Sept 2/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL September 3 1936

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed SEP 1936 19

A TRUE COPY, ATTEST:

(Registrar)

GOVERNING THE

Gen. Latous, Chap. 46, Sec. 9.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

3. The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *an engineer, mechanical engineer, mining engineer, stationary engineer, etc.* 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, joiner, machinist, etc.* Distinguish carefully between *trial mechanics and wholesale mechanics*. A person who sells goods should be called a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, as suffocation, 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.

The principal cause of death and related causes of importance in order of onset were as follows:

.....

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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. Latous, Chap. 46, Sec. 9.

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, declining 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 controvert it and transmit it to the 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. 45, §. 1, L. (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...shall sign in all cases certifying 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, if it has been brought into 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 funeral (see *§ 46, G. L. (Tentative Edition)*).

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

Only those persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), but by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following infection (bacterial, viral, or protozoan) resulting from injury or infection related to occupational deaths from sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

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. 161

2 FULL NAME Lillian (Ward) Cogan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 91 Winthrop

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 21 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 Daniel E. Cogan

(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

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. 1936 11 Total time (years) spent in this occupation. 30

12 BIRTHPLACE (City) Portsmouth (State or country) New Hampshire

13 NAME OF FATHER George F. Ward

14 BIRTHPLACE OF FATHER (City) Merideth (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Alice Parker

16 BIRTHPLACE OF MOTHER (City) Hinsdale (State or country) New Hampshire

17 Informant Daniel E. Cogan (Address) (husband)

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) 8/13/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8 10 36 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from 8/6 to 8/10, 1936.

I last saw him alive on 8/6, 1936 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:

Date of Onset

General Peritonitis

Contributory causes of importance not related to principal cause:

Perforated Appendix

Name of operation Appendectomy Date of 8/6/36 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) Harry A. Cogan, M. D.

(Address) Winthrop Mass Date 8/11/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Grove Ports (Cemetery) (City or town)

DATE OF BURIAL August 13 1936

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 last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, 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 kind of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, machinist*, etc. Distinguish carefully between *tailor, 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, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>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.

of a human body in a 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 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 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 physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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. 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 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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 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.

Every item or information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Boston
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH
Mass.

(City or town making return)

Registered No. **162**SUFFOLK
(County)WINTHROP
(City or Town)No. **3ta Hosp Fort Banks**, Wintthrop, St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **JOSEPH H BURNS**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. **Ors #27, Fort Andrews, Mass.** St., 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. **10** days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

5a If married, widowed, or divorced
HUSBAND of **Joseph H Burns**
(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 **8** Months **24** Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Private, Hq Btry 9th CA**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Fort Banks, Mass.**
U S Army

10 Date deceased last worked at this occupation (month and year) **August 21 1936** 11 Total time (years) spent in this occupation **22**

12 BIRTHPLACE (City) **Chicago**
(State or country) **ILLINOIS.**

13 NAME OF FATHER **George Burns**

14 BIRTHPLACE OF FATHER (City) **Missouri**
(State or country)

15 MAIDEN NAME OF MOTHER **Allice DeForest**

16 BIRTHPLACE OF MOTHER (City) **Unknown**
(State or country)

17 Informant **REGISTRAR, Sta Hosp Fort Banks, Mass**
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent, **Sept. 2/36**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **September 1 1936**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **August 22**, 19**36**, to **September 1**, 19**36**

I last saw him alive on **September 1**, 19**36**, death is said

to have occurred on the date stated above, at **7:30 a.m.**

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage **8/22/36**
Hemiplegia, right, severe **8/22/36**
Pneumonia, bronchial, bilateral **8/29/36**

Contributory causes of importance not related to principal cause:

None

Name of operation **None** 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 **None**

(Signed) **ROBERT E. THOMAS, Major, MC** M. D.

(Address) **Fort Banks, Mass.** Date **Sept 19 36**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Arlington** **Virginia**
(Cemetery) (City or town)

DATE OF BURIAL **Sept. 7 1936** 19

22 NAME OF UNDERTAKER **Murray & Murray**

ADDRESS **257 Beach St New York**

Received and filed **SEP 4 1936** 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 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, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall not previously interfere. 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 obtained hereunder. If the death certificate contains a retiral, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retiral 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 obtain as 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 purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without receiving medical attendance 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 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.

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*—*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*, *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 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. A 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>Acute enteritis</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

1 PLACE OF DEATH		<i>Suffolk</i> (County) <i>Winthrop</i> (City or Town) No. <i>Winthrop Community, Hos</i> Ward {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registered No. <i>100</i>	
2 FULL NAME <i>Baby Resnick</i> (If deceased & married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If nonresident, give city or town and state)	
(a) Residence. No. <i>142 Walnut Ave.</i> Ward, <i>Revere Mass.</i> (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 <i>F</i>	4 COLOR OR RACE <i>W.</i>	5 SINGLE ☒ (write the word) <i>MARRIED</i> <i>WIDOWED</i> <i>or DIVORCED</i> <i>Single</i>					
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) <i>Winthrop Mass</i>							
13 NAME OF FATHER <i>Samuel Resnick</i>							
14 BIRTHPLACE OF FATHER (City) _____ (State or country) <i>Russia</i>							
15 MAIDEN NAME OF MOTHER <i>Ida Feinstein</i>							
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <i>Russia</i>							
17 Informant <i>Samuel Resnick (father)</i> (Address) <i>142 Walnut Ave. Revere</i>							
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 <i>Sept 2 1936</i> (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from <i>Sept 2</i> , 19 <i>36</i> , to _____, 19____.							
I last saw him alive on <i>Sept 2</i> , 19 <i>36</i> , death is said to have occurred on the date stated above, at <i>2.30 P.</i> m.							
The principal cause of death and related causes of importance in order of onset were as follows:							
<i>atelectasis.</i>							
Contributory causes of importance not related to principal cause:							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? <i>no</i>							
20 Was disease or injury in any way related to occupation of deceased? <i>no</i>							
If so, specify <i>Fracture of hand</i> M. D. _____							
(Address) <i>56 Highland Ave</i> Date <i>8/3</i> 19 <i>36</i>							
21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Everett Jewish Cemetery</i> (City or town) <i>Everett</i>							
DATE OF BURIAL <i>Sept 3</i> 19 <i>36</i>							
22 NAME OF UNDERTAKER <i>Manuel Stankovsky</i>							
ADDRESS <i>10 Wash. St. Dor.</i>							
Received and filed <i>SEP 4 1936</i> 19____							
A TRUE COPY, ATTEST: _____ (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 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 permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or from 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, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, or if, for board of health, or employed by it or by the selectmen for the purpose, or is insufficient, a physician who is a member of the board of health, or 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, of the United States 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 congregate it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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 only shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence..... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise 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 transmittable (infecting resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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. 2378

1 PLACE OF DEATH {
Suffolk (County)
Winthrop (City or town)
No. 69 Cottage Park Rd., St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Porter
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Cottage Park Rd., St., Ward, (If U. S. War Veteran, specify WAR)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? 50 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 Nathalie Surette
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 73 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. Wood caulker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlantic Works, E. Boston

10 Date deceased last worked at this occupation (month and year) Oct 1931 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Wedgeport, (State or country) Nova Scotia

13 NAME OF FATHER Zackerie Porter

14 BIRTHPLACE OF FATHER (City) Wedgeport, (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Monique LeBlanc

16 BIRTHPLACE OF MOTHER (City) Wedgeport, (State or country) Nova Scotia

17 Informant Mrs. Nathalie Porter Wife (Address) 69 Cottage Park Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers (Signature of Agent of Board of Health or other)

Agent (Official Designation) Sept 4/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 9 (Month) 2 (Day) 36 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1936, to 9/2/1936

I last saw him alive on 9/2/1936, death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of Lungs 36 yrs

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 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop. (Cemetery) (City or town)

DATE OF BURIAL Sept 5, 1936 19

22 NAME OF UNDERTAKER Richard Kirby

ADDRESS East Boston

Received and filed 19

SEP

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. 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:	
<i>Arteriosclerosis</i>	Date of onset 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the clerk of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the 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 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, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, 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, cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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, 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 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 furnished for registration certifying the cause of death shall thereafter obtain for as 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related 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-12-34, No. 2938-e

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Winthrop (City or town making return)	
STANDARD CERTIFICATE OF DEATH		Registered No. 102	
1 PLACE OF DEATH Winthrop (City or Town) No. 296 River Road St. Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME JULIA MARIE (COUGHLIN) COLLINS (If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No. 296 River Road St. Ward, (Usual place of abode) (If nonresident, give city or town and state)			
Length of residence in city or town where death occurred yrs. mo. days. How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Hugh E. Collins (Husband's name in full)		18 DATE OF DEATH September 4 1936. (Month) (Day) (Year)	
6 IF STILLBORN, enter that fact here.		19 I HEREBY CERTIFY, That I attended deceased from January 1, 1936, to Sept. 4, 1936. I last saw her alive on Sept. 3, 1936, death is said to have occurred on the date stated above, at 3:30 A. M. The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma Intestines 1935	
7 AGE 69 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. Housewife		10 Date deceased last worked at this occupation (month and year) January 1936	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home		11 Total time (years) spent in this occupation 45	
12 BIRTHPLACE (City) (State or country) Ireland		13 NAME OF FATHER Patrick Coughlin	
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland		15 MAIDEN NAME OF MOTHER Nora Cannot be learned	
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland		17 Informant Hugh H. Collins (Husband) (Address) 296 River Road Winthrop	
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) Sept. 5/36 (Date of Issue of Permit)			
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Edward J. Franquez, M. D. (Signed) (Address) September 1, 1936 Date 9-3-1936		21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town)	
22 NAME OF UNDERTAKER John D. Haley		DATE OF BURIAL September 7, 1936	
ADDRESS Winthrop, Massachusetts		Received and filed SEP 1936 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, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or its agent exhumed, until he has received a permit from the board of health is buried. No such permit shall be issued until the body delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 a permit in the usual form for the removal of such body, 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 and other necessary information which can be obtained as 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., (Tercentenary Edition).*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different 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. Its 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. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the 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 **supposablely due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septikemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related 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-12-34, No. 2938-f



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. 100

PLACE OF DEATH

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 Edward J. Fewore

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 229 Washington 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

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

(write the word)

WIDOWED

Married

5a If married, widowed, or divorced

HUSBAND of

Agnes O'Connell

(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.

**

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.

Moulton Ladder Mfg. Co. Cambridge Mass.

10 Date deceased last worked at this occupation (month and year)

Sept 30-36

11 Total time (years) spent in this occupation

Lynn

12 BIRTHPLACE (City)

(State or country)

Mass.

13 NAME OF FATHER

Edward J. Fewore

14 BIRTHPLACE OF FATHER (City)

(State or country)

St. John's

New Brunswick

15 MAIDEN NAME OF MOTHER

Mary E. Rountry

16 BIRTHPLACE OF MOTHER (City)

(State or country)

???

Ireland

17

Informant (Address)

Mrs Agnes Fewore

229 Washington Ave.

Relation, if any

(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

September 7, 1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 6

1936, to

Sept 7

1936

I last saw him alive on

Sept 7

1936, 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:

acute dilatation of heart

Pulmonary edema

Date of Onset

IMPORTANT

9/6

9/6

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

Sept 7, 1936

21 PLACE OF BURIAL, CREMATION OR REINTERMENT

St. Mary's Lynn

DATE OF BURIAL

September 10-1936

22 NAME OF UNDERTAKER

Frank O'Leary

ADDRESS

4 West Cambridge Mass

Received and filed

SEP 7

1936

(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 is buried; and no undertaker or other person shall entomb a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other 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 an affidavit of the attending sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient by a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 respects 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., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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 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>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

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)
No. 34 Trident 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.

(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. 34 Trident 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 3 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 MARRIED WIDOWED OR DIVORCED married (write the word)

5a If married, widowed or divorced

HUSBAND of Rose Nurenberg (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years Months Days If less than 1 day Hours Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) 1932

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Virginia (State or country) Russia

13 NAME OF FATHER Ephraim Schwartz

14 BIRTHPLACE OF FATHER (City) Virginia

(State or country) Russia

15 MAIDEN NAME OF MOTHER Etta - Gluckman

16 BIRTHPLACE OF MOTHER (City) Virginia

(State or country) Russia

17

Informant (Address) William D. Childers 25 Mt Hope Rd Boston

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)

Sept. 8/36
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 7 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 1 1934 to September 7 1936

I last saw him alive on September 7, 1936, 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:

Date of Onset

Acute Coronary Thrombosis 1934

Contributory causes of importance not related to principal cause:

Atherosclerosis 1930.

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? No

If so, specify

(Signed) Jacob Abrams M. D. 362 Shirley St. Boston Sept 8/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL City of Boston Cemetery (City or town)

DATE OF BURIAL Sept 8 1936

22 NAME OF UNDERTAKER Albert Blum

ADDRESS 663 Eastern Ave Malden

Received and filed SEP 8 1936 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 the last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or receive from one to another, or the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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. 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 **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:

- 3.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different 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-factory 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, 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 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-9-31. No. 3385-r

PLACE OF DEATH

SUFFOLK
BOSTON (County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 7875

No. Mass. General Hosp. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Lampasone (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 168

(a) Residence. No. 51 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 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 Wid. (write the word)

5a If married, widowed, or divorced HUSBAND of Francine Cremaldi (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop 10 Date deceased last worked at this occupation (month and year) 7/36 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Italy (State or country)

13 NAME OF FATHER Joseph Lampasone

14 BIRTHPLACE OF FATHER (City) Italy (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Italy (State or country)

17 Informant Joseph Lampasone (son) (Address) 15 Shirley St., Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 9/10/36 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 7/36 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9/5/36, 19, to 9/7/36, 19

I last saw him alive on 9/7/36, 19, death is said to have occurred on the date stated above, at 5:32a m.

The principal cause of death and related causes of importance in order of onset were as follows:

malignant hypertension chronic vascular nephritis 5 yrs

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) A G Engelbach, M. D. (Address) Boston Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL Sept 9 19 36

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 or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

1 PLACE OF DEATH			2 FULL NAME		3 RESIDENCE		4 LENGTH OF RESIDENCE	
Hinthorp (County) (City or town)			Nora E. Carroll		No. 395 Shirley St. St., Ward {		Registered No. 169	
			(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. 395 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 16 yrs. mos. days.			How long in U. S., if of foreign birth? yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH				
8 SEX M		4 COLOR OR RACE H		5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed		18 DATE OF DEATH Sept 8, 1936		
				(write the word)		(Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of John A. Carroll				19 I HEREBY CERTIFY, That I attended deceased from Jan-1, 1930, to September 8, 1936.				
(or) WIFE of John A. Carroll				I last saw her alive on September 8, 1936, death is said to have occurred on the date stated above, at 730 A.M.				
6 IF STILLBORN, enter that fact here.				The principal cause of death and related causes of importance in order of onset were as follows:				
7 AGE 67 Years Months Days				Chronic Myocarditis - 7 years				
If less than 1 day Hours Minutes				Chronic Arterio Sclerosis - 1 year				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Housekeeper		Contributory causes of importance not related to principal cause:		Date of Onset IMPORTANT		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		at home		Gangrene Foot - 1 month				
10 Date deceased last worked at this occupation (month and year)		6/36						
11 Total time (years) spent in this occupation		30						
12 BIRTHPLACE (City) (State or country) Malden Mass				Name of operation _____ Date of _____				
13 NAME OF FATHER John A. Cronan				What test confirmed diagnosis? _____ Was there an autopsy? No				
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland				20 Was disease or injury in any way related to occupation of deceased? _____				
15 MAIDEN NAME OF MOTHER Margaret Sullivan				If so, specify _____				
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland				(Signed) Edward A. Stranger, M. D. (Address) 200 Washington St. Date 9-8-1936				
17 Informant (Address) C. H. Cronan, 395 Shirley St. Hinthorp				21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Malden (Cemetery) (City or town)				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:				DATE OF BURIAL Sept 10, 1936				
(Signature of Agent of Board of Health or other) J. M. Schilders				22 NAME OF UNDERTAKER Owen P. Doonan Sons				
(Official Designation) H. D.				ADDRESS Malden, Mass				
(Date of Issue of Permit) Sept 10/36				Received and filed _____ 19 _____				
				SEP 14 1936 (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 shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, in person, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 respects 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., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition.)*

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.

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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34. No. 2938-e

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Winthrop

(City or town making return)

Registered No. 130

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 Leonard Manley Glover

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 362 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 21 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

(write the word)

WIDOWED

Married

5a If married, widowed, or divorced

HUSBAND of Mabel Georgie Jellison

(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 11 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.

Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Outside Territory

10 Date deceased last worked at this occupation (month and year) July 1936

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City)

Greenfield
Massachusetts

13 NAME OF FATHER

Unable to obtain

14 BIRTHPLACE OF FATHER (City)

Unable to obtain

(State or country)

15 MAIDEN NAME OF MOTHER

Unable to obtain

16 BIRTHPLACE OF MOTHER (City)

Unable to obtain

(State or country)

17

Mabel G. Glover

Relation, if any

(wife)

(Address) 362 Pleasant St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

9

(Month)

9

(Day)

36

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

8/30, 1936, to 7/9, 1936

I last saw him alive on 7/7, 1936, death is said

to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

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 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett

(Cemetery)

(City or town)

DATE OF BURIAL Sept. 11, 1936

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

SEP 14 1936

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, and the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) 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 receipt medical attendance, or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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 of causes 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>	1914
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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-9-31. No. 3385-7

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Mass. General Hosp.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 7912

2 FULL NAME Fannie Kandos Stavredes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 411 Shirley

St.

Ward

Wintrop

(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)

Wid.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John Stavredes

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

54

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

5/36

11 Total time (years)

spent in this occupation

30

12 BIRTHPLACE (City)

(State or country)

Greece

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

Greece

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Greece

17

Informant

Charles Stavredes (son)

(Address)

411 Shirley St., Wintrop

A TRUE COPY

ATTEST

(Registrar of city or town where death occurred)

9/14/36

DATE FILED

19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

(If U. S. War Veteran, specify WAR)

171

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

September 9/36

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/9/36

, 19

to

9/9/36

, 19

I last saw her alive on 9/9/36, 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:

Hypertensive & arterio sclerotic heart disease
Diabetes mellitus

Date of onset

? 4 yrs

? 4 yrs

Contributory causes of importance not related to principal cause:

Diabetic coma

1 wk

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) A G Engelbach

M. D.

(Address)

Boston

Date 9/9/19 36

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt Hope

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Sept 12

19 36

22 NAME OF UNDERTAKER

F O Moley

ADDRESS

Wintrop

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-12-34. No. 2938-f

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
 No. Winthrop Community Hosp. 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. 172

2 FULL NAME Ellen G. Murphy (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 617A Bennington St. Ward, 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

8 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 Edward J. Murphy (Give maiden name of wife in full) (or) WIFE of Edward J. Murphy (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years.....Months.....Days If less than 1 dayHours.....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) 8-36 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) East Boston, Mass. (State or country)

PARENTS 13 NAME OF FATHER Cornelius J. Kelly
 14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
 15 MAIDEN NAME OF MOTHER Ellen Silworth
 16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 12 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935, to Sept 12, 1936.
 I last saw her alive on Sept 12, 1936, 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:
Broncho Pneumonia Date of Onset 3 day
Carcinoma tons 1 year
Chronic Myocarditis 2 years
(uraman)

Contributory causes of importance not related to principal cause:
Carcinoma tons 1 year
Chronic Myocarditis 2 years
(uraman)

Name of operation Laryngotomy Date of Sept 8, 36
 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 Heart D. H.
 (Signed) Frederic O. Tregan M. D.
 (Address) 670 Saratoga St. Date Sept 14, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)
 DATE OF BURIAL Sept 15 1936

22 NAME OF UNDERTAKER William A. Treanor
 ADDRESS 539 Saratoga St. E. Boston

Received and filed..... 19.....
 (Official Designation) (Date of Issue of Permit) (Registrar)

17 Informant Edward J. Murphy Relation, if any HUSBAND
 (Address) 617A Bennington 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 H. Childers
 (Signature of Agent of Board of Health or other)
H. O. Sept 12, 1936
 (Official Designation) (Date of Issue of Permit)

SEP 17 1936
 (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*—*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*, *plumber*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, 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 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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 electrical) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease *resulting from injury or infection* related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



STANDARD
CERTIFICATE OF DEATH

Registered No. 122

No. 35 Crest Ave. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hyman Selvig (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 35 Crest Ave. St. Ward, Winthrop (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 years months days. How long in U.S., if of foreign birth? 34 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married

6a If married, widowed or divorced HUSBAND of Harminie Selvig (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Store
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For himself
10 Date deceased last worked at this occupation (month and year) Sept 1936 11 Total time (years) spent in this occupation 6 yrs

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Jacob Selvig
14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Harminie Tarnitsky
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Harminie Selvig (Wife) 35 Crest Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 14 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 10 1926 to September 14 1936 I last saw him alive on September 14, 1936, 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:

Angina Pectoris 1934

Contributory causes of importance not related to principal cause: Atherosclerosis 1933 Gastric ulcer 1935

Name of operation none Date of What test confirmed diagnosis X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob Selvig (Address) 562 Shirley St. Date Sept 14 1936

21 Place of Burial, cremation or Removal (City or Town) Liberty Progressive Cem. Winthrop

DATE OF BURIAL Sept 15 1936

22 NAME OF UNDERTAKER Harminie Tarnitsky ADDRESS 10 Wash. St. Wob.

Received and filed 19

SEP 17 1936 (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as 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, SOAT FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MILLING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "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 first, second, or third position. The principal cause may appear in either 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, officer or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original and recorded, satisfactory certificate of the attending physician as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 a 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 removal of such body has been sooner as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such removal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith, countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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. (TENTH CENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as shall be with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (TENTH CENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules, of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Information should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-12-34, No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2378

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

174

2 FULL NAME Sarah LeBlanc
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 71 Falcon St., East Boston 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. 5 days. How long in U. S., if of foreign birth? 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Married (write the word)
Widowed Divorced

18 DATE OF DEATH September 14, 1936
(Month) (Day) (Year)

6a If married, widowed, or divorced
HUSBAND of Ray LeBlanc
(Give maiden name or wife in full)
(or) WIFE of Ray LeBlanc
(Husband's name in full)

19 I HEREBY CERTIFY. That I attended deceased from
March 1, 1936, to Sept 14, 1936

I last saw h. or alive on Sept. 14, 1936, 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
IMPORTANT

Acute Cardiac dilatation Sept. 14/36
Acute Pulmonary edema

Contributory causes of importance not related to principal cause:

operation, Craseman section
for full term pregnancy

Name of operation Craseman Date of 7/14/36
What test confirmed diagnosis? h. Was there an autopsy? h.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) George H. Schwartz M. D.
(Address) 19 Grand St Date 11/15 1936

21 PLACE OF BURIAL Holy Cross Cemetery
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Sept 17, 1936

22 NAME OF UNDERTAKER F. C. Kirby

ADDRESS East Boston

Received and filed SEP 17 1936 19

(Registrar)

12 BIRTHPLACE (City) Bridgewater
(State or country) Nova Scotia

13 NAME OF FATHER Arthur LeBlanc

14 BIRTHPLACE OF FATHER (City) Bridgewater
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Louise D'Entremont

16 BIRTHPLACE OF MOTHER (City) Lebanon
(State or country) Nova Scotia

17 Informant (Address) Ray LeBlanc, 71 Falcon St., East Boston
(Relation, if any)

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 Sept. 16, 1936
(Official Designation) (Date of Issue of Permit)

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*, *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, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or, if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selecting 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 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-95 No. 6156F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 80 Cross



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

175

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (H U. S.
War Veteran
specify WAR)

2 FULL NAME Maria Carnicelli

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 80 Cross

St., Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Gaetano Carnicelli (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. 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) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Italy

13 NAME OF FATHER Arcangelo Di Biasi

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Rosa (Unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Gaetano Carnicelli (Husband) (Address) 80 Cross St. Winthrop. Relation, if any

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) (Official Designation) Sept. 17/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 17 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept 17, 1936, to Sept 17, 1936. I last saw him alive on Sept 17, 1936. death is said to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis Pericarditis

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 9/16/1936

21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 17 1936

22 NAME OF UNDERTAKER Fatsy Repuso ADDRESS 9 Chelsea St. East Boston.

Received and filed 19

SEP 17 1936 (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as 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, MECHANIC, 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>Antecedents</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 appear in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 a 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 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. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, and 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-12-34. No. 2938-f

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.		10/23/36	
		Winthrop (City or Town)			No. rear 25 Washington Ave. St., Ward {		Registered No. 176		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Julia Caroline Waite				(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)		
(a) Residence. No.		903 Packwood Ave. Tampa, Florida				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	4 COLOR OR RACE	5 SINGLE	(write the word)							
female	white	MARRIED	married.							
6a If married, widowed, or divorced		HUSBAND of (Give maiden name of wife in full)								
(or) WIFE of		Horace Waite (Husband's name in full)								
6 IF STILLBORN, enter that fact here.										
7	AGE		83	Years	7	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 X								
	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)	1935		11 Total time (years) spent in this occupation	55					
12 BIRTHPLACE (City)		Calais Me.								
(State or country)										
PARENTS	13 NAME OF FATHER	George Washburn								
	14 BIRTHPLACE OF FATHER (City)	China Me.								
	(State or country)									
	15 MAIDEN NAME OF MOTHER	Elizabeth Gilmor								
16 BIRTHPLACE OF MOTHER (City)		Belfast Island Me.								
(State or country)		Ireland								
17	Informant (Address)		Horace Waite		Rear 25 Washington Ave.		Boston, 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)								
H. O.		Sept 15/36								
MEDICAL CERTIFICATE OF DEATH										
18 DATE OF DEATH		September		15		1936		(Month) (Day) (Year)		
19 I HEREBY CERTIFY, That I attended deceased from										
Nov. — 1934, to Sept 13, 1936										
I last saw her alive on Sept 13, 1936 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:										
Carcinoma (intestinal)								Date of Onset		
Calcium								1934		
Contributory causes of importance not related to principal cause:										
General metastases										
Name of operation										
What test confirmed diagnosis? Hist. 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. H. Saunders M. D.										
(Address) 22 Woodside Hall, Cambridge Date Sept 15, 1936										
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Crematory										
(City or town)										
DATE OF BURIAL Sept 17 1936										
22 NAME OF UNDERTAKER J. J. Harman & Co.										
ADDRESS Boston										
Received and filed										
SEP 17 1936										
(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 or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, 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 and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition.)*

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 septipennia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **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. 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, 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 BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34. No. 2938-e

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St., Ward



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 1077

2 FULL NAME Female Ballem
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 8 Cora Street
(Usual place of abode) St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED 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

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) Massachusetts

13 NAME OF FATHER Charles Ballem

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Catherine McIntyre

16 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

17 Informant Charles Ballem Relation, if any (Father)
(Address) 8 Cora St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

John D. Childress
H. E. (Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) Sept. 17/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 15 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from September 14, 1936, to September 15, 1936

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:

Stillborn (8 mos)

Contributory causes of importance not related to principal cause:

Infermia of Pregnancy Sept. 14/36

Name of operation.....Date of.....
What test confirmed diagnosis Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify Jacob A. Abramo M. D.
(Signed) 562 Broadway St. Date Sept. 17/36
(Address) Winthrop

21 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL September 17 1936

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed 19

A TRUE COPY, ATTEST: SEP 23 1936 (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., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tentative Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (gases or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 *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 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 *viat merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

Boston
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)

STANDARD
CERTIFICATE OF DEATH

Registered No. 123

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 Frank Clifford Burrill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U.S.

War Veteran
specify WAR

(a) Residence. No. II Orient Ave.

(Usual place of abode)

St., I Ward, E Boston

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 years months days. How long in U.S., if of foreign birth? 112 months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Divorced (write the word)

6a If married, widowed or divorced HUSBAND of Bertha May Sherriff (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter, Plumber
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Tow Boat
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Saugus (State or country) Mass.

13 NAME OF FATHER George Burrill

14 BIRTHPLACE OF FATHER (City) Saugus Mass. (State or country)

15 MAIDEN NAME OF MOTHER Christine (unknown)

16 BIRTHPLACE OF MOTHER (City) Saugus (State or country) Mass.

17 Informant Charlena Trefren (Address) 117 Spring Street, Hull, Mass. Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. Stohli (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Sep 18/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 17, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Sept 11, 1936, to Sept 17, 1936. I last saw him alive on Sept 16, 1936, death is said to have occurred on the date stated above, at 6:30 PM.

The principal cause of death and related causes of importance in order of onset were as follows:

Embolism Date of Onset IMPORTANT Sept 11/1936

Contributory causes of importance not related to principal cause:

Hypertrophied Prostate Sept 1935

Name of operation 1st stage for Prostatectomy Sept 16, 1936 Date of operation
What test confirmed diagnosis? Was there an autopsy? and

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm. Stohli, M.D. (Address) 1903 Brighton Ave. Date Sept 17, 1936

21 Riverside Cem Saugus Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL September 19, 1936

22 NAME OF UNDERTAKER ADDRESS 300 Meridian St., E. Boston

Received and filed SEP 23 1936 19. (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write in answer to Question 8, and own home in answer to 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 "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, asthma, etc. As principal cause name the disease causing death. As related causes, name other morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove it therefrom from a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, without a permit from the board of health or its agent, approved or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to the board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, on sufficient grounds, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board shall, 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; and, if 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, such rectal shall appear in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, shall forthwith counter-receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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. (TRICENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 36, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 36, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TRICENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septicaemia), 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, and 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

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. 100

1 PLACE OF DEATH
Suffolk
(County)
Dorchester
(City or Town)
No. 884 Shirley St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie F. Keenan
(If deceased in a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 14 - Eighteen Ave. Paterson St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 3 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 (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 58 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 36

12 BIRTHPLACE (City) Paterson
(State or country) New Jersey

13 NAME OF FATHER Henry Keenan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Walsh

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Rev. P. J. Walsh, Uncle
(Address) 1418 St. Valentine

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) Sept. 1, 1936

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 9 17 36
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9 11 36, to 9 11 36, 1936

I last saw her alive on 9/15/36, death is said

to have occurred on the date stated above, at 7:15 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
IMPORTANT
9/17/36

Contributory causes of importance not related to principal cause:

Chronic gastritis

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) Wm. J. Walsh, M. D.
(Address) 1418 St. Valentine Date 9/17/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulchre Cemetery
(Cemetery) (City or town)

DATE OF BURIAL Sept. 21 1936

22 NAME OF UNDERTAKER James J. Walsh

ADDRESS 241 High St. Mattapan

Received and filed. 19

241 High St. Mattapan
(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, licensed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, signed. If there is no attending physician, or if, for as hereinafter provided, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 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, 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.*

Gen. Laws, Chap. 46, Sec. 9.

RULES OF PRACTICE

The fulfillment of the 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.

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—domestic 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 *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, 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.

PHYSICIANS should state CAUSE OF DEATH EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 150

PLACE OF DEATH

(County)

Winthrop

(City or Town)

No. 52 Shore Drive

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah A. Leonard (Bunningham)

(If U. S.

War Veteran
specify WAR)

(a) Residence. No. 52 Shore Drive

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

6a If married, widowed, or divorced

HUSBAND of

Patrick Leonard

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

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.

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 1935

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

Patrick Cunningham

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Margaret Cunningham

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

Patrick J. Leonard

Relation, if any

(Address)

52 Shore Drive

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

September 17

(Month)

(Day)

1936

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

June 12, 1933, to Sept 17

1936

I last saw her alive on Sept 17, 1936, 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:

Date of Onset

IMPORTANT

Hypertensive Heart disease

1930

Arteriosclerosis

1933

Coronary Thrombosis

June 1936

Cerebral embolism

July 1936

Contributory causes of importance not related to principal causes

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) Maurice A. Hayes

M. D.

(Address)

15 William St. Cambridge

Date Sept 1936

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Sept 22

1936

22 NAME OF UNDERTAKER

J. H. Sullivan

ADDRESS

360 Market St. Brighton

Received and filed

19

SEP 23 1936

(Registrar)

William Dr Bent

To be complete, an occupation return must state:

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MECHANICS and WHOLESALE MECHANICS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtenia, etc. As principle cause, e. g., disease causing death. As related causes, name each in its own condition, if any, related to the principal cause and any contributory conditions 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
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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended certified last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish of registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposition as to the cause of which he died, deemed as required by section one, where case of which he died, the duration of his last illness, when last seen alive by him, and the date of his last date of his death.

No undertaker or other person shall bury or otherwise dispose of a dead body until he has received from a physician or registered hospital medical officer a certificate of death.

which has not been buried, until he has received a permit from

the board of health or its agent appointed to issue such permits, 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 resting place

to another the same cemetery until he has received a permit from the board of health or its agent aforsaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law or 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 if, in his opinion, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall 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 for in the possession of the undertaker desiring to make such a 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 appears in the army, navy or marine corps of the United States, or in receipt of such statement and certificate, such recital shall appear upon the permit. The board of health, or its agent, upon the 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.—*Gen. Sts.* 114, Sec. 45. G. L. (Ter-

...the examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—*GEN. LAWS, CHAP. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 remains thereof which have been brought into the county or wealth of which he has received a permit so to do, from the board of health, until his agent appointed to issue such permits, or if there is no such agent, the clerk of the town where the body is to be buried, shall have the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment made. . . . CHAP. 114, SEC. 46. (L. (THIRTEENTH EDITION.)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **reportably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths of persons resulting from injury or infection related to occupation, 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.

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. **181**

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 Samuel Scott Close

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 97 Circuit Road

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

30 yrs.

mos.

days. How long in U. S., if of foreign birth?

64 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

Laura Woodbury

(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 2

Days

If less than 1 day

Hours

Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Fish Merchant

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Wholesale

10 Date deceased last worked at this occupation (month and year)

1933

11 Total time (years) spent in this occupation

30

12 BIRTHPLACE (City)

Jackson N B

(State or country)

Canada

13 NAME OF FATHER

George Close

14 BIRTHPLACE OF FATHER (City)

Canada

(State or country)

15 MAIDEN NAME OF MOTHER

Emily Buxton

16 BIRTHPLACE OF MOTHER (City)

Canada

(State or country)

17

Informant (Address)

Laura Woodbury Close

Wife

97 Circuit Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me, and the burial or transit permit was issued:

(Signature of Agent of Board of Health for other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept

19

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from August 22, 1936, to Sept. 19, 1936

I last saw him alive on Sept. 18, 1936, death is said

to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypertrophy of Prostate
Chronic Cystitis

Date of Onset

IMPORTANT

1931

1934

Contributory causes of importance not related to principal cause:

Hypertensive Heart Disease
Chronic Nephritis

1931

1931

Name of operation

none

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

Gardner W. Pickinsore M. D.

(Address)

Winthrop, Mass Date Sept 22 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

Sept 22

1936

19

22 NAME OF UNDERTAKER

Richard H White

ADDRESS

147 Winthrop St Winthrop

Received and filed

SEP 23 1936

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 hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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. 45, G. L., as amended by Chap. 38, 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 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.

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 janitor*, *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 "labrer." Then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *tailor*, *mercer*, and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement 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 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.

CORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)
182
Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 154 Pauline St Winthrop St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Elizabeth Borden

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 154 Pauline St Winthrop St., Ward,

(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? 49 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 HUSBAND of Charles A Borden (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 1 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. 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) Shelburne (State or country) N.S.

13 NAME OF FATHER James P Johnstone

14 BIRTHPLACE OF FATHER (City) Shelburne (State or country) N.S.

15 MAIDEN NAME OF MOTHER Helen G (Shedock)

16 BIRTHPLACE OF MOTHER (City) Halifax (State or country) N.S.

17 Informant Catherine O Belcher (Daughter)
(Address) 154 Pauline 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) 1/21/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 21 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from March 17 1936, to Sept 21 1936

I last saw her alive on Sept 19 1936, death is said

to have occurred on the date stated above, at 4:55 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Chronic Myocarditis Jan 1936

Contributory causes of importance not related to principal cause:

Name of operation None Date of What test confirmed diagnosis Pulmonary disease Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify R. B. Parker (Signed) M. D.

(Address) Winthrop Mass Date Sept 21 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Riverside, Saugus (Cemetery) (City or town)

DATE OF BURIAL 9/23/36 19

22 NAME OF UNDERTAKER E. D. B. (Signature)

ADDRESS 317 Lincoln Ave Saugus

Received and filed SEP 23 1936 19

A TRUE COPY ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied 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 sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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 INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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-9-31. No. 3385-7

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8391

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Boston City Hosp.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Peters

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 72 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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Sing.

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

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.

Seamstress

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Dress-Maker

10 Date deceased last worked at this occupation (month and year)

/30

11 Total time (years) spent in this occupation yrs.

12 BIRTHPLACE (City)

(State or country)

Pr. Edward Is.

13 NAME OF FATHER

William Peters

14 BIRTHPLACE OF FATHER (City)

(State or country)

Pr. Edward Is.

15 MAIDEN NAME OF MOTHER

Victoria Burke

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Pr. Edward Is.

17

Mrs. Margaret O'Donnell (sister)

Informant (Address)

183 Lincoln St., Winthrop

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

9/30/36

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

September 27/36

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/10/36

, 19

to 9/27/36

, 19

to have occurred on the date stated above, at 7:25a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Cerebral hemorrhage

dys

Contributory causes of importance not related to principal cause:

broncho pneumonia

dys

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)

W. O'Connell

M. D.

(Address)

Boston

Date 9/27/19 36

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(City or town)

DATE OF BURIAL

Sept 30

19 36

22 NAME OF UNDERTAKER

M. Kelly

ADDRESS

East Boston

Received and filed

19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

PLACE OF DEATH

Essex
(County)Danvers
(City or Town)

No. Danvers State Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 181

2 FULL NAME Lucy Jane Chipman

(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)

Beacon Villa, Villa Ave.

St.

Ward,

(If non-Mass., give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

female

white

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 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.

Bookkeeper

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)

Green Bay

13 NAME OF
FATHER

Wisconsin

14 BIRTHPLACE OF
FATHER (City)

Charles G.

Salem

15 MAIDEN NAME
OF MOTHER

Lucy Parrish

16 BIRTHPLACE OF
MOTHER (City)

Green Bay

(State or country)

Wis.

17

Informant
(Address)

M. X. McPhillips

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

9/30/36

19.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Sep. 28, 1936

(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)

General arteriosclerosis

Acute pericarditis

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

autopsy: yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. W. T. Turpin

Date

9/26/36

22 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop Winthrop

DATE OF BURIAL

9/30/36

19.

23 NAME OF
UNDERTAKER

C. H. Bennison

ADDRESS

Winthrop

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

N. B.—WRITE FULLY, 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-9-31. No. 3385-r

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Boston State Hosp.

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3407

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene Rowel Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 54 Highland Av.

(Usual place of abode)

St. Ward, Winthrop

(If U. S.
War Veteran,
specify WAR)

185

(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

Marr.

5a If married, widowed, or divorced

HUSBAND of Clara H. Symonds

(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 8 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.

Conductor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B. & M. R. R.

10 Date deceased last worked at this occupation (month and year)

/17

11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City)

Nashua

(State or country)

N. H.

13 NAME OF FATHER

Jerome Smith

14 BIRTHPLACE OF FATHER (City)

Londonderry

(State or country)

Vt.

15 MAIDEN NAME OF MOTHER

Amanda Rowel

16 BIRTHPLACE OF MOTHER (City)

Hardwich

(State or country)

Vt.

17

Informant (Address)

Wife

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

10 /1/36

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

September 28/36

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/18/36, 19, to 9/28/36, 19

I last saw him alive on 9/28/36, 19, death is said

to have occurred on the date stated above, at 10:30am.

The principal cause of death and related causes of importance in order of onset were as follows:

General arteriosclerosis
chronic myocarditisunk
unk

Contributory causes of importance not related to principal cause:

Psychosis with cerebral arterio-
sclerosis

Aug 1936

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)

H F Norton

M. D.

(Address)

Boston

Date 9/28/19 36

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop
(Cemetery)Winthrop
(City or town)

DATE OF BURIAL

Oct 1

19 36

22 NAME OF UNDERTAKER

C R Bennison

ADDRESS

Winthrop

Received and filed



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34. No. 2938-e

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)
1 <u>Winthrop</u> (City or Town)		 STANDARD CERTIFICATE OF DEATH		Registered No. <u>186</u>
No. <u>Winthrop Community Hospital St.</u> Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME <u>John Edmund Halligan</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>40 Belcher St</u> St., <u> </u> Ward, <u> </u> (Usual place of abode)		(If nonresident, give city or town and state)		
Length of residence in city or town where death occurred		yrs. <u> </u>	mos. <u> </u>	days. <u> </u>
How long in U. S., if of foreign birth?		yrs. <u> </u>	mos. <u> </u>	days. <u> </u>
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE <u>Married</u> (write the word) <u>WIDOWED</u> or <u>DIVORCED</u> <u>Married</u>		
6a If married, widowed, or divorced HUSBAND of <u>Elizabeth McCarthy</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>56</u> Years <u> </u> Months <u> </u> Days <u> </u>		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. <u>Merchant</u>				
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Leather</u>				
10 Date deceased last worked at this occupation (month and year) <u>Sept 25 1936</u>		11 Total time (years) spent in this occupation <u>35</u>		
12 BIRTHPLACE (City) <u>East Boston</u> (State or country) <u>Mass</u>				
PARENTS				
13 NAME OF FATHER <u>Edmond Halligan</u>				
14 BIRTHPLACE OF FATHER (City) <u>East Boston</u> (State or country) <u>Mass</u>				
15 MAIDEN NAME OF MOTHER <u>Ann McQuillan</u>				
16 BIRTHPLACE OF MOTHER (City) <u> </u> (State or country) <u>England</u>				
17 Informant <u>John Halligan</u> (Address) <u>40 Belcher St</u>		Relation, if any <u>(Son)</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. Gaudreault</u> (Signature of Agent of Board of Health or other) (Official Designation) <u>Health Officer</u> (Date of Issue of Permit) <u>7/31/36</u>				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH <u>Sept. 28 1936</u> (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from <u>Sept 26 1936</u> to <u>Sept 28 1936</u> . I last saw him alive on <u>Sept 28 1936</u> , death is said to have occurred on the date stated above, at <u>6:00 p.m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral Hemorrhage</u> Date of Onset <u>Sept 26 1936</u>				
Contributory causes of importance not related to principal cause: <u> </u>				
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> </u> (Signed) <u>Wm. D. Gaudreault</u> M. D. (Address) <u>Winthrop</u> Date <u>7/27 1936</u>				
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop</u> <u>Winthrop</u> (Cemetery) (City or town)				
DATE OF BURIAL <u>Oct. 1 1936</u>				
22 NAME OF UNDERTAKER <u>John J. Halligan</u> ADDRESS <u>Winthrop</u>				
Received and filed <u>1936</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 and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, by the person who has been factory written statement containing the facts required by law to be 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 a physician who is a member of the board of health, or employed by it or by a physician who is a member of the board of health, shall 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 commonwealth made as above provided and in the possession of the undertaker desiring to make such removal and in the possession of the undertaker desiring to make such removal, shall constitute a permit for such removal; provided, that such permit 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 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., (Tercentenary Edition).*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different 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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners 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; but, deaths following abortion, but also deaths from disease resulting from injury or infection, related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Cambridge notified 10/23/36



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 187

2 FULL NAME JOHN A. PORTEOUS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 279 Pearl Street.

St., Ward, Cambridge, 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. 32 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 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. C C C
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civilian Conservation Corps
10 Date deceased last worked at this occupation (month and year) August 2, 1936 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Massachusetts

13 NAME OF FATHER Adam Porteous

14 BIRTHPLACE OF FATHER (City) Fall River (State or country) Mass.

15 MAIDEN NAME OF MOTHER Mary E Ryan

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant Registrar, Sta Hosp 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 or Board of Health or other)

Official Designation,

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 28 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 7, 1936 to September 28, 1936

I last saw him alive on September 28, 1936, death is said

to have occurred on the date stated above, at 10:16 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Goiter, exophthalmic, severe Thyrotoxicosis, post-operative Date of Onset Unknown 9/28/36

Contributory causes of importance not related to principal cause:

Name of operation Thyroidectomy Date of 9/28/36 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

(Signed) Charles E. Murphy, Lt Col MC (Address) Fort Banks, Mass. Date Sept 29 1936 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Benedict Cemetery Boston (City or town)

DATE OF BURIAL Oct. 1, 1936 19

22 NAME OF UNDERTAKER Murphy & Murphy ADDRESS 259 Pearl Street

Received and filed OCT 1 1936 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 and remove it 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 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 sufficient reasons, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall 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 likewise furnish for registration any other necessary information which can be obtained as 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, 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, etc.* For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different 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.

informants should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-'34. No. 2938-f



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

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 30 Coral Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Philip Greenberg
(If deceased is a married, widowed or divorced woman, give city maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Coral Ave St. Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? 45 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 Widowed (write the word)

18 DATE OF DEATH Sept 29 1936
(Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of Sophie Kehr (give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY. That I attended deceased from June 1 1936, to Sept 29 1936
I last saw him alive on Sept 28 1936, 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:

6 IF STILLBORN, enter that fact here.
7 AGE 93 Years Months Days If less than 1 day Hours Minutes

Date of Onset
IMPORTANT
1935
1935

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. For himself
10 Date deceased last worked at this occupation month and year 1936
11 Total time (years) spent in this occupation yrs

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Moses Greenberg

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Minnie - Friedman

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) 30 Coral Ave. Winthrop, Mass. Relation, if any Son

Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. A. Cohen (Address) 17 Central St. Date 9/29/36 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Pleasant Cemetery (City or town)

DATE OF BURIAL Sept 29 1936

22 NAME OF UNDERTAKER Marshall D. G. et al ADDRESS

Received and filed 1936 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
M. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/29/36 (Date of Issue of Permit)

(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 a standard certificate of death, 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 exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, wealth cannot be obtained early enough for the purpose, 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 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 consign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 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 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 using the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of 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>	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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of this last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 over than the receiving tomb to another, or of 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 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 a certificate to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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, as respects 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 certify, 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, Acts of 1931, 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.

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 **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**.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, nor remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, or 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 said board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as 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, and 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 a 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 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 in any war in which he was engaged, such recital shall appear upon the permit. The board of health, or its agent, upon 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. (TRICENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in 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. (TRICENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those illnesses from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 scuffing, 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.

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, SOAR FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "helper." 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 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, nor 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 disease, not related to principal cause, name other important diseases.

Example

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Terminal hemorrhage</i>	July 5, 1927
The principal cause of death and related causes of importance in order of onset were as follows:	
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either 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. 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.

25m-2-30. No. 7997-b

1 PLACE OF DEATH

South Boston
W. F. H. C.
W. F. H. C.
(County)
(City or Town)

No. *104 Highland* St., Ward {

2 FULL NAME

Fred Chandler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *104 Highland 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 *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 J. Chandler* (Give maiden name of wife in full) (or) WIFE of *Charles J. Chandler* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *33* Years *6* Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *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) *1936* 11 Total time (years) spent in this occupation *40*

12 BIRTHPLACE (City) *So Corinth Me.* (State or country)

13 NAME OF FATHER *Hosea Hamm*

14 BIRTHPLACE OF FATHER (City) *Dover N.H.* (State or country)

15 MAIDEN NAME OF MOTHER *Rachel Lowell*

16 BIRTHPLACE OF MOTHER (City) *unknown* (State or country)

17 Informant *Maud Harvey* (Address) *104 Highland St* *Dau. Inter*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

CORNELIUS SULLIVAN (Official Designation) OCT 7 1936 (Date of Issue of Permit) BOSTON HEALTH DEPT.

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. *191*

(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 - 5 - 1936* (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)

acute cardiac failure
likely coronary thrombosis
due to atherosclerosis
See reverse side for description for unknown person

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) *M. J. Sullivan* M. D. (Address) *145 St. Oct 5 1936*

22 PLACE OF BURIAL, CREMATION OR REMOVAL *Mt. Auburn Crematory* (City or town)

DATE OF BURIAL *Oct 7 1936* 19

23 NAME OF UNDERTAKER *Mariman & Son* ADDRESS *Boston*

Received and filed *19*

OCT 20 1936

(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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



SUFFOLK
(County)

BOSTON

(City or town making return)

PLACE OF DEATH

BOSTON
(City or Town)

Registered No. 2031

No. Mass. General Hosp. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret N. Kenrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

192

(a) Residence. No. 155 Pleasant 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 Sing. (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 27 Years 4 Months 18 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actress
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre
10 Date deceased last worked at this occupation (month and year) 11/36 11 Total time (years) spent in this occupation 7

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER Charles Kenrick

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Mary Anderson

16 BIRTHPLACE OF MOTHER (City) Norway
(State or country)

17 Informant Mrs. Mary A. Kenrick (Mother)
(Address) 155 Pleasant St., Winthrop

A TRUE COPY Attest: *Mildred Hedstrom Quirk*
(Registrar of city or town where death occurred)

DATE FILED 10/8/36 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 5/36
(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)

Septicemia. Pyemia
Septic uterus. Manner to be determined.
XX

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? Not known now
(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) W J Brickley, M. D.
(Address) Boston Date 10/5/19 36

22 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass.
(Cemetery) (City or town)

DATE OF BURIAL Oct 7 19 36

23 NAME OF UNDERTAKER R H White
ADDRESS Winthrop

Received and filed 19 36

(Registrar of City or Town where deceased resided)

RECEIVED



NOV-3 1936 AM

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-

PLACE OF DEATH		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
Suffolk		Winthrop		No. 74 Sunnyside Avenue		St., Ward		Registered No. 192		JOSEPH JAMES CYR		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 74 Sunnyside Avenue		St., Ward,		Length of residence in city or town where death occurred yrs. mos. days.		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH Oct 11 1936		19 I HEREBY CERTIFY, That I attended deceased from Sept 11 1936, to Oct 11 1936		I last saw him alive on Oct 10 1936, 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 Aug 1936		Contributory causes of importance not related to principal cause:		Name of operation None		Date of What test confirmed diagnosis Ray. Throat Was there an autopsy? No		20 Was disease or injury in any way related to occupation of deceased? No		If so, specify (Signed) P. B. Parker, M. D.		(Address) Winthrop, Mass. Date Oct 12 1936		21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or town)		DATE OF BURIAL Oct 12 1936		22 NAME OF UNDERTAKER John F. O'Malley		ADDRESS Winthrop, Massachusetts		Received and filed OCT 20 1936		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:

William R. Childress
(Signature of Agent of Board of Health or other)

Agent Oct 13/36
(Official Designation) (Date of Issue of Permit)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 191

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)

No. 183 Winthrop

St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Austin Eugene Carpenter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 183 Winthrop

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 37 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 Carrie Edda Pierce
(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 5 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. Retiree 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Merchant 10 Date deceased last worked at this occupation (month and year) 1927 11 Total time (years) spent in this occupation 29 years

12 BIRTHPLACE (City) Fitchburg (State or country) Massachusetts

13 NAME OF FATHER Fontenelle Eugene Carpenter

14 BIRTHPLACE OF FATHER (City) Fitchburg Auburn, Mass. (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Mary Jane Haskins

16 BIRTHPLACE OF MOTHER (City) Fitchburg Mass. (State or country)

17 Informant Phyllis C. Stone (daughter) (Address) 77 Buchanan 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 Officer)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 11 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 3 1936, to October 11, 1936

I last saw him alive on October 10, 1936, death is said

to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypertensive Heart Disease 1730
Chronic Nephritis 1932

Contributory causes of importance not related to principal cause:

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Syphilis M. Dickerson, M. D.
(Signed) 87 Somerset St., Winthrop, Mass. (Address) Date Oct 13, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill, Fitchburg
(Cemetery) (City or town)

DATE OF BURIAL October 14 1936

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed OCT 20 1936 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 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 herefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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. 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 illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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.—Pre-ise 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 be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed 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*.

Statement 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 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-135. No. 6156F

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

Registered No. 195

2 FULL NAME

No. Winthrop Comm. Hsp. St.

Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Baby Felix Muallo

(If U.S. War Veteran specify WAR)

(a) Residence. No. 117 Fellsway West

(Usual place of abode)

St.

Ward, Medford

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(Write the word)

Single

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

10 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

Ernest Muallo

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

Dora Baguolo

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Mass.

17

Informant (Address)

Ernest Muallo (Father)
117 Fellsway West Medford

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. 12, 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct. 12, 1936, to Oct. 12, 1936

I last saw him alive on Oct. 12, 1936, death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANTtuberculosis of lungs
arteriosclerosis

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) Louis V. Gies, M.D.
(Address) 12 Fenwick Ave. Date 10/13/1936

21 Place of Burial, Cremation or Removal (City or Town)

Holy Cross Cem. Malden
DATE OF BURIAL Oct. 14, 193622 NAME OF UNDERTAKER Vincent Brunofiglio
ADDRESS 11 School St Quincy Mass.

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 human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to said board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient 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 a town or by the selectmen for the purpose, or is insufficient, a physician who is a member of the board shall 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 and in the possession of the undertaker desiring to make such a 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 hereunder. If 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. (TERMINAL EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in 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 the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERMINAL EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 scalds, burns, or electrical agents, and deaths following abortion, but also deaths from disease 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 a woman whose only occupation was that of home housework, write (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 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>Corboreal 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 first, second, or third position. The principal cause may appear in either 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.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

REVERE

(City or town making return)

Registered No. 136

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. 133 Salem

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marietta G. Partridge (Metcalf)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 18 Edgehill Road

(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

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

Frank E. Partridge

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

73

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unemployed

10 Date deceased last worked at this occupation (month and year)

Jan. 1932.

11 Total time (years)

spent in this occupation

40

12 BIRTHPLACE (City)

(Chasn.) Boston,

(State or country)

Mass.

13 NAME OF FATHER

Ellis H. Metcalf

14 BIRTHPLACE OF FATHER (City)

Boston,

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Catherine Devine

16 BIRTHPLACE OF MOTHER (City)

Boston,

(State or country)

Mass.

17

Informant (Address)

Frank E. Partridge

18 Edgehill Rd., Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

October 19,

19 36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October

13,

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to October 13, 1936

I last saw him live on October 13, 1936, death is said to have occurred on the date stated above, at 12:40A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Urinary Bladder and Uterus

(Unknown)?

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) Arthur H. Vilker

(Address) 1510 No. Shore Rd. Date 10/13/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Hope,

Boston

(Cemetery)

(City or town)

DATE OF BURIAL October 14,

19 36

22 NAME OF UNDERTAKER

R. J. DeNeill

ADDRESS Revere, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)



OCT 27 1936 AM

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

R-301A

100m-9-30. No. 9954.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 58 Cottage ave.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sabella Macdonald Paquette

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Townsend
(Usual place of abode)

St.,

Ward, Townsend Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 2 mos.

days. How long in U. S., if of foreign birth? 56 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

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 Z. Paquette
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

90

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.

Home wife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10 Date deceased last worked at this occupation (month and year)

1934

11 Total time (years) spent in this occupation

70 yrs

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

13 NAME OF FATHER

Ronald MacDonald

14 BIRTHPLACE OF FATHER (City)

Cape Breton

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Catherine McMaster

16 BIRTHPLACE OF MOTHER (City)

Cape Breton

(State or country)

Nova Scotia

17

Informant (Address)

Adrian Kilbride
58 Cottage ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Tom D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

197

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct

15

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 7, 1936 to Oct 15, 1936

I last saw him alive on Oct 7, 1936 death is said

to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Coronary Artery

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 10/10/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 17

1936

22 NAME OF UNDERTAKER

Thomas J. McElroy

ADDRESS

321 W. Dudley St. Boston

Received and filed

19

OCT 20 1936

(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 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 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:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, 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, 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 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 of the town, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, a retail, 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 shall appear upon the permit 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 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 purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. If PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 191 Woodside Avenue

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 193

2 FULL NAME Eliza (Stone) Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 191 Woodside Avenue St. Ward.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Joseph Brown

(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.	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. 10, 1936

11 Total time (years) spent in this occupation 51

12 BIRTHPLACE (City) Canada
(State or country)

13 NAME OF FATHER ? Stone

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Unable to obtain

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Unable to obtain17 Informant Edwin H. Brown (son)
(Address) 191 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/17/36

18 DATE OF DEATH October 16 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 8, 1936, to October 16, 1936

I last saw her alive on October 15, 1936, 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:

Cerebral Hemorrhage 10/8/36

Contributory causes of importance not related to principal cause:

Atherosclerosis 1935

Name of operation none Date of operation 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) J. B. Bennison M. D.

(Address) 36 Winthrop Mass. Date 10/17/36

21 PLACE OF BURIAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL October 18, 1936

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass.

Received and filed. OCT 20 1936 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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original intentment, by a satisfactory certificate, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall not previously interred, from one town to another within the commonwealth, made as above provided and for the purpose, 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 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., (Tercentenary Edition.)*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, steamway 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, 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>	1919
<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 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., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 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.

CAUSE OF DEATH in plain terms, so 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. 2378

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 Female Fowler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

199

(a) Residence. No. St. Andrew Rd.

(Usual place of abode)

St. 1 Ward, East Boston

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

Yrs.

Mos.

14 Yrs.

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 Years Months Days If less than 1 day 1 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) Winthrop, (State or country) Mass.

13 NAME OF FATHER Edward M. Fowler

14 BIRTHPLACE OF FATHER (City) Jersey City, (State or country) New Jersey

15 MAIDEN NAME OF MOTHER Frances V. Harvey

16 BIRTHPLACE OF MOTHER (City) Boston, (State or country) Mass.

17 Informant Edward M. Fowler (Father) (Address) St. Andrew Rd. East 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) 10/19/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 17, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from Oct 17, 1936 to Oct 17, 1936

I last saw him alive on Oct 17, 1936, 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:

Premature infant (6 months) 10/17/36

Contributory causes of importance not related to principal cause:

Refr. - not related in mother, Ref. related

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) Dr. H. J. Schwartz, M. D.

(Address) 19 Beacon St. Date 10/19/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels, Boston (Cemetery) (City or town)

DATE OF BURIAL October 18, 1936

22 NAME OF UNDERTAKER Richard Kirby

ADDRESS East Boston

Received and filed Oct 20 1936 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or at *home*. For a woman whose only occupation was that of a home housework, write *housework* in answer to Question 8 and *own home* in answer to 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, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, 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 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 employed by it or by the selectmen for the purpose, shall upon application make it or by the selectmen for the purpose, make such certificate. If death is caused by violence, the medical examiner shall not previously interred. If such a permit for the removal of a human body, which 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., Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He 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., Tercentenary Edition*.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 PL. PLAY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. **200**

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)

2 FULL NAME **Christian C. L. Gehrken**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **41 Enfield Road** St., Ward,

Length of residence in city or town where death occurred **2** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE **Widower** (write the word)
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced, HUSBAND of **Julia Olsen**
(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. **Tailor**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own Business**
10 Date deceased last worked at this occupation (month and year) **Retired 1925** 11 Total time (years) spent in this occupation. **15**

12 BIRTHPLACE (City) **Norway**
(State or country)

13 NAME OF FATHER **Unknown Gehrken**

14 BIRTHPLACE OF FATHER (City) **Norway**
(State or country)

15 MAIDEN NAME OF MOTHER **Unknown**

16 BIRTHPLACE OF MOTHER (City) **Norway**
(State or country)

17 Informant **Christofa Gehrken daughter**
(Address) **41 Enfield Road 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) **Comptrollers**
(Official Designation) (Date of Issue of Permit) **Oct. 23/36**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 22 1936**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **May 2 1936** to **Oct 22 1936**

I last saw him alive on **Oct 22 1936**, death is said to have occurred on the date stated above, at **12:30 PM**.
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis **May 1936**
Chronic nephritis **May 1936**

Contributory causes of importance not related to principal cause:

Amputation left leg - **Oct 19/36**
Surgene of left foot. **June 3 1936**

Name of operation **Amputation left leg** Date of **Oct 19 1936**
What test confirmed diagnosis **Examination** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Raymond G. Parker**, M. D.
(Signed) (Address) **Winthrop Mass** Date **Oct 23 1936**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Woodlawn and Woodlawn Me**
(Cemetery) (City or town)
DATE OF BURIAL **October 26 1936**

22 NAME OF UNDERTAKER **Richard H White**
ADDRESS **147 Winthrop Street Winthrop**

Received and filed **Oct. 23 1936**
(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, 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 cannot be obtained early enough for the purpose, or is 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 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 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. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 *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, ashtema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important 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 CARE. PHYSICIANS SHOULD STATE CAUSE OF DEATH EXACTLY. Age should be stated EXACTLY. Age carefully supplied. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-735. No. 6156F

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		STANDARD CERTIFICATE OF DEATH		Registered No. 201	
Suffolk (County)		Winthrop (City or Town)		No. 204 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Joseph De Martino (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 204 Shirley St., Ward Winthrop (Usual place of abode) (If nonresident, give city or town and state)		{ (If U. S. War Veteran specify WAR)	
Length of residence in city or town where death occurred		years	months	days.	How long in U.S., if of foreign birth? years months days.
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married		18 DATE OF DEATH October 22, 1936 (Month) (Day) (Year)	
5a If married, widowed or divorced HUSBAND of Maria Maiellano (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from October 11, 1936, to Oct. 22, 1936. I last saw him alive on Oct. 21, 1936, 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: Acute military tuberculosis of both lungs Contributory causes of importance not related to principal cause: Hypertension Date of Onset IMPORTANT 11 days 9 months		
6 IF STILLBORN, enter that fact here.					
7 AGE 45 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own store					
10 Date deceased last worked at this occupation (month and year)			11 Total time (years) spent in this occupation		
12 BIRTHPLACE (City) (State or country) Italy					
13 NAME OF FATHER Achille De Martino					
14 BIRTHPLACE OF FATHER (City) (State or country) Italy					
15 MAIDEN NAME OF MOTHER Rosa Laurino					
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy					
17 Informant Maria De Martino (wife) (Address) 204 Shirley St. Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) Death Office 12/23/36 (Official Designation) (Date of Issue of Permit)					
Name of operation Date of What test confirmed diagnosis? X-ray + pathology Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? If so, specify James J. Siragusa, M.D. (Signed) (Address) 261 Hancock St. Boston Date 10/22/36					
21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Oct. 24 - 1936					
22 NAME OF UNDERTAKER Patsy Rapino ADDRESS 9 Chelsea St. E. Boston					
Received and filed OCT 24 1936 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 instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 a 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. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 death 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, 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 the above 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 or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11-10981

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

10984

1. PLACE OF DEATH

County Columbia State New York Registered No. 202
Township Champlain or Village Rouses Point or
City _____ No. _____ St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Clark J. Jarvis
(a) Residence: No. _____ St. _____ Ward Winthrop, Mass.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 21. DATE OF DEATH (month, day, and year) Feb 10, 1936
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Mar. 31, 1868

7. AGE Years 67 Months 11 Days - If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loco Engineer

Cancer of stomach

Date of onset

4 mos.

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 _____

Other contributory causes of importance:

Heart failure

15 days

12. BIRTHPLACE (city or town) (State or country) Gene, N. Y.

13. NAME _____

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19____

19. UNDERTAKER (Address) _____

20. FILED _____, 19____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. S. David, M. D.

(Address) _____

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
-----	-----
-----	-----
-----	-----

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-----	-----
-----	-----

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
-----	-----
-----	-----
-----	-----

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
-----	-----
-----	-----

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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. 9169

PLACE OF DEATH

SUFFOLK
(County)BOSTON
(City or Town)No. Highway, near E. Boston Race St.,
TrackWard { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Samuel Broner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Locust
(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)

Marr.

5a If married, widowed, or divorced

HUSBAND of

Pauline Ginsburg

(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.

Agent

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Metropolitan Ins. Co.

10 Date deceased last worked at
this occupation (month and
year)

10/36

11 Total time (years)
spent in this
occupation

yrs.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF
FATHER

Frank Broner

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Sadie De Wolf

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Informant
(Address)

Wife

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

10/27/36

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

October 23/36

(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)

Ingestion of poison.

Manner to be determined.

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)

W J Brickley

(Address)

Boston

M. D.
Date 10/24/3622 PLACE OF BURIAL,
CREMATION OR REMOVALNo Russell Everett
(Cemetery) (City or town)

DATE OF BURIAL

Oct 26

19 36

23 NAME OF
UNDERTAKER

M Stanetsky

ADDRESS

Boston

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-9-31. No. 3185-0

PLACE OF DEATH

Middlesex

(County)

Tewksbury

(City or Town)

No. State Infirmary



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

State Infirmary
Tewksbury, Mass.

(City or town making return)

Registered No. 502

2 FULL NAME

Edward Bakauskas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

Not learned

(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. 7

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

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 22

Years 2

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.

C.C.C. worker

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)

Brockton

(State or country)

Mass.

13 NAME OF FATHER

James Bakauskas

14 BIRTHPLACE OF FATHER (City)

Not learned

(State or country)

Lithuania

15 MAIDEN NAME OF MOTHER

Olympier (not learned)

16 BIRTHPLACE OF MOTHER (City)

Not learned

(State or country)

Lithuania

17

Informant (Address)

Hospital Records

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct. 24,

19

36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct.

23,

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 12,

1936, to

Oct. 23,

1936

I last saw him alive on Oct. 23, 1936, death is said

to have occurred on the date stated above, at 6:05 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Pulmonary tuberculosis

Not

known

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

What test confirmed diagnosis? Lab. data Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Louis N. Stern

(Signed)

(Address)

State Infirmary

Date 10/23/1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Benedict, Boston, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 26,

1936

22 NAME OF UNDERTAKER

J. W. Lavery & Son

ADDRESS

64 A St., South Boston

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-9-31. No. 3385-r

PLACE OF DEATH

Middlesex

(County)

Tewksbury

(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. 307

2 FULL NAME

John Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 396

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. 1

mos. 2

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 62

Years 4

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.

Dye Worker

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)

Providence

(State or country)

R. I.

13 NAME OF FATHER

Thomas Young

14 BIRTHPLACE OF FATHER (City)

Not learned

(State or country)

England

15 MAIDEN NAME OF MOTHER

Mary Spencer

16 BIRTHPLACE OF MOTHER (City)

Not learned

(State or country)

England

17

Informant

(Address)

Hospital Records

A TRUE COPY

James H. Kelley, M. D.

ATTEST:

(Registrar of city or town where death occurred)

Supt.

DATE FILED

Nov. 7, 1936.

19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

State Infirmary
Tewksbury, Mass.

(City or town making return)

(If U. S.

War Veteran,

specify WAR)

205

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 31

19.36 to

Oct. 27

19.36

I last saw him alive on

Oct. 27

19.36, death is said

to have occurred on the date stated above, at 2:13 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

None at all

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. Winthrop Houghton

M. D.

(Address)

State Infirmary

Date 10/25/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

Chapter 113, General Laws

ADDRESS

Received and filed

1. 1936

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. See instructions and extracts from the laws on back of certificate.

100ms-12-32, No. 7070-h

SUFFOLK

(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 206

PLACE OF DEATH

(City or Town)

No. Station Hospital, Fort Banks, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDWIN WALTER PHELPS

(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,

(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 23 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, Massachusetts (State or country)

13 NAME OF FATHER EDWIN HERBERT PHELPS

14 BIRTHPLACE OF FATHER (City) Dracont, Massachusetts (State or country)

15 MAIDEN NAME OF MOTHER RUTH JANICE WHITTING

16 BIRTHPLACE OF MOTHER (City) Bangor, Maine (State or country)

17 REGISTRAR: Station Hospital, Fort, Banks, Winthrop, Massachusetts.

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 30 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 30 1936 to October 30 1936

I last saw him alive on October 30 1936, death is said

to have occurred on the date stated above, at 5:45 PM.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Premature Birth (six months gestation)

Contributory causes of importance not related to principal cause:

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 James B. Stephens, Port, Bangor, Maine, Oct 30 1936 (Signed) (Address) Date

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery (City or town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)



RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery and burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state information should be carefully supplied. AGE should be properly classified. 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.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **207**

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. **Station Hospital, Fort Banks** St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **JAMES BORDOIN PHELPS**

(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,

(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) **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 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) **Massachusetts.**

13 NAME OF FATHER **EDWIN ROBERT PHELPS**

14 BIRTHPLACE OF FATHER (City) **Draught,**
(State or country) **Massachusetts.**

15 MAIDEN NAME OF MOTHER **RUTH JANICE WHITING**

16 BIRTHPLACE OF MOTHER (City) **Bangor,**
(State or country) **Maine**

17 Informant **REGISTRAR: Station Hospital,**
(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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 30 1936**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **October 30**, 19**36**, to **October 30**, 19**36**

I last saw h **in** alive on **October 30**, 19**36**, death is said

to have occurred on the date stated above, at **12:25 PM**

The principal cause of death and related causes of importance in order of onset were as follows:

Premature Birth

(six months gestation)

Date of Onset

Contributory causes of importance not related to principal cause:

None

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 B. Phelps, Capt. MC**
(Signed) **Oct 30, 36**
(Address) **Fort Banks, Mass.** Date **Oct 30, 36**

21 PLACE OF BURIAL, CREMATION, OR REMOVAL **Cemetery**
(City or town)

DATE OF BURIAL **19**

22 NAME OF UNDERTAKER

ADDRESS

Received and filed **19**

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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.

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*.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, 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 affecting death in order of onset were as follows:	Date of onset
<i>Acute endocarditis</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.

of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits 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 interment, 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 is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall 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 **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**.

tion should be carefully supplied. Age should be stated exactly. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-25. No. 6156F

PLACE OF DEATH

Suffolk
(County)
Winthrop Mass
(City or Town)



Nov 36
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filled for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. *247*

No. *Community Hospital* St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Crescenzio Inezzano*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *414 Commercial* St. Ward. *Boston Mass*
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*
MARRIED WIDOWED or DIVORCED

18 DATE OF DEATH *Nov. 6 1936*
(Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of *Luigi Inezzano*
(Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from *Nov 2 1936*, to *Nov 6 1936*
I last saw her alive on *Nov 6 1936*, death is said to have occurred on the date stated above, at *3:45 A.M.*
The principal cause of death and related causes of importance in order of onset were as follows:

(or) WIFE of *Luigi Inezzano*
(Husband's name in full)

Cerebral embolism
Pulmonary embolism
Myocardial infarction
Gangrene of lower
leg
Contributory causes of importance not related to principal cause:
Rheumatic heart disease
Chronic nephritis

6 IF STILLBORN, enter that fact here.

Date of Onset *Nov 2, 1936*
IMPORTANT
Name of operation *none* Date of *Nov 6 1936*
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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. *House Wife*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10 Date deceased last worked at this occupation (month and year) *Aug 1936*
11 Total time (years) spent in this occupation *20 years*

12 BIRTHPLACE (City) (State or country) *Italy*

13 NAME OF FATHER *Giuseppe Viano*

14 BIRTHPLACE OF FATHER (City) (State or country) *Italy*

15 MAIDEN NAME OF MOTHER *Agrippina Bellissima*

16 BIRTHPLACE OF MOTHER (City) (State or country) *Italy*

17 Informant (Address) *Luigi Inezzano (Husband)*
in room 1121 to Boston Mass

Relation, if any *Husband*

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) *11/7/36* (Date of Issue of Permit)

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify

(Signed) *Charles Valenti* M. D.
(Address) *2 Prince St. Boston* Date *11/6/1936*

21 *St. Michael Cem Boston Mass*
Place of Burial, Cremation, or Removal (City or Town)

DATE OF BURIAL *Nov. 8 1936*

22 NAME OF UNDERTAKER *Dr. J. Langone Jr*
ADDRESS *110 North St. Boston Mass*

Received and filed *Nov 8 1936*

NOV 8 1936 (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, denied as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 abroad or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 a 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 rectified, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such rectified shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 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 to HOUSEWORK in answer to Question 8 and ONLY HOME in answer to 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.

COPY OF THE RECORD OF A DEATH

Returned to the clerk of
as is provided in Chap. 21, Sect. 70, P. L. of 1933.

Place of Death *Winthrop, Ind.*

Street No.

Name
John S. Lewis

How long a resident
5 years

Previous residence
Indianapolis, Ind.

Sex. *M.* Color. *L.* Married, Single, Widowed
Married
or Divorced

Deceased was husband of
Esther E. Lewis

Deceased was wife of

Date of Birth: Year *1869* Month *Oct.* Day *8*

Age: Years *67* Months Days
Winthrop, Ind.

Occupation
Farmer

Place of Birth
Winthrop, Ind.

Name of Father *Wm. S. Lewis*

Birthplace of Father
Ind.

Occupation of Father
Farmer

Maiden Name of Mother
Elizabeth E. Lewis

Birthplace of Mother
Ind.

Name of Informant
John S. Lewis

Date of Death: Year *1936* Month *Oct.* Day *7*

Cause of Death
Heart failure

.....
Heart failure

.....

.....
Heart failure

Contributing cause
Heart failure

.....
Heart failure

.....
Heart failure

.....
Heart failure

.....
Heart failure

.....
Heart failure

.....
Heart failure

If death was in a hospital, or other institution, give

its name

Did an operation precede death? *No* Date of

Name of operation

Was there an autopsy? *No*

Name of Physician (or other person) reporting said

death

P. O. Address *1000 Woodbridge Ave.*

Place of Burial *Waltham*

Date of Burial *Nov 10 1936*

Name of Cemetery *St. Vincent*

Undertaker *W. J. J. J.*

P. O. Address *1000 Woodbridge Ave.*

State of Maine

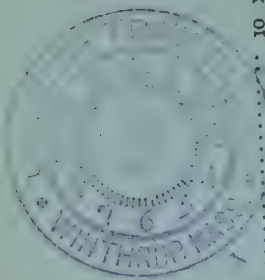
I hereby certify that the above is a true copy of the

Record of a Death made by the Clerk of.....

..... in the month of

..... 1936

Clerk of *W. J. J. J.*



DEC 10 1936 AM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A STANDARD FORM. 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 STATISTICSSTANDARD
CERTIFICATE OF DEATH

Winthrop

(City or town making return)

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

209

(a) Residence. No.

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months Days

If less than 1 day

..... Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)

(State or country)

15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)

(State or country)

17

Informant
(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to , 19.....

I last saw 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

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Date 19.....

21 PLACE OF BURIAL,
CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL 19.....

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed 19.....

(Registrar of City or Town where deceased resided)

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

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. 210

1 PLACE OF DEATH
Weymouth
(County)
Weymouth
(City or Town)
No. 7 Oral Ave. Weymouth St. Weymouth Ward



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Duchin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 9 Canal Ave. St. Weymouth Ward, Weymouth

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. days. How long in U. S., if of foreign birth? 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>married</u> (write the word)
5a If married, widowed, or divorced <u>Rose Thompson</u> 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>36</u> Years <u>7</u> Months <u> </u> Days If less than 1 day <u> </u> Hours <u> </u> Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Traveling Salesman</u>	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Paints</u>	
	10 Date deceased last worked at this occupation (month and year) <u>Nov. 1936</u>	
		11 Total time (years) spent in this occupation. <u>12</u>

PARENTS	12 BIRTHPLACE (City) (State or country) <u>Russia</u>
	13 NAME OF FATHER <u>Harry Duchin</u>
	14 BIRTHPLACE OF FATHER (City) (State or country) <u>Russia</u>
	15 MAIDEN NAME OF MOTHER <u>Sarah T. Tadel</u>
	16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Russia</u>

17 Informant Rose Duchin (wife)
(Address) 9 Canal Ave., Weymouth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other Health Officer) 11/9/36
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH <u>Nov. 5 1936</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>Bronchial infection and</u> <u>old tuberculosis</u> <u>suddenly it came</u>	
(See reverse side for description for unknown person)	
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) <u>Benjamin F. Solomon</u> M. D. (Address) <u>470 Harvard St., Weymouth</u> Date <u>11/5/36</u>	
21 PLACE OF BURIAL <u>TIFERETH ISRAEL, Everett</u> CREMATION OR REMOVAL (Cemetery) (City or town)	
DATE OF BURIAL <u>Nov. 9 1936</u>	
22 NAME OF UNDERTAKER <u>Benjamin F. Solomon</u> ADDRESS <u>470 Harvard St., Weymouth</u>	
Received and filed. <u>NOV 1936</u> (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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 211

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

No. 32 Wave Way Ave. 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.)
Katherine Rachelina (If U. S. War Veteran specify WAR)

(a) Residence. No. 32 Wave Way Ave. St. Ward (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. 7 AGE 53 Years 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) Oct 1 - 1936 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Samuel Rachelina

14 BIRTHPLACE OF FATHER (City) (State or country) Bessie Unknown Russia

15 MAIDEN NAME OF MOTHER Bessie-Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) 12 Sea Foam Ave. Relation, if any (brother) in law

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) 4/10/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 9, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from (City), 1936, to (City), 1936. I last saw him alive on (Date), 1936, death is said to have occurred on the date stated above, at 6:00 P.M. The principal cause of death and related causes of importance in order of onset were as follows:

Cardiac Decompensation 1936
Coronary Thrombosis 1936
Cardiac Edema 1936
Contributory causes of importance not related to principal cause:
Hypertension 1936
Upper Respiratory Infection 1936

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) 211 Date 19

21 International Workingmen's Order Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Nov 10 1936

22 NAME OF UNDERTAKER B. Schlossberg ADDRESS 190 Washington St DOR

Received and filed Nov 13, 1936 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been changed up or changed on account of the disease causing death, report the occupation 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. For a woman whose only occupation was that of housewife, write "housework." In answer to Question 8, and only in answer to Question 9. For a person engaged in domestic service, for wages, however, designate the occupation by the appropriate terms, as ~~HOUSEWIFE~~—~~PRIVATE FAMILY~~, ~~COOK~~—~~HORSE~~, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different 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, nor the mode of dying, e. g., heart failure, apoplexy, 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>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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 this section, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. —GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in any town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 acquired by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If, any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 a 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. (TERMINARY EDITIONS)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by disease. —GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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, the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . —CHAP. 114, SEC. 46, G. L. (TERMINARY EDITIONS)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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

1

Suffolk
(County)
Wentthrop
(City or Town)
No. Wentthrop Community Hosp
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. 212

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Adeline S. Mosman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 40 Cottage 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 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

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Anton Mosman

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

95

Years

3

Months

2

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

at home

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)

Boston, Mass

13 NAME OF
FATHER

William Reynolds

14 BIRTHPLACE OF
FATHER (City)
(State or country)cannot be obtained
England15 MAIDEN NAME
OF MOTHER

Ellen

16 BIRTHPLACE OF
MOTHER (City)
(State or country)cannot be obtained
Mass

17

Informant
(Address)Mrs. Adeline L. Egton
40 Cottage Ave WentthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Quirkness
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Nov. 9, 1936

(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.)

Chronic Myocarditis,
Hypertension, Atherosclerosis,
Hip-fracture & fall.
Fallen at home in
Jan. 1936

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN
WAS INJURY SUSTAINED?

Wentthrop

(Signed)

Charles J. Quirkness, M. D.

(Address)

177 Main St. Boston

Date 11/9/36

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Forest Hills Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 11, 1936

22 NAME OF
UNDERTAKER

Charles J. Stokes

ADDRESS

121 Roxbury Ave

Received and filed

Nov. 13, 1936

(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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 125 Pleasant St. Ward



Registered No. 912

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Robert Franklin Jordan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 125 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 29 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Laura Ella McKie
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 7 Months X Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer

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. 1936 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Portland (State or country) Maine

13 NAME OF FATHER Frank Jordan

14 BIRTHPLACE OF FATHER (City) Portland (State or country) Maine

15 MAIDEN NAME OF MOTHER Sarah Sefton

16 BIRTHPLACE OF MOTHER (City) Portland (State or country) Maine

17 Informant Herbert L. Jordan (Address) (son)

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) 11/14/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 13 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Sept 15, 1936, to Nov 12, 1936

I last saw him alive on November 12, 1936, death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis Sept 1936

Contributory causes of importance not related to principal cause:

Diabetes 1924

Name of operation none Date of What test confirmed diagnosis Cholesterol Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) H. L. Jordan Date Nov 12, 1936 (Address) 125 Pleasant St. Winthrop

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL November 15, 1936 19

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass.

Received and filed 19

A TRUE COPY, ATTEST:

NOV 1 1936 (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 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 examine a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent stored up or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate on hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 commission a notary public, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Temporary Edition.)*

Medics examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 inventor or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Miscellaneous.** Examine, investigate and certify to all deaths appearing to be due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related 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-12-34. No. 2938-f



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)
Linthrop (City or Town)
No. 62 Pleasant St. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 211

2 FULL NAME William James Arnock
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 62 Pleasant St. St. Ward,
(Usual place of abode)

Length of residence in city or town where death occurred 38 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 Mary Dearborn
(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 11 Months 26 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, Retired Meat Market
9 Industry or business in which work was done, as silk mill, Own usefulness
10 Date deceased last worked at this occupation (month and year) 1930
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Cambridge
(State or country) Mass.

13 NAME OF FATHER James Arnock

14 BIRTHPLACE OF FATHER (City) Glasgow
(State or country) Scotland

15 MAIDEN NAME OF MOTHER Martha Arnock (same name)

16 BIRTHPLACE OF MOTHER (City) Greenshields
(State or country) Scotland

17 Informant Nancy Arnock (Address) 62 Pleasant St. Linthrop
Relation, if any (life)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chalaroff
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
11/17/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 16 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1936, to Nov. 16, 1936
I last saw him alive on Nov. 10, 1936, death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis Nov. 15 1936
Contributory causes of importance not related to principal cause:
Coronary Disease Nov. 4, 1936

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) Charles S. Chalaroff, M.D.
(Address) 119 Beacon St. Boston Date Nov. 16, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cambridge
(Cemetery) (City or town)

DATE OF BURIAL Nov. 18 1936

22 NAME OF UNDERTAKER Eastman Funeral Service
ADDRESS 886 Beacon St. Boston Mass.

Received and filed Nov. 17 1936

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as 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

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, 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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, death cannot be obtained early enough for the purpose, the commonwealth cannot be 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 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

To be filed for burial permit
with Board of Health
or its Agent.

245

Suffolk
(County)
Wentthrop
(City or Town)



STANDARD

CERTIFICATE OF DEATH

No. 234 Court Road St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Josephine Peters - Sheeran (If U. S. War Veteran, specify WAR.)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Appleton St., Ward, Melrose 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)
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18 DATE OF DEATH 11 18 36
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of George C. Henns
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
10/25, 1936, to 11/10, 1936
I last saw her alive on 11/10, 1936, death is said

6 IF STILLBORN, enter that fact here.

to have occurred on the date stated above, at 4:15 m.

7 AGE 74 Years 11 Months 25 Days If less than 1 day
Hours Minutes

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
1. <u>Myocardial infarction</u>	<u>12/1/68</u>
2. <u>Coronary artery disease</u>	<u>12/1/68</u>
3. <u>Arteriosclerosis</u>	<u>12/1/68</u>
4. <u>Chronic obstructive pulmonary disease</u>	<u>12/1/68</u>
5. <u>Chronic kidney disease</u>	<u>12/1/68</u>
6. <u>Chronic liver disease</u>	<u>12/1/68</u>
7. <u>Chronic heart failure</u>	<u>12/1/68</u>
8. <u>Chronic lung disease</u>	<u>12/1/68</u>
9. <u>Chronic renal failure</u>	<u>12/1/68</u>
10. <u>Chronic liver failure</u>	<u>12/1/68</u>
11. <u>Chronic heart failure</u>	<u>12/1/68</u>
12. <u>Chronic lung disease</u>	<u>12/1/68</u>
13. <u>Chronic renal failure</u>	<u>12/1/68</u>
14. <u>Chronic liver failure</u>	<u>12/1/68</u>
15. <u>Chronic heart failure</u>	<u>12/1/68</u>
16. <u>Chronic lung disease</u>	<u>12/1/68</u>
17. <u>Chronic renal failure</u>	<u>12/1/68</u>
18. <u>Chronic liver failure</u>	<u>12/1/68</u>
19. <u>Chronic heart failure</u>	<u>12/1/68</u>
20. <u>Chronic lung disease</u>	<u>12/1/68</u>
21. <u>Chronic renal failure</u>	<u>12/1/68</u>
22. <u>Chronic liver failure</u>	<u>12/1/68</u>
23. <u>Chronic heart failure</u>	<u>12/1/68</u>
24. <u>Chronic lung disease</u>	<u>12/1/68</u>
25. <u>Chronic renal failure</u>	<u>12/1/68</u>
26. <u>Chronic liver failure</u>	<u>12/1/68</u>
27. <u>Chronic heart failure</u>	<u>12/1/68</u>
28. <u>Chronic lung disease</u>	<u>12/1/68</u>
29. <u>Chronic renal failure</u>	<u>12/1/68</u>
30. <u>Chronic liver failure</u>	<u>12/1/68</u>
31. <u>Chronic heart failure</u>	<u>12/1/68</u>
32. <u>Chronic lung disease</u>	<u>12/1/68</u>
33. <u>Chronic renal failure</u>	<u>12/1/68</u>
34. <u>Chronic liver failure</u>	<u>12/1/68</u>
35. <u>Chronic heart failure</u>	<u>12/1/68</u>
36. <u>Chronic lung disease</u>	<u>12/1/68</u>
37. <u>Chronic renal failure</u>	<u>12/1/68</u>
38. <u>Chronic liver failure</u>	<u>12/1/68</u>
39. <u>Chronic heart failure</u>	<u>12/1/68</u>
40. <u>Chronic lung disease</u>	<u>12/1/68</u>
41. <u>Chronic renal failure</u>	<u>12/1/68</u>
42. <u>Chronic liver failure</u>	<u>12/1/68</u>
43. <u>Chronic heart failure</u>	<u>12/1/68</u>
44. <u>Chronic lung disease</u>	<u>12/1/68</u>
45. <u>Chronic renal failure</u>	<u>12/1/68</u>
46. <u>Chronic liver failure</u>	<u>12/1/68</u>
47. <u>Chronic heart failure</u>	<u>12/1/68</u>
48. <u>Chronic lung disease</u>	<u>12/1/68</u>
49. <u>Chronic renal failure</u>	<u>12/1/68</u>
50. <u>Chronic liver failure</u>	<u>12/1/68</u>
51. <u>Chronic heart failure</u>	<u>12/1/68</u>
52. <u>Chronic lung disease</u>	<u>12/1/68</u>
53. <u>Chronic renal failure</u>	<u>12/1/68</u>
54. <u>Chronic liver failure</u>	<u>12/1/68</u>
55. <u>Chronic heart failure</u>	<u>12/1/68</u>
56. <u>Chronic lung disease</u>	<u>12/1/68</u>
57. <u>Chronic renal failure</u>	<u>12/1/68</u>
58. <u>Chronic liver failure</u>	<u>12/1/68</u>
59. <u>Chronic heart failure</u>	<u>12/1/68</u>
60. <u>Chronic lung disease</u>	<u>12/1/68</u>
61. <u>Chronic renal failure</u>	<u>12/1/68</u>
62. <u>Chronic liver failure</u>	<u>12/1/68</u>
63. <u>Chronic heart failure</u>	<u>12/1/68</u>
64. <u>Chronic lung disease</u>	<u>12/1/68</u>
65. <u>Chronic renal failure</u>	<u>12/1/68</u>
66. <u>Chronic liver failure</u>	<u>12/1/68</u>
67. <u>Chronic heart failure</u>	<u>12/1/68</u>
68. <u>Chronic lung disease</u>	<u>12/1/68</u>
69. <u>Chronic renal failure</u>	<u>12/1/68</u>
70. <u>Chronic liver failure</u>	<u>12/1/68</u>
71. <u>Chronic heart failure</u>	<u>12/1/68</u>
72. <u>Chronic lung disease</u>	<u>12/1/68</u>
73. <u>Chronic renal failure</u>	<u>12/1/68</u>
74. <u>Chronic liver failure</u>	<u>12/1/68</u>
75. <u>Chronic heart failure</u>	<u>12/1/68</u>
76. <u>Chronic lung disease</u>	<u>12/1/68</u>
77. <u>Chronic renal failure</u>	<u>12/1/68</u>
78. <u>Chronic liver failure</u>	<u>12/1/68</u>
79. <u>Chronic heart failure</u>	<u>12/1/68</u>
80. <u>Chronic lung disease</u>	<u>12/1/68</u>
81. <u>Chronic renal failure</u>	<u>12/1/68</u>
82. <u>Chronic liver failure</u>	<u>12/1/68</u>
83. <u>Chronic heart failure</u>	<u>12/1/68</u>
84. <u>Chronic lung disease</u>	<u>12/1/68</u>
85. <u>Chronic renal failure</u>	<u>12/1/68</u>
86. <u>Chronic liver failure</u>	<u>12/1/68</u>
87. <u>Chronic heart failure</u>	<u>12/1/68</u>
88. <u>Chronic lung disease</u>	<u>12/1/68</u>
89. <u>Chronic renal failure</u>	<u>12/1/68</u>
90. <u>Chronic liver failure</u>	<u>12/1/68</u>
91. <u>Chronic heart failure</u>	<u>12/1/68</u>
92. <u>Chronic lung disease</u>	<u>12/1/68</u>
93. <u>Chronic renal failure</u>	<u>12/1/68</u>
94. <u>Chronic liver failure</u>	<u>12/1/68</u>
95. <u>Chronic heart failure</u>	<u>12/1/68</u>
96. <u>Chronic lung disease</u>	<u>12/1/68</u>
97. <	

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Pharm. Myocardites ?

9 Industry or business in which work was done, as ~~silk mill~~, *own home*, saw mill, bank, etc.

.....

10 Date deceased last worked at this occupation (month and year) 2025 1935 11 Total time (years) spent in this occupation 45

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City).....*East Boston*
(State or country).....*Mass*

General Wilson
General

13 NAME OF FATHER Thomas Sheeran

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

14 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

16 MAIDEN NAME
OF MOTHER *Ann Melody*

20 Was disease or injury in any way related to occupation of deceased?no
If so, specify.....

16 BIRTHPLACE OF
MOTHER (City)
(State or country) *Ireland*

(Signed) Harry L. L. L., M. J.
(Address) 121/19 1936 Date 12/19 1936

17 *Dr. J. E. Reynolds* *Son* Relation, if any
Informant
(Address) *138 Country Club Rd. Inglewood*

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Calvary Boston
(Cemetery) (City or town)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

DATE OF BURIAL November 21 1936

22 NAME OF UNDERTAKER John St. Gately

(Signature of Agent of Board of Health or other)

ADDRESS 75 Myrtle St Melrose

(Official Designation) (Date of Issue of Permit)

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 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 it is transmitted by the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different 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>	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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		3324 (City or town making return) 216
SUFFOLK (County)				
WINTHROP (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No.
No. Sta. Hosp. Fort Banks, Mass.		St.,		Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
2 FULL NAME. EDWARD F. McQUILLAN (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)		
(a) Residence. No. 63 Bowdoin (Usual place of abode)		St.,		
Length of residence in city or town where death occurred 25 yrs.		Ward,		
		(If nonresident, give city or town and state)		
mos.		days.		
How long in U. S., if of foreign birth?		yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married		
5a If married, widowed, or divorced HUSBAND of Mary E. McQuillan Slattery (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 8 Months 0 Days		If less than 1 day Hours Minutes		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook, Pvt. 1st, Det. Med. Dept. Fort Banks, Mass				
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) Nov. 12, 1936		11 Total time (years) spent in this occupation 23		
12 BIRTHPLACE (City) Woburn (State or country) Massachusetts				
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 REGISTRAR, Sta. Hosp. Fort Banks, Mass (Address)				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. A. Gildress (Signature of Agent of Board of Health or other Health Officer) 11/23/36 (Official Designation) (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH November 22, 1936 (Month) (Day) (Year)				
19 I HEREBY CERTIFY That I attended deceased from November 13, 1936 to November 22, 1936 I last saw him alive on November 22, 1936 death is said to have occurred on the date stated above, at 5:05 p. m. The principal cause of death and related causes of importance in order of onset were as follows:				
Coronary occlusion				11-22-36 Date of Onset
Arteriosclerosis, generalized, severe				Unknown
Contributory causes of importance not related to principal cause: Duodenum, ulcer of, chronic, active cause undetermined				
Name of operation None 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 Thomas M. Arnett, 1st Lt. MRC (Signed) (Address) Fort Banks, Mass Date Nov 22, 1936				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Woburn (City or town)				
DATE OF BURIAL Nov. 25, 1936				
22 NAME OF UNDERTAKER Murray & Murray ADDRESS 259 Beach St. - New Bedford				
Received and filed 19 NOV 25 1936 (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, 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 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 fecital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such fecital 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, hereafter 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. 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 scalding, suffocation, and by the action of chemical (drugs or poisons), thermal, or electrical agents), and deaths following abortion, but also deaths from disease 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*, *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., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different 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>Acute interstitial nephritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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. 7997-6

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) Wrentham (City or Town) No. Wrentham Community Hospital Ward {			Registered No. 237	
2 FULL NAME Patrick J. A. Conway		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR) del	
(a) Residence. No. 29 W. Eagle St. East Boston 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 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 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. Carpenter					
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) Nov. 18, 1936 11 Total time (years) spent in this occupation 18 yrs					
12 BIRTHPLACE (City) (State or country) East Boston Mass.					
13 NAME OF FATHER James Conway					
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland					
15 MAIDEN NAME OF MOTHER Margaret Boston					
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland					
17 Informant Ellen Pegan SISTER (Address) 29 West Eagle St.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
ADRIAN E. CRAMPTON (Signature of Agent of Board of Health or other) NOV 24 1936 BOSTON HEALTH DEPT. 4649					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Nov 23 - 1936 (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.) acute Hemorrhagic Pancreatitis Peritonitis Right Bronchus Pneumonia					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED (Signed) M. J. Snickley M. D. (Address) Boston Nov-23-1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL Nov 26 1936					
22 NAME OF UNDERTAKER David J. Dooley ADDRESS 135 London St.					
Received and filed Nov 25 1936 (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 FAINTLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156F

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 213

No. Winthrop Community Hosps. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen G Burns
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 357 Princeton St., 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 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William Burns (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years Months Days If less than 1 day Hours Minutes

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) 1936 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Boston Mass (State or country)

13 NAME OF FATHER Bartholemew Moynihan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Hensworth

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs Helen M Governor DAUGHTER (Address) 68 Reed St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer 11/25/36 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 24, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1936, to Nov 24, 1936

I last saw her alive on Nov 24, 1936, 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:

Terminal pneumonia Chronic myocarditis with cardiac decompensation Hypertension

Contributory causes of importance not related to principal cause: Anasarca Sept 1936

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) James E. Chaffin M. D. (Address) 1925 1/2 St. Date 11/24/36

21 St Joseph Boston Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Nov 26 1936

22 NAME OF UNDERTAKER William A Treanor ADDRESS 559 Saratoga St E.D.

Received and filed Nov 28 1936

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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 work, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
'The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 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 a 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. (TZEXCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. (TZEXCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **impossible due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting 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 death of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-4

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. 210	
	No. 170 Nahant Avenue St. Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Abbie Frances (Ricker) Savage		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 170 Nahant Avenue 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 Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED			
5a If married, widowed, or divorced HUSBAND of Edland L. Savage (Give maiden name of wife in full) (or) WIFE of Edland L. Savage (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 76 Years 1 Months 26 Days		If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Oct. 1936 11 Total time (years) spent in this occupation 50				
PARENTS	12 BIRTHPLACE (City) Skowhegan (State or country) Maine				
	13 NAME OF FATHER Henry Edwin Ricker				
	14 BIRTHPLACE OF FATHER (City) Kennebunkport (State or country) Maine				
	15 MAIDEN NAME OF MOTHER Hannah Frances Bartlett				
PARENTS	16 BIRTHPLACE OF MOTHER (City) Kingman (State or country) Maine				
	17 Edland D. Savage (son) (Address) 170 Nahant Ave. Winthrop Mass				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or permit was issued: (Signature of Agent of Board of Health or other) (Date of Issue of Permit) 12/1/36					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Nov. 30 1936 (Month) (Day) (Year)		19 I HEREBY CERTIFY That I attended deceased from Dec. 18 1935 to Nov. 29 1936 I last saw h. alive on Nov. 29 1936 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: Coronary Thrombosis Date of Onset Nov. 29			
Contributory causes of importance not related to principal cause: Endocarditis, Chronic Arteriosclerosis 7					
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? No If so, specify (Signed) Harry R. Bolan M. D. (Address) 10 Dana St. Cambridge Date Nov. 30 1936					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Skowhegan Maine (Cemetery) (City or town)					
DATE OF BURIAL December 2 1936					
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop, Mass					
Received and filed DEC 7 1936 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.*

Undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board "from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.* ...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 39, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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 voluntarily employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of house work, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchant*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1917
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in 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-9-31. No. 3385-g

PLACE OF DEATH		Suffolk (County)		Suffolk (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registered No. 220	
1	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 John Joseph Geary				(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) World		
(a)	Residence. No. 118 Woodside Ave.		St.,	Ward,	Antirop.				
(Usual place of abode)									
Length of residence in city or town where death occurred 17 yrs. 8 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							
M	W								
6a If married, widowed, or divorced									
HUSBAND of Helen Louise Leahy (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. Bookkeeper								
	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, 36 11 Total time (years) spent in this occupation 3 yrs.								
12 BIRTHPLACE (City) Boston, Mass. (State or country)									
PARENTS	13 NAME OF FATHER Patrick								
	14 BIRTHPLACE OF FATHER (City) Ireland (State or country)								
	15 MAIDEN NAME OF MOTHER Bridget Foley								
	16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)								
17 Informant Helen Louise Geary wife (Address)									
A TRUE COPY. Richard G. Foley									
ATTEST: (Registrar of city or town where death occurred) Oct. 20, 1936									
DATE FILED 19									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH Oct. 18, 1936 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1936, to Oct. 18, 1936									
I last saw him alive on Oct. 11, 1936, death is said to have occurred on the date stated above, at 7:57 p.m.									
The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma colon									
Contributory causes of importance not related to principal cause: Pneumonia 10/8/36									
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) E. O. Conry, Lieut. (U.S.N.) M. D. (Address) U.S. Naval Hosp. Date 10/18/36									
21 PLACE OF BURIAL, CREMATION OR REMOVAL, (Cemetery) (City or town) Date of BURIAL Oct. 24, 1936 19									
22 NAME OF UNDERTAKER William J. Presnor ADDRESS East Boston, Mass.									
Received and filed 19 (Registrar of City or Town where deceased resided)									

Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-35, No. 6156F

PLACE OF DEATH 1 { Suffolk (County) Winthrop (City or Town) No. 83 Lincoln St., Ward {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
2 FULL NAME Anastasia (Leneten) Wile (If deceased is a married, widowed or divorced woman, give also maiden name.)		Registered No. 231		{ (If U. S. War Veteran specify WAR)	
(a) Residence. No. 83 Lincoln St., Ward,		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred 13 years months days. How long in U.S., if of foreign birth? 40 years months days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed			
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Elam Wile (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 75 Years 11 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. 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) East Port Medway (State or country) Nova Scotia					
PARENTS	13 NAME OF FATHER John Leneten				
	14 BIRTHPLACE OF FATHER (City) East Port Medway (State or country) Nova Scotia				
	15 MAIDEN NAME OF MOTHER Mary Cooney				
	16 BIRTHPLACE OF MOTHER (City) East Port Medway (State or country) Nova Scotia				
17 Informant Harry E. Wile (Son) (Address) 83 Lincoln St. Relation, if any (Son)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transport permit was issued: (Signature of Agent of Board of Health or other) <i>Wm. S. Childers</i> (Official Designation) Health Officer (Date of Issue of Permit) 12/3/36					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Dec. 1 1936 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 11/1 to 12/1, 1936. I last saw him alive on 12/1, 1936, 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:					
Cerebral Hemorrhage					Date of Onset 12/1/36
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>Wm. S. Childers</i> M. D. (Address) <i>Lowell, Mass.</i> Date 12/3 1936					
21 Place of Burial, Cremation or Removal Cambridge Cambridge DATE OF BURIAL Dec. 4 1936					
22 NAME OF UNDERTAKER <i>William S. Childers</i> ADDRESS 90 Westford St. Lowell, Mass.					
Received and filed DEC 3 1936 (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 or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 a 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. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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 **diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative 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, 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

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 UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

000m-12-32, No. 7070-h

Worcester notified 1/9/37

SUFFOLK
(County)

WINTHROP
(City or Town)

No. **Sta Hospital, Fort Banks, Mass** 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. **232**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

1 **PLACE OF DEATH**

2 **FULL NAME** **EDWARD B. McNALLY**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence.** No. **58 Chatham** St., Ward, **WORCESTER, MASS.**
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **0** 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)	18 DATE OF DEATH December 2, (Second) 1936 (Month) (Day) (Year)	
6a If married, widowed, or divorced HUSBAND of Mrs Anne V. McNally (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from November 28 , 19 36 to December 2 , 19 36 I last saw him alive on December 2 , 19 36 , death is said to have occurred on the date stated above, at 3:05p.m. The principal cause of death and related causes of importance in order of onset were as follows: Duodenum, ulcer of, chronic, active, with hemorrhage, severe Contributory causes of importance not related to principal cause: Cardiac failure, acute	
7 AGE 40 Years. — Months. — Days If less than 1 day Hours. Minutes			Date of Onset	
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. Lieut. (JG) U.S. Navy-Res				
10 Date deceased last worked at this occupation (month and year) December 2, 1936			11 Total time (years) spent in this occupation 20	
12 BIRTHPLACE (City) — (State or country) Massachusetts				
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 REGISTRAR, Sta Hosp, Fort Banks, Mass (Address)			Name of operation Abdominal Explor Date of Dec 2, 1936 What test confirmed diagnosis? _____ Was there an autopsy? _____	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Wm. S. Chidress</i> (Signature of Agent or Board of Health or other) Health Officer (Official Designation)			20 Was disease or injury in any way related to occupation of deceased? No If so, specify Chronic Duodenal (Signed) Charles L. Gandy, Lt Col, MC M. D. (Address) Fort Banks, Mass. Date 12/2 19 36	
			21 PLACE OF BURIAL, CREMATION OR REMOVAL HOPE WORCESTER (Cemetery) (City or town)	
			DATE OF BURIAL DECEMBER 4 19 36	
			22 NAME OF UNDERTAKER E. Julius Fundation ADDRESS 1157 Main St Worcester, Mass	
			Received and filed _____ 19 _____ DEC 13 (Registrar)	
			A TRUE COPY, ATTEST: _____ (Registrar)	

15/3/36

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 *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*, *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*, *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*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	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 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, or for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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. 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 **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33, No. 9321-a

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		Winthrop Community Hospital St.,		Ward	
1		2 FULL NAME <u>George Washington Dyar</u> (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. <u>2 Burrill Terrace</u> <u>SE</u> Ward, (Usual place of abode) (If nonresident, give city or town and state) Length of residence in city or town where death occurred <u>50</u> yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.							
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED							
Male	White	Widowed							
5a If married, widowed, or divorced									
HUSBAND of <u>Isabelle Webster</u> (Give maiden name of wife in full)									
(or) WIFE of _____ (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 <u>81</u> Years <u>7</u> Months <u>7</u> Days If less than 1 day AGE Hours Minutes									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Locomotive engineer</u>									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad engine</u>									
10 Date deceased last worked at this occupation (month and year) <u>1920</u> 11 Total time (years) spent in this occupation <u>40</u>									
12 BIRTHPLACE (City) <u>New Portland</u> (State or country) <u>Maine</u>									
13 NAME OF FATHER <u>Unable to obtain</u>									
14 BIRTHPLACE OF FATHER (City) <u>Unable to obtain</u> (State or country)									
15 MAIDEN NAME OF MOTHER <u>Unable to obtain</u>									
16 BIRTHPLACE OF MOTHER (City) <u>Unable to obtain</u> (State or country)									
17 Informant <u>Mrs. Ruth D. Woods (daughter)</u> (Address) <u>2 Burrill Terrace Winthrop</u>									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. W. Childress</u> (Signature of Agent of Board of Health or other) <u>H. A. Dec. 4/36</u> (Official Designation) (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH <u>Dec 3 1936</u> (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from <u>Jan 15</u> , 19 <u>36</u> to <u>Dec 3</u> , 19 <u>36</u> I last saw him alive on <u>Dec 2</u> , 19 <u>36</u> , death is said to have occurred on the date stated above, at <u>2:15 A.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Myocarditis</u> <u>arteriosclerosis</u> <u>hypertensive pulmonary</u> <u>2 day</u>									
Contributory causes of importance not related to principal cause: <u>subacute pericarditis</u> <u>very slight pneumonia</u> <u>next right femur</u> <u>9/3</u>									
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>C. J. McWhorter</u> , M. D. (Address) <u>4 W. Winthrop St.</u> Date <u>12/4</u> 19 <u>36</u> What test confirmed diagnosis? _____ Was there an autopsy? <u>h</u>									
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop Winthrop</u> (Cemetery) (City or town) DATE OF BURIAL <u>December 5,</u> 19 <u>36</u>									
22 NAME OF UNDERTAKER <u>Charles R. Bennison</u> ADDRESS <u>Winthrop Mass</u>									
Received and filed <u>DEC 7 1936</u> 19_____ (Registrar)									

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

To be complete, an occupation return must state:

- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner weaver*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* 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 *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *clerk*, *salesman* and not a *clerk*.

Example

Arteriosclerosis

Date of onset
1015

1021

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.

Gen. Laws, Chap. 46, Sec. 9.

by violence... *Gen. Laws, Chap. 38, Sec. 6.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Sec. 46, G. L. as amended.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(7) Board of Health provisions will not apply to disease unrelated to any form of injury.

death is needed.

and those of persons found dead.

WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 40 Lincoln Winthrop Community Hosp.



Office of the Secretary
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. 221

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Nelson Pete

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 94 Boylston St.,

Ward, Clinton Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 1 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 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) Marie

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 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. Spindle reter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill
10 Date deceased last worked at this occupation (month and year) 12-4-36 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) (State or country) Albany New York

13 NAME OF FATHER Nelson Pete

14 BIRTHPLACE OF FATHER (City) (State or country) Albany New York

15 MAIDEN NAME OF MOTHER Sarah King

16 BIRTHPLACE OF MOTHER (City) (State or country) Albany New York

17 Informant (Address) Arthur Pete

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Chidress
(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

Dec. 5/36
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 4, 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Dec 4, 1936.
Last saw him alive on Dec 4, 1936, death is said to have occurred on the date stated above, at 5:45 PM.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis

Date of Onset
IMPORTANT
12/4/36

Contributory causes of importance not related to principal cause:

chronic Myocarditis 1/10/36

Name of operation None Date of What test confirmed diagnosis? Was there an autopsy? 0

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Fred O. Besan, M. D.
(Address) 6705 Argosy St. Date 12/3/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns. Lancaster
(Cemetery) (City or town)

DATE OF BURIAL 12 1936

22 NAME OF UNDERTAKER John W. Bobba
ADDRESS 464 W. Main St. Clinton

Received and filed 19

DEC 7 1936

(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 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 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 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. 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. 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.

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 *house* housework, write *housework* in answer to Question 8 and *own home* in answer to 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*, *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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34. No. 2938-f

1 PLACE OF DEATH { Suffolk (County) W. Whitthrop (City or Town) No. 30 Main 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. 225			
2 FULL NAME <u>Mary M. Ballem (Carlton)</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) (If U. S. War Veteran, specify WAR)			
(a) Residence. No. <u>30 Main</u> St., Ward, _____ (Usual place of abode) Length of residence in city or town where death occurred <u>30</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 (write the word) MARRIED <u>Widowed</u> WIDOWED or DIVORCED			
6a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>Henry M. Ballem</u> (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <u>68</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>House work</u>				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>				
10 Date deceased last worked at this occupation (month and year) <u>1936</u>		11 Total time (years) spent in this occupation. <u>51</u>			
12 BIRTHPLACE (City) <u>East Boston</u> (State or country) <u>Mass.</u>					
PARENTS	13 NAME OF FATHER <u>James Carlton</u>				
	14 BIRTHPLACE OF FATHER (City) <u>Salway</u> (State or country) <u>Ireland</u>				
	15 MAIDEN NAME OF MOTHER <u>Elizabeth Rose</u>				
	16 BIRTHPLACE OF MOTHER (City) <u>Halifax</u> (State or country) <u>U. S.</u>				
17 Informant <u>Muriel M. Ballem</u> (Address) <u>30 Main St., W. Whitthrop</u> Relation, if any <u>(daughter)</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. Childers</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>12/8/36</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>Dec 5</u> 19 <u>36</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from <u>June 16</u> , 19 <u>31</u> , to <u>Dec 5</u> , 19 <u>36</u> I last saw her alive on <u>Dec 5</u> , 19 <u>36</u> , death is said to have occurred on the date stated above, at <u>6:50 P.</u> m. The principal cause of death and related causes of importance in order of onset were as follows:					
<u>Chronic Hypertension</u> Contributory causes of importance not related to principal cause: <u>arteriosclerosis</u> <u>arteriosclerosis</u>					Date of Onset IMPORTANT <u>1936</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>analysis</u> Was there an autopsy? <u>no</u> 20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>James M. D.</u> M. D. (Address) <u>10 Main St., W. Whitthrop</u> Date <u>12-7-1936</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Hollywood Brookline</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>December 9</u> , 19 <u>36</u>					
22 NAME OF UNDERTAKER <u>W. J. Kelly</u>					
ADDRESS <u>11 Melrose St., C. B.</u>					
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, 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 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 the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have 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 sufficient reasons 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 or by the attending physician, make such certificate. If such a permit for the removal of a human body, wealth cannot be obtained early enough for the purpose, the common-law 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 certified 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 of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Tentative Edition). The clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 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., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee, worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive title, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." When 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, wholesaler* 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 of causes that 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.

... 2. WHITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f



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. 31 Centre St. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude C. Ambrose (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Centre St. St. Ward, (If U. S. War Veteran, specify WAR) 228
(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 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) Thomas P. Ambrose (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 47 Years 7 Months 16 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. Housewife
10 Date deceased last worked at this occupation (month and year) May 1934 11 Total time (years) spent in this occupation 19

12 BIRTHPLACE (City) Portland, (State or country) Maine

13 NAME OF FATHER Owen C. Murray

14 BIRTHPLACE OF FATHER Portland, (City) Maine (State or country)

15 MAIDEN NAME OF MOTHER Mary A. Allen

16 BIRTHPLACE OF MOTHER Portland, (City) Maine (State or country)

17 Informant Mr. Thomas H. Ambrose husband (Address) 31 Centre St., Winthrop Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Clark (Signature of Agent of Board of Health or other)
12/13/36 (Date of Issue of Permit)
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 12 5 36 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/22, 1935, to 12/5, 1936. I last saw h. alive on 12/1, 1936, 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:

Edema of Lungs
Contributory causes of importance not related to principal cause:
Cerebral Hemorrhage 12/1/36
Date of Onset IMPORTANT 12/1/36

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, Portland (Cemetery) (City or town)

DATE OF BURIAL December 9, 1936 19

22 NAME OF UNDERTAKER Richard Kirby ADDRESS East Boston

Received and filed DEC 1936 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. 40, Sec. 9.*

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent, 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 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. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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 conveyer 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., (Tentative Edition).*

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.

RULES OF PRACTICE

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	Date of onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

Example

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

In stating the occupation, avoid the use of such indefinite terms as "store," "factory," "mill," etc. State the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "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. *a, b, 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.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, 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 *spinner, weaver*, etc.

Distinguish carefully the different 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. *a, b, 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.

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. 1 Shore Drive Winthrop St.
(Morris) Ward

2 FULL NAME Grace Breckenridge
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 1 Shore Drive 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.

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 George E. Breckenridge
(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. 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) Dec. 1936
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Augusta
(State or country) Maine

13 NAME OF FATHER Unable to obtain

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Louis Breckenridge
(Address) 91 Faun Bar 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)

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. 227

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(If nonresident give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec-7-1936
(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.)

Right Lobar Pneumonia
Right Empyema
Left Broncho Pneumonia
Collapsed & died quickly

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) J. M. Breckley, M. D.
(Address) Boston Dec-8-1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills Boston
(Cemetery) (City or town)
DATE OF BURIAL December 11, 1936

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed DEC 15 1936 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.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 223

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 87 Winthrop Shore Drive SE Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Chester Thomas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 87 Winthrop Shore Drive SE 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? 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 Marie Gladding (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, Carriage Manufacturer sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, Factory saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Dec. 1936 11 Total time (years) spent in this occupation. 25

12 BIRTHPLACE (City) Litchfield (State or country) Connecticut

13 NAME OF FATHER Chester William Thomas

14 BIRTHPLACE OF FATHER (City) Litchfield (State or country) Connecticut

15 MAIDEN NAME OF MOTHER Katherine Smith

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Katherine T. Cozens (Daughter) Information (Address) 87 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. L. Chubbick, Jr. (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/9/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 7 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from December 7/36 (P.M.) to December 7, 1936

I last saw him alive on December 7, 1936, 10:30 A.M. death is said to 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:

Cerebral Hemorrhage Date of Onset 12/7/36 IMPORTANT

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1933

Name of operation none Date of 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 D. Bagnall M. D. (Address) 562 Stanley St. Date 12/8/36

21 PLACE OF BURIAL, CREMATION OR REMOVAL West Litchfield, Litchfield Conn (Cemetery) field or town

DATE OF BURIAL Dec. 10, 1936 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 thereafter furnish 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 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. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 trussing, septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **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.—Preise 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*, *sock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *marine 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 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.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-f



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. **2378**

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 Mary Ella Barry
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 117 Bennington St., St., 1 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 60 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 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.

Packer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Candy factory

10 Date deceased last worked at this occupation (month and year)

July 1936

11 Total time (years) spent in this occupation 37

12 BIRTHPLACE (City) East Boston, (State or country) Mass.

13 NAME OF FATHER Charles Barry

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Fannie O'Brien

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Elizabeth Barry (sister) (Address) 117 Bennington 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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 10 '96 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to Dec 10, 1936

I last saw her alive on Dec 10, 1936, death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of Breast Date of Onset IMPORTANT 1936

with metastases to

bones & cerebrium

Contributory causes of importance not related to principal cause:

hypertension

diabetes

Name of operation: Mastectomy Date of July 10 1936

What test confirmed diagnosis? Biopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. F. O'Brien M. D. (Address) 117 Bennington St. Date 12-11-1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)

DATE OF BURIAL December 14, 1936 19

22 NAME OF UNDERTAKER Richard C. Kirby (Address) East Boston

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 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, dolesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 pressing 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, in which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L. (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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, but if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold,* etc. For a person who had no occupation 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, 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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



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. **230**

1 PLACE OF DEATH
Snffolk (County)
Winthrop (City or Town)
No. **194 Main** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Sarah Russell Sturgis**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. **194 Main** St., Ward,
(Usual place of abode)
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred **83** 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 **83** Years **3** Months **8** 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) **Dec. 1936** 11 Total time (years) spent in this occupation **65**

12 BIRTHPLACE (City) **East Boston** (State or country) **Massachusetts**

13 NAME OF FATHER **Charles R. Sturgis**

14 BIRTHPLACE OF FATHER (City) **Boston** (State or country) **Massachusetts**

15 MAIDEN NAME OF MOTHER **Mary Jane Gray**

16 BIRTHPLACE OF MOTHER (City) **Bowdoinham** (State or country) **Maine**

17 Informant **Mrs. Nathan Loud (niece)** (Address) **116 Adams St. No. Abington**

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. Callahan**
(Official Designation) **Health Officer** (Date of Issue of Permit) **12/19/36**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec 11, 1936**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1934** to **Dec 11, 1936**

I last saw him alive on **Dec 10, 1936** death is said

to have occurred on the date stated above, at **5:20 A.M.**

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis
chronic disease

Contributory causes of importance not related to principal cause:

Name of operation **h** Date of **h**
What test confirmed diagnosis? **h** Was there an autopsy? **h**

20 Was disease or injury in any way related to occupation of deceased? **h**

If so, specify **h**

(Signed) **h** M. D.
(Address) **h** Date **12/11/1936**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Forest Hills Boston**
(Cemetery) (City or town)

DATE OF BURIAL **Dec. 14, 1936** 19

22 NAME OF UNDERTAKER **Charles R. Bennison**
ADDRESS **Winthrop Mass**

Received and filed **DEC 15 1936** 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Praise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *toy factory*, *cotton mill*, etc.

Distinguish carefully the different 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 related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 rectify, as required by section ten of chapter forty-six, that the deceased died, as reported by the army 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 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; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

231

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

Florence E. (Prescott) Read

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

145 Proctor Ave.

St.,

Ward,

Riverside Mass

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 1

mos. 15

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
(or) WIFE of

Andrew J. Read

6 AGE

Years

63

Months

2

Days

17

IF LESS than
1 day, _____ hrs.
or _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife
at home

(b) Name of employer

June 1936 - 45 yrs.

8 BIRTHPLACE (City)

(State or country)

Malden
Mass.9 NAME OF
FATHER

Francis N. Prescott

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston
Mass.11 MAIDEN NAME
OF MOTHER

Grace Hall

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Mass.

13

Informant

(Address)

Andrew J. Read (husband)
145 Proctor Ave. Riverside

14

Filed

(Month) (Day) (Year)

DEC 2, 1936

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. L. Childs
412Official
position

Health Officer

Date of
issue
of permit

12/15/36

Permit
No.

1974

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December 12, 1936

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Oct 24

1936

to

December 12, 1936

that I last saw her alive on

December 12, 1936

and that death occurred, on the date stated above, at

7:45 P. M.

The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of rectum Oct 36

Carcinoma of liver " 36

Carcinoma uterus July 36

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

Chronic myocarditis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

about July 12, 36 - Rectum

Was there an autopsy

What test confirmed diagnosis

(Signed)

Harold McQuinn

M. D.

(Address)

620 Beach St. Nava

Date

Dec 14 1936

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 16th, 1936

19 UNDERTAKER

George P. Merwin

ADDRESS

Riverside Mass.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., do not give (name origin; Cancer is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing report, 29 *ds.*, *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original 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 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 way 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.*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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		2 FULL NAME		3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		6 IF STILLBORN, enter that fact here		7 AGE		8 OCCUPATION		9 PARENTS		10 MEDICAL CERTIFICATE OF DEATH	
Suffolk (County)		Winthrop (City or Town)		Male		White		MARRIED		Stillborn		Years Months Days		Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Father: Michael Davine, Mother: Matilda P. Rossi		18 DEC 13 1936	
No. Winthrop Community St., Hospital Ward		(If deceased is a married, widowed or divorced woman, give also maiden name)		(a) Residence. No. 76 Park Ave. Reservoir 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		19 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 19, to Dec. 13, 1936	
Registered No. 232		(If U. S. War Veteran, specify WAR)		(If death occurred in a hospital or institution, give its NAME instead of street and number)														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:	
																		Stillborn (full term)	
																		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. Zallo M. D. (Address) 353 Bennett Ave. Date 12/15/36	
																		21 PLACE OF BURIAL, CREMATION OR REMOVAL Garden Chelsea (Cemetery) (City or town)	
																		DATE OF BURIAL December 14 1936	
																		22 NAME OF UNDERTAKER Charles H. Faunce ADDRESS 424 Broadway Chelsea	
																		Received and filed..... 19.....	
																		DEC 15 1936	
																		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 12/14/36
(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 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 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 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.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset, were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or 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....
Sec. 46, G. L., as amended. Chap. 114.

RULES OF PRACTICE

The fulfillment of the 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related 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.

233

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 51 Birch Rd. W St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie L Kirwan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 51 Birch Rd. 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 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 78 Years 7 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. 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) Boston (State or country) Mass.

13 NAME OF FATHER Gerald B Kirwan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Ann Cullan

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs. M. E. O'Leary (Address) 51 Birch 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:

Wm. S. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/13/36 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 13 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 11 1936, to Dec. 13 1936.
I last saw her alive on Dec. 12 1936, 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:

Generalized arterio-sclerosis
Hypertensive heart disease
Cardiac decompensation 11/1/36

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

(Signed) Arthur C. Murray M. D.
(Address) 100 Waldemar Ave. Date Dec 14 1936

21 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Dec. 15 1936 19

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop Mass.

Received and filed DEC 20 1936 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. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156F

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

Registered No. *231*

1 FULL NAME

No. *Winthrop Community Hospital* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

James *Heiscoll*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *18 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

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE.....Years.....Months.....Days If less than 1 day Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

Winthrop
Mass

13 NAME OF FATHER

John Heiscoll

14 BIRTHPLACE OF FATHER (City) (State or country)

East Boston
Mass

15 MAIDEN NAME OF MOTHER

Margaret Keleher

16 BIRTHPLACE OF MOTHER (City) (State or country)

East Boston
Mass

17

Informant (Address)

John Heiscoll (Father)
18 Shirley St *Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(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 16 1936*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *12/16*, 19*36*, to *12/16*, 19*36*

I last saw him alive on *12/16*, 19*36*, 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:

Conjunctive atelectasis

Contributory causes of importance not related to principal cause:

Premature Delivery
Placenta Previa
Complete

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) *Fred O. Regan* M. D.
(Address) *6705 Avenue* Date *12/17/36*

21 *Holy Cross* *Malden*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Dec 22 1936*

22 NAME OF UNDERTAKER *Frederick J. Maguire*
ADDRESS *67 Mundin St East Boston*

Received and filed.....19.....

DEC 22 1936

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
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 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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

Gen. Laws Chap. 46, Sec. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human 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 the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is being aforesaid. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by a satisfactory return, and recorded, satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficiently a physician who is a member of the board of health or employed by a physician who is a member of the board, shall upon application make the by the statement 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 otherwise 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 a removal shall constitute a permit for such removal, if 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 and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration and other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, to the clerk, registrar or other authorized person, in the manner required by section 114, Sec. 45, G. L. (TENTH EDITION).

Medical examination shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. He shall in all cases certify to the town clerk or registrar in writing the place where the deceased died, his name and 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 permit, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (TENTH EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

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. Registered No. 2378	
		Winthrop (City or Town)				Winthrop Community Hospital Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
		2 FULL NAME Anna T. Holmes (If deceased is a married, widowed or divorced woman, give also maiden name.)						(If U. S. War Veteran, specify WAR) 235	
		(a) Residence. No. 62 Myrtle St., Ward, Boston (Usual place of abode) (If nonresident, give city or town and state)							
		Length of residence in city or town where death occurred yrs. mos. 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 MARRIED WIDOWED or DIVORCED		(write the word)			
Female		White		Widowed					
6a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)									
(or) WIFE of William Holmes (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE		Years		Months		Days		If less than 1 day Hours Minutes	
67									
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. None									
10 Date deceased last worked at this occupation (month and year) None 11 Total time (years) spent in this occupation.									
12 BIRTHPLACE (City) East Boston, Mass. (State or country)									
PARENTS									
13 NAME OF FATHER William Pumphret									
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)									
15 MAIDEN NAME OF MOTHER Margaret Hyde									
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)									
17 Informant Miss Edna Lane (Address) 1 Washington Ave., Winthrop (Relation, if any) Niece									
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) 12/17/36									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH		12 (Month)		16 (Day)		36 (Year)			
19 I HEREBY CERTIFY, That I attended deceased from Nov 10 , 19 36 , to 12-16 , 19 36 . I last saw h. alive on 12-16 , 19 36 death is said to have occurred on the date stated above, at 12 AM . The principal cause of death and related causes of importance in order of onset were as follows: Chronic Bronchitis Contributory causes of importance not related to principal cause: Secondary Infection									
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) Henry W. Kelly M. D. (Address) 2001 Broadway Date 12/17/36									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or town)									
DATE OF BURIAL December 18, 1936									
22 NAME OF UNDERTAKER Richard Kirby ADDRESS East Boston									
Received and filed DEC 21 1936 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 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 sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 to the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall 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., (Tercentenary Edition).*

Distinguish carefully the different 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 related to 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.

RULES OF PRACTICE

The fulfillment of the 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.

N. B.—WRITE PLAINLY, "WITH UNFADING BLACK INK"—THIS IS A PERMANENT RECORD. Every item of information should be plainly supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-35. No. 6156F

1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Comm. Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Barbara J. Royster

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran
specify WAR)

(a) Residence. No. 225 Lexington

(Usual place of abode)

St.

Ward, East Boston

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED

Single

6a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE.....Years.....Months.....Days

Less than 1 day

11 Hours 18 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

Eugene Royster

14 BIRTHPLACE OF
FATHER (City)

(State or country)

North Carolina

15 MAIDEN NAME
OF MOTHER

Angie Duchi

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

East Boston

17

Informant
(Address)

Eugene Royster

Relation, if any

(Father)

225 Lexington 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. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

236

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Dec. 16 - 1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
Dec. 16, 1936, to Dec. 16, 1936

I last saw him alive on Dec. 16, 1936, 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:

Pneumonia
5 1/2 m.o.

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)

Charles Meloni

(Address)

305 Havre St. East Boston M. D.

Date Dec 18 - 1936

21 St. Michael Cemetery Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

Dec. 18 -

1936

22 NAME OF
UNDERTAKER

Pety Papino

ADDRESS 9 Chelsea St. East Boston.

Received and filed

DEC 29 1936

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person upon whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of attending physician, if any, as required by law, or an affidavit in case of an original interment, by a physician. If there is no attending physician, as hereinafter provided, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 hereunder. If 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 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, to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITIONS)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in 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. (TERMINAL EDITIONS)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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, asthemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

Springfield 11/9/37

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. **Sta 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 **ARTHUR C. PERRIN** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **No 5, Armory Square** St. **Ward, Springfield, Mass** (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. **19** days. How long in U. S., if of foreign birth? yrs. mos. days.

Registered No. **3324**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **MARRIED Married**
or WIDOWED or DIVORCED

5a If married, widowed, or divorced Maiden name
HUSBAND of **Mrs. Stella Perrin, 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 **42** Years — Months — Days If less than 1 day
Hours — Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Capt. Ord Dept, U.S.A.**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Springfield Armory**
10 Date deceased last worked at this occupation (month and year) **December 16, 1936** 11 Total time (years) spent in this occupation **19 yrs**

12 BIRTHPLACE (City) **Texas** (State or country)

PARENTS 13 NAME OF FATHER **UNKNOWN**
14 BIRTHPLACE OF FATHER (City) **Unknown** (State or country) **UNKNOWN**
15 MAIDEN NAME OF MOTHER **UNKNOWN**
16 BIRTHPLACE OF MOTHER (City) **UNKNOWN** (State or country) **UNKNOWN**

17 Informant **REGISTRAR, Sta, Hosp, Fort Banks, Mass** (Address)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 19, 1936** (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **December 1, 1936** to **December 19, 1936**
I last saw him alive on **December 19, 1936**, 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:

1. **Diabetic coma** Dec. 19/36
2. **Diabetes, mellitus, severe, Chronic** Unknown
3. **Arterial hypertension** Unknown
4. **Arteriosclerosis, generalized** Unknown
Contributory causes of importance not related to principal cause:
5. **Abscesses, acute, small, right and left lungs** Unknown

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 **Robert E. Thomas, Maj., U.S.A., M. D.**
(Signed) **Fort Banks, Mass** Date **12/19/36**
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Boerne Texas** (Cemetery) (City or town)
DATE OF BURIAL **Dec. 20** 1936

22 NAME OF UNDERTAKER **Muma + Muma**
ADDRESS **254 Bead St River Mass**

Received and filed **DEC 20 1936** 19
A TRUE COPY, ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chubb
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation.) **12/21/36** (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 in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the 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 a permit in the usual form for the removal of such body has been 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. *Gen. Laws, Chap. 46, Sec. 45, G. L., as amended by Chap. 48, Acts of 1917 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 *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.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

100-12-734. No. 2938-f

		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
		OFFICE OF THE SECRETARY			
		DIVISION OF VITAL STATISTICS			
		STANDARD			
		CERTIFICATE OF DEATH		Registered No.	
1	PLACE OF DEATH	Suffolk (County)			
		Winthrop (City or Town)			
		No. 21	Long Rd	St.,	Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2	FULL NAME	Marie A. James Barnes			
		(If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No.		21 Long Rd W. Winthrop			
		(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	4	COLOR OR RACE	5	SINGLE (write the word)
	Female		White		MARRIED
				or WIDOWED or DIVORCED	
5a If married, widowed, or divorced		HUSBAND of			
		(or) WIFE of			
		(Husband's name in full)			
6		IF STILLBORN, enter that fact here.			
7	AGE	61 Years		11 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.			
	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)			
		at Home			
		11 Total time (years) spent in this occupation			
		Dec 1936			
12	BIRTHPLACE (City)	Scotland			
	(State or country)				
PARENTS	13	NAME OF FATHER			
	14	BIRTHPLACE OF FATHER (City)			
		(State or country)			
	15	MAIDEN NAME OF MOTHER			
		Helen Cameron			
	16	BIRTHPLACE OF MOTHER (City)			
		(State or country)			
		Scotland			
17	Informant (Address)	C. F. W. Barnes (husband)			
		21 Long Rd W. 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	Dec 22 1936			
		(Month) (Day) (Year)			
19	I HEREBY CERTIFY That I attended deceased from				
	Dec 22 1936 to Dec 22 1936				
	I last saw him alive on Dec 22 1936				
	to have occurred on the date stated above, at 3:40 p.m.				
	The principal cause of death and related causes of importance in order of onset were as follows:				
	Coronary thrombosis				
	hypertension				
	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) Fred Chen				
	(Address) 17 Cushing St. Date 12/24/36				
21	PLACE OF BURIAL, CREMATION OR REMOVAL				
	Woodlawn Cemetery (City or town)				
	DATE OF BURIAL December 26 1936				
22	NAME OF UNDERTAKER				
	Charles H. Farnum				
	ADDRESS 424 Broadway Chelsea				
Received and filed		DEC 29 1936		19	
				(Registrar)	

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith effect the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the 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,.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, 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 to the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, death 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 obtained hereunder. If the death certificate contains a rectal, as to 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 conterminum it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as 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., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He 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., (Tercentenary Edition).*

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 **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 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*—*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, asphyxia, assthenia, 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>Acutelethrosis</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.

100m-9-33. No. 9321-a

1 PLACE OF DEATH		2 FULL NAME		3 (a) Residence		4 Length of residence		5 (b) Medical Certificate of Death	
1 PLACE OF DEATH Stiffolk (County) Winthrop (City or Town) No. 147 Shirley St., Ward		2 FULL NAME Mary Elizabeth (Manuel) Penfold (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 147 Shirley St. St., Ward, (Usual place of abode)		Length of residence in city or town where death occurred 17 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.		5 (b) Medical Certificate of Death 18 DATE OF DEATH Dec 24 1936 (Month) (Day) (Year)	
PERSONAL AND STATISTICAL PARTICULARS 8 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 Edwin Penfold (Give maiden name of wife in full) (or) WIFE of Charles Edwin Penfold (Husband's name in full)		6 IF STILLBORN, enter that fact here.		7 AGE 81 Years 3 Months 15 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) Sept. 1936 11 Total time (years) spent in this occupation 50	
12 BIRTHPLACE (City) Hingham (State or country) Massachusetts		13 NAME OF FATHER John Manuel		14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)		15 MAIDEN NAME OF MOTHER Katherine Morse		16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)	
17 Informant Mrs. Edith F. Melillo (Daughter) (Address) 147 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: Wm. S. Muldresh (Signature of Agent of Board of Health or other) Health Officer (Official Designation)		19 I HEREBY CERTIFY, That I attended deceased from 19 Dec 24 1936 I last saw him alive on Dec 24 1936, 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 nephritis Chronic constipation Contributory causes of importance not related to principal cause: Arteriosclerosis Hypertension 1926		Name of operation none What test confirmed diagnosis? Urinal. Was there an autopsy? No 20 Was disease or injury in any way related to occupation of deceased? No If so, specify: None (Signed) Wm. S. Muldresh, M. D. (Address) Winthrop, Mass. Date Dec 26 1936		21 PLACE OF BURIAL, CREMATION OR REMOVAL West Corner Cem. Winthrop (Cemetery) (City or town) DATE OF BURIAL December 27, 1936	
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass		Received and filed DEC 28 1936 (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." 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 complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required 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 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 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.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-12-34, No. 2938-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Ave. (St.) Ward 3 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME
Rosina Antosca (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 22 Fairfield St. Revere Ward, 3 (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? 32 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 (Give maiden name of wife in full) Gaetano Antosca (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. 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) One year 11 Total time (years) spent in this occupation 34

12 BIRTHPLACE (City) (State or country) Provo di Avellina Italy

13 NAME OF FATHER Battista Chiampa

14 BIRTHPLACE OF FATHER (City) (State or country) Provo di Avellina Italy

15 MAIDEN NAME OF MOTHER Catherine Forchelata

16 BIRTHPLACE OF MOTHER (City) (State or country) Provo di Avellina Italy

17 Informant Gaetano Antosca (Address) 22 Fairfield St. Revere Relation, if any (husband)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 26 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1936, to Dec. 26, 1936. I last saw him alive on Dec. 2, 1936, death is said to have occurred on the date stated above, at 1:10 A.M. The principal cause of death and related causes of importance in order of onset were as follows: Cerebral hemorrhage, Hypostatic pneumonia. Date of Onset Dec. 12, 1936, Dec. 26.

Contributory causes of importance not related to principal cause: Arteriosclerosis, Chronic myocarditis, about 2 yrs.

Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) F. J. Zalta (Address) 300 Main St. Revere Date Dec. 27, 1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael's Cem. Boston (Cemetery) (City or town)

DATE OF BURIAL Dec 29 1936

22 NAME OF UNDERTAKER Pennacchio Bros ADDRESS 59 S. Marg in St. Boston

Received and filed DEC 27 1936 19 (Registrar)

A TRUE COPY, ATTEST:

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. A. Chedoke (Signature of Agent of Board of Health or other)
Health Officer 12/28/36 (Official Designation) (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, the date, 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 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, or to another, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case 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 sufficient response, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall not previously interfere, 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, 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 by hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Interpretatory Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name 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 tery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Interpretatory Edition.)*

RULES OF PRACTICE

The fulfillment of the 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 **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.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *domestic*, *maid*, *cook*, *waiter*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, 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*, *coal yard*, *factory*, *mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *marine engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease if any, related to the principal cause and any important complication, related to principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	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 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

1

Suffolk

(County)

Winthrop

(City or Town)

No. 32 Elmwood Avenue

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred Kilbourne Wells

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 32 Elmwood Avenue

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
Male4 COLOR OR RACE
White5 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Margaret J. Lugg

(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 1 Months 22 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Salesman9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Office10 Date deceased last worked at
this occupation (month and year) Dec. 1936 11 Total time (years)
spent in this occupation 5012 BIRTHPLACE (City) Richmond
(State or country) Illinois

13 NAME OF FATHER Alfred Wells

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER Martha Kilbourne

16 BIRTHPLACE OF MOTHER (City) Great Barrington
(State or country) Massachusetts17 Margaret J. Wells, (wife)
Informant
(Address) 32 Elmwood Ave. Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. J. Childress
Health Officer
(Official Designation)

(Date of Issue of Permit) 12/29/36

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 U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 26, 1936
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July - 20, 1936, to Dec. 16, 1936.

I last saw him alive on Dec. 16, 1936, 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:

Carcinoma of Bladder
& Rectum

Date of Onset
IMPORTANT

Several
years.

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Edward J. Franzen

(Signed) _____ M. D.
(Address) December 26 Date 1936

21 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Dec. 28 1936 19

22 NAME OF Charles R. Bennison
UNDERTAKER Winthrop Mass
ADDRESS _____

Received and filed 1936 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 is buried. No such permit shall be issued until there shall have 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 easily, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, wealth 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 in the usual form for the removal of such body has been sooner permitted 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.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, railroad engineer, etc.* Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.* heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important 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>	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.

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.

Every item of information on this form is a permanent record. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156F

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. 242

PLACE OF DEATH

No.

(City or Town)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth? 30 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

29

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)

1929

11 Total time (years) spent in this occupation

9

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Morris Silman

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Anna Basim

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Harry Court

Relation, if any

(Widow)

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)

12/27/36

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

12/26/36

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

4/15/36

19

to

12/26/36

I last saw him alive on 12/24/36, 19

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:

Rheumatic (Rural) lesion
Chronic pulmonary tuberculosis
Emphysema (Rural) failure
Congestive heart failure
Contributory causes of importance not related to principal cause:
Myocardial thrombosis

Date of Onset
IMPORTANT

Many years

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date 1/26/36

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Dec - 27

1936

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

(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

gradually 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 CROCKERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different 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 between the mechanic and the repairman. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death—Cause of death means the disease, or complication which causes death, nor the mode of dying, e.g., heart failure, asphyxia, asthma, etc. A principal cause, name earlier, morbid disease causing death. A related cause, name earlier, morbid condition, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

The principal cause of death and related causes of importance in order of onset were as follows:

Example

Date of Onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer, and the date of his death. . . . GEN. LAW, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 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 a 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 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. (TAXPENDING EDITION.)

CENETARY EXAMINERS. shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —GEN. LAWS, CHAP. 38, Sec. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be obtained, with the cause and manner of death.—GEN. LAWS CHAP. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he or she has obtained a license to do so from the board of health or its agent appointed to issue such license. If there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (THIRTEENTH EDITION)

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medial 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 from vehicular accidents), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupational or recreational activities, and deaths from disease resulting from 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-g

Supreme (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. **1-19** Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Joseph Guy Cuttillo** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 37 Gladstone St. South Boston Ward **21** (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 **5** Years **—** Months **—** Days **—** Hours **—** Minutes **If less than 1 day**

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11 Total time (years) spent in this occupation.
---	--

12 BIRTHPLACE (City) State or country **Erewh Mass**

PARENTS

13 NAME OF FATHER Rasquale Cuttillo	14 BIRTHPLACE OF FATHER (City) State or country Italy
15 MAIDEN NAME OF MOTHER Mary Guarino	16 BIRTHPLACE OF MOTHER (City) State or country Westminster VT.

17 Informant (Address) **Rasquale Cuttillo Father 37 Gladstone 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) **6-25**
 (Official Designation) **DEPT. OF HEALTH** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec - 29 - 1936** (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.)
Ruptured Liver
Ruptured Bladder
Internal Hemorrhage
Said to have been injured by a collision between his play cart & a motor truck at East Boston Dec.-28-1936
accidental
 (See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? **East Boston**
 (Signed) **W. S. S. S. S.** M. D.
 (Address) **Boston** Date **Dec - 29 - 1936**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Holy Cross Mal.** (Cemetery) (City or town)
DATE OF BURIAL **Dec 31 1936** 19

22 NAME OF UNDERTAKER **Selevatore Bros**
ADDRESS **Erewh**

Received and filed **19**
JAN 5 1937 (Registrar)

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertake or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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

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.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 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) (sudden 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.

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)			Registered No. 224	
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 Lotta Miller		(If deceased was a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 22 Woodside Ave		St., Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 23 yrs.		mos.		days. How long in U. S., if of foreign birth? 27 yrs.	
mos.		days.		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 Albert Miller					
(Husband's name in full)					
6 IF STILLBORN, enter that fact here					
7 AGE	46	Years	Months	Days	If less than 1 day
					Hours Minutes
OCCUPATION:	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	Housewife				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
own home					
10 Date deceased last worked at this occupation (month and year)					
12/36					
11 Total time (years) spent in this occupation					
27					
12 BIRTHPLACE (City) (State or country)					
Poland					
13 NAME OF FATHER					
Samuel White					
14 BIRTHPLACE OF FATHER (City) (State or country)					
Poland					
15 MAIDEN NAME OF MOTHER					
Sarah Bohm					
16 BIRTHPLACE OF MOTHER (City) (State or country)					
Poland					
17 Informant (Address)					
Albert Miller (husband) 22 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:					
H. D. Childers					
(Signature of Agent of Board of Health or other)					
Dec. 3/36					
(Official Designation)					
(Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Dec. 30, 1936					
(Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from Dec. 23, 1936 to Dec. 30, 1936					
I last saw her alive on Dec. 31, 1936 death is said to have occurred on the date stated above, at 11:05 p.m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Adenocarcinoma of Right Breast					
Date of Onset					
Contributory causes of importance not related to principal cause:					
Surgical Shock					
Radical					
Radical mastectomy					
Name of operation					
Date of Dec. 29, 1936					
What test confirmed diagnosis? Path. Exam. Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No					
If so, specify					
(Signed) Maurine O. Pelton, M. D.					
(Address) 81 Shore Ave., Winthrop, Mass. Date Dec. 30, 1936					
21 PLACE OF BURIAL New David Vicar Chancel					
CREMATION OR REMOVAL (Cemetery) (City or town)					
DATE OF BURIAL Dec. 31, 1936					
22 NAME OF UNDERTAKER Benjamin F. Solomon					
ADDRESS 420 Harvard St., Brookline					
Received and filed 19					
A TRUE COPY, ATTEST: (Registrar)					

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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, 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
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.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original 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 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 thereafter furnish for registration any other necessary information which can be obtained as 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 **supposably due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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. Winthrop Community Hospital 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. 245

2 FULL NAME *Frances E. Evans*
(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. *230 River St. Winthrop* Ward, (If nonresident give city or town and state)

Length of residence in city or town where death occurred *many* 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
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *Thomas E Evans*
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *66* Years *7* Months *14* Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *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) *Many* 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) *Charlestown*
(State or country) *Massachusetts*

13 NAME OF FATHER *James Murray*

14 BIRTHPLACE OF FATHER (City) *Liverpool*
(State or country) *England*

15 MAIDEN NAME OF MOTHER *Not Known*

16 BIRTHPLACE OF MOTHER (City) *Charlestown*
(State or country) *Massachusetts*

17 Informant *Thomas E Evans (Husband)*
(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 *Dec-30-1936*
(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.)

*Crush of Both legs
Traumatic Amputation Rt. lower leg
Fractured Pelvis*

*Said to have been injured by a
B.R.B.+L.R.R. train at Winthrop
Dec-30-1936*

Presumably accidental

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? *Winthrop*
(Signed) *John F. Buckle* M. D.
(Address) *Boston* Date *Jan 30 1937*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop* *Winthrop*
(Cemetery) (City or town)

DATE OF BURIAL *Jan 4 1937* 19

22 NAME OF UNDERTAKER *Richard H White*
ADDRESS *147 Wintthrop St Winthrop Ma*

Received and filed. 19

JAN 4 1937

(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. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156F

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)

2 FULL NAME Mabel Gertrude Steeger

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran specify WAR)

(a) Residence. No. 9 Fowler Avenue

St. Ward, Revere, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Frederick J. Steeger (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 1 Months 12 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) Oct. 1935 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER Forest L. Whittredge

14 BIRTHPLACE OF FATHER (City) Malden (State or country) Mass.

15 MAIDEN NAME OF MOTHER Clara J. Halstrick

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant (Address) Frederick J. Steeger, husband 9 Fowler Ave. Revere, 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. Childress

(Signature of Agent of Board of Health or other)

agent (Official Designation)

Jan. 2/37 (Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

246

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 31, 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov. 19, 1935, to Dec. 31, 1936. I last saw h. alive on Dec. 31, 1936, death is said to have occurred on the date stated above, at 7:15 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

IMPORTANT

April 1936

Contributory causes of importance not related to principal cause:

Pneumonia

Nov. 1936

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) Michael L. Litch, M. D. (Address) 114 Shirley Ave. Revere Date 12/31 1936

21 Mt. Hope Cemetery, Boston, Mass.

Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL January 3, 1937

22 NAME OF UNDERTAKER J. S. Katerman & Sons ADDRESS Boston, Mass.

Received and filed Jan 4 1937 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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—HOME, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different 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, nor 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
<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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by this section, when last seen alive by the physician or officer and the date of his death.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent, above said, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may have been delivered to such board, agent or clerk, as the facts required by law to be returned and recorded, which shall be accompanied in case of an original instrument, by a satisfactory certificate of the attending physician. If any, as required, by law, or in lieu thereof a certificate, as hereafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death, caused by violence, the medical examiner shall make such certificate, as 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 a removal shall constitute a permit for such removal. If 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 post-mortem as required by section ten of chapter forty-six, that 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. (TERMINARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. Gen. Laws, Chap. 36, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 36, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery, in the ground in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (TERMINARY EDITION.)

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12 '35 No. 6156F

PLACE OF DEATH

1

No. 120 Sargent St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret A. Dolan Doreaux

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 120 Sargent 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

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED (write the word)
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

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.

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

Patriot Dolan

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Frank Doreaux

Relation, if any

(Son)

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

Registered No.

247

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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 31

1936

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from June 13, 1935, to December 30, 1936

I last saw him alive on December 30, 1936, death is said to have occurred on the date stated above, at 136 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Arterio Sclerosis
Chronic Interstitial Nephritis
Cerebral Edema

Date of Onset

IMPORTANT

1934

1936

Dec. 30, 1936

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? N.D.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

Edward J. Trauger

(Signed)

M. D.

(Address) 200 Washington St. Dec 31, 1936

21 Place of Burial, Cremation or Removal

Jan 1, 1937

(City or Town)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

John J. Conley

ADDRESS

Received and filed

19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

Statement 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 first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 this section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 a 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 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. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—CHAP. LAWS, CHAP. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in 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. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation; the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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-9-31. No. 3385-ec

1 PLACE OF DEATH

SUFFOLK
(County)

(City or Town)

No. Beth Israel Hosp.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 10210

2 FULL NAME

Millie Flaxman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 8 Trent

(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

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Wid.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Hyman Flaxman

(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.

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)

Russia

13 NAME OF FATHER

Abraham Gershon

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Fannie Blocker

(Daughter)

8 Trident St., Winthrop

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

11/30/36

19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

(U. S.

248

War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November 26/36

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

11/20/36

, 19

to 11/26/36

, 19

I last saw her alive on 11/26/36, 19, death is said

to have occurred on the date stated above, at 11:50pm.

The principal cause of death and related causes of importance in order of onset were as follows:

Bilateral Bronchopneumonia

Date of onset

Carcinoma of sigmoid

11-24-36

? Bile Peritonitis

5-36

Contributory causes of importance not related to principal cause:

Diabetes mellitus

11-24-36

1930

Name of operation Cholecystostomy

Date of 11-24-36

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Dan H. Hindman

(Signed)

Beth Israel Hosp

Date 11-26-19-36

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Jewish-Everett Mass

(Cemetery)

(City or town)

DATE OF BURIAL

11-24-36

19

22 NAME OF UNDERTAKER

Philip Hymanson

ADDRESS

Lynn Mass

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 of information should be carefully supplied. AGE should be stated 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-9-31, No. 3385-g

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Glenside Hosp.-6 Parley Vale St., J. P. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Daniel J. Sweeney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

124 Pleasant

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

Mary A. Reardon

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

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.

Retired

10 Date deceased last worked at this occupation (month and year)

1/20

11 Total time (years) spent in this occupation

38

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF FATHER

David Sweeney

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Mary McCarthy

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

Ellen Frazer

(Daughter)

Winthrop

A TRUE COPY.

ATTEST:

Hilda Hedstrom Quirk

(Registrar of city or town where death occurred)

DATE FILED

12/31/36

1935

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 11316

(If U. S.

War Veteran,

specify WAR)

249

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 28/36

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

11/2/36

19

12/28/36

19

I last saw her alive on 12/28/36, 19

to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

General Arteriosclerosis
Chronic 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?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

R. M. Crossfield

(Signed)

6 Parley Vale, J.P.

Date 12/28/36

(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross

Malden

DATE OF BURIAL

12/31/36

(City or town)

1935

22 NAME OF UNDERTAKER

D. J. Dooley

ADDRESS

Boston

Received and filed

1935

(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. See instructions on back of certificate.

611-10981

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Chittenden State Vt. Registered No. 250
 Township _____ or Village _____ or _____
 City Burlington No. De LaSalle 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. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

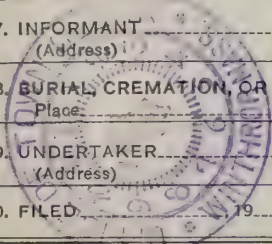
2. FULL NAME

Wm. R. Tanner
 (a) Residence: No. _____ St. _____ Ward Wintthrop, Mass
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>m</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u>	21. DATE OF DEATH (month, day, and year) <u>Apr 8, 1936</u>
5a. If married, widowed, or divorced HUSBAND of <u>Catherine C. MacKittick</u> (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.
6. DATE OF BIRTH (month, day, and year) <u>Nov. 1, 1900</u>			The principal cause of death and related causes of importance were as follows:
7. AGE Years <u>35</u> Months <u>5</u> Days <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.	<u>Crushing injuries to chest and abdomen</u> <u>fracture of right</u> <u>humerus</u> <u>Internal hemorrhage</u> Other contributory causes of importance: _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Typing</u>		Date of onset _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Typing</u>		Date of onset _____	
10. Date deceased last worked at this occupation (month and year) <u>4-8-36</u>		11. Total time (years) spent in this occupation <u>19-36</u>	
12. BIRTHPLACE (city or town) <u>Coumington, Tenn.</u> (State or country) _____			
13. NAME <u>Samuel Tanner</u>		Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) <u>Findley</u> (State or country) <u>Ohio</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Amanda Fox</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>36</u>	
16. BIRTHPLACE (city or town) <u>Indianapolis</u> (State or country) <u>Ohio</u>		Where did injury occur? <u>So. Burlington</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Industry</u>	
17. INFORMANT (Address) _____		Manner of injury <u>Per airplane crash</u> Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____		24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify <u>crash of plane</u>	
19. UNDERTAKER (Address) _____		(Signed) <u>E. O. McSherry</u> , M. D.	
20. FILED _____, 19____		(Address) <u>Burlington, Vt.</u>	



UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	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>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Body was found in Winthrop, Mass.



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) ? Boston ? (City or Town) No. ? Boston Harbor ? 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.	
2 FULL NAME <u>Nunzio Minore</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		Registered No.		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. <u>746 Lexington Ave.</u> <u>New York City</u> <u>N.Y.</u> (Usual place of abode)		(If nonresident give city or town and state)		(If U. S. War Veteran, specify WAR) <u>251</u>	
Length of residence in city or town where death occurred		yrs. <u>5</u> mos.		days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (write the word)	
5a If married, widowed, or divorced HUSBAND of <u>Esther Roy</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>25</u> Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Window Dresser</u>					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>W. S. Rogers & Co</u>					
10 Date deceased last worked at this occupation (month and year) <u>Dec 1934</u>					
11 Total time (years) spent in this occupation. <u>2 months</u>					
12 BIRTHPLACE (City) (State or country) <u>N. Y. City</u>					
13 NAME OF FATHER <u>Gastone Minore</u>					
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Italy</u>					
15 MAIDEN NAME OF MOTHER <u>Giocchina Scana</u>					
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Italy</u>					
17 Informant <u>Mrs. Esther Minore Wife</u> (Address) <u>746 Lexington Ave. N.Y. City</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
HENRY E. RILEY (Signature of Agent of Board of Health or other)					
FEB 15 1937 (Official Seal)					
(Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>about Nov-27-1936</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>Presumably Drowning</u> <u>Place & manner not known</u> <u>Found dead in beach at Rutherford</u> <u>Mass Feb-13-1937</u>					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? <u>not known</u> (Signed) <u>Shirley Brickley</u> M. D. (Address) <u>Boston</u> Date <u>Feb-14-1937</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Michael's Long Island</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>2/17/37</u> 19 <u>37</u>					
22 NAME OF UNDERTAKER <u>W. S. Eastman & Co</u> ADDRESS <u>Boston & Boston</u>					
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 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.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed 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. 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. See instructions on back of certificate.

e 11-10831

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

66979

1. PLACE OF DEATH

County Onondaga State New York Registered No. 252
Township _____ or Village _____ or
City Syracuse No. Crouse - Irving Hospital 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. 1 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

John H. Shobe
(a) Residence: No. _____ St. _____ Ward. Winthrop, Mass.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1901

7. AGE Years 35 Months 2 Days 8 If LESS than 1 day, _____ hrs. or _____ min.

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 or town) Spencerville
(State or country) Ohio

13. NAME

14. BIRTHPLACE (city or town) Allen Co.
(State or country) Ohio

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 19____

19. UNDERTAKER
(Address)

20. FILED _____, 19____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16, 1936

22. 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 were as follows:

Accidental extensive superficial burns. Airplane accident and burns.

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. Howard Ferguson, M. D.
(Address) _____

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	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>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

011—10931

STANDARD CERTIFICATE OF DEATH

25005
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
250

1. PLACE OF DEATH

County _____ State New York Registered No. _____
Township _____ or Village _____
City New York City No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

John H. Sullivan
(a) Residence No. _____ St. _____ Ward Winthrop, Mass.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>	21. DATE OF DEATH (month, day, and year) <u>Nov. 18</u> , 19 <u>36</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.
6. DATE OF BIRTH (month, day, and year) _____			The principal cause of death and related causes of importance were as follows: <u>Coronary artery disease</u> <u>Chronic myocarditis</u>
7. AGE Years <u>68</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.			Date of onset _____
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>		Other contributory causes of importance: _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) _____ (State or country) <u>Mass.</u>			
FATHER	13. NAME _____ Name of operation _____ Date of _____		
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Ireland</u> What test confirmed diagnosis? _____ Was there an autopsy? _____		
MOTHER	15. MAIDEN NAME _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____		
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Ireland</u> Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT (Address) _____ Manner of injury _____			
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____ Nature of injury _____			
19. UNDERTAKER (Address) _____ 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Robert C. Fisher</u> , M. D. (Address) _____			
20. FILED _____, 19____ APR 24 1937 Registrar _____			

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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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.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, 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 I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





