

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-12-32, No. 7070-5

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

(City or town making return) **1**

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 **WALTER L. MURPHY** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **67 Oakland Road**, St. **Ward, East Braintree, Mass** (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
Warrant Officer, U.S.A.
5a If married, widowed, or divorced **Maiden name**
HUSBAND of **Mrs. Jane E. Murphy, 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 **41** Years **—** Months **—** Days If less than 1 day Hours **—** Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Warrant Officer, U.S.A.**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Headquarters 1st Corps Area**
10 Date deceased last worked at this occupation (month and year) **December 1936** 11 Total time (years) spent in this occupation **19**

12 BIRTHPLACE (City) **Unknown** (State or country) **Massachusetts**

13 NAME OF FATHER **Unknown**

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

15 MAIDEN NAME OF MOTHER **Unknown**

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

17 Informant **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:
(Signature of Agent of Board of Health or other) **Wm. D. Childers**
(Official Designation) **H.O.** (Date of Issue of Permit) **Jan. 3/37**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **January 1** **1st** **1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **December 31**, 1936, to **January 1st**, 1937
I last saw him alive on **January 1st**, 1937, death is said to have occurred on the date stated above, at **7:58 P.m.**
The principal cause of death and related causes of importance in order of onset were as follows:
1. Hemorrhage, cerebral, acute, severe Date of Onset **Dec 31/36**
2. Arterial hypertension, moderate. **Unknown**
Contributory causes of importance not related to principal cause:
3. Obesity, generalized, severe.

Name of operation **—** Date of **—**
What test confirmed diagnosis? **—** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **—**
(Signed) **Robert E. Thomas, Maj. MC**, M. D.
(Address) **Fort Banks, Mass** Date **1/1**, 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Braintree, Mass** (City or town) **36**

DATE OF BURIAL **Jan. 4** 1937

22 NAME OF UNDERTAKER **Barard a. Russell**
ADDRESS **644 Hancock St. Quincy**

Received and filed **JAN 4 1937** 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 rentally employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to 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*, *soda factory*, *cotton mill*, etc.

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

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

Example

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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 compress it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation disease, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITHOUT ADDING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

Suffolk

(County)

Winthrop

(City or Town)

No. 138 Bartlett Road

St., Ward

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

Registered No. 2

2 FULL NAME Emerson Frank Harding (adoption)

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

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

(a) Residence. No. 138 Bartlett Road St., Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 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 18 Years 11 Months 23 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. School

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

12 BIRTHPLACE (City) Harwich (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 Mrs. Josephine Harding (Address) 138 Bartlett 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) 1/4/37

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 1 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 25 1936 to Jan 1 1937

I last saw him alive on Jan 1 1937, death is said to have occurred on the date stated above, at 9:30 P. M.

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

Sarcoma of Liver

Date of Onset
IMPORTANT

May 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 Raymond B Parker (Signed) M. D. (Address) Winthrop Mass Date Jan 3 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Union Harwich Mass (Cemetery) (City or town)

DATE OF BURIAL Jan 5 1937 19

22 NAME OF UNDERTAKER Richard H White 147 Winthrop St Winthrop

ADDRESS

Received and filed JAN 7 1937 19

(Registrar)

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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 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 1927 and Chap. 414, Acts of 1931.*

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

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

RULES OF PRACTICE

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Boston

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.

3

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 Arnestine F. D'Entremont
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 151 Trenton St. St. 1 Ward, East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 10 days. How long in U. S., if of foreign birth? 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 IF STILLBORN, enter that fact here.

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

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

12 BIRTHPLACE (City) Middle West Pubnico (State or country) Nova Scotia

13 NAME OF FATHER Peter Deon

PARENTS 14 BIRTHPLACE OF FATHER (City) Middle West Pubnico (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Zoe? unknown

16 BIRTHPLACE OF MOTHER (City) Middle West Pubnico (State or country) Nova Scotia

17 Informant (Address) Edgar D. D'Entremont son 151 Trenton 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) 1/5/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 3, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to Jan 3, 1937. I last saw her alive on Jan 3, 1936, death is said to have occurred on the date stated above, at 40. m. The principal cause of death and related causes of importance in order of onset were as follows:

Bronchitis - Pneumonia Date of Onset 1/1/37

Contributory causes of importance not related to principal cause:

Sarcoma of ascending colon

Name of operation Laparotomy Date of Jan 1, 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 George H. D'Entremont (Signed) 19, Principal St Date 1/4, 1937 (Address) M. D.

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

DATE OF BURIAL Jan 6, 1936 19

22 NAME OF UNDERTAKER Richard 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.

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

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

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, 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, 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>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 or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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., (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 BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

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

1 PLACE OF DEATH
 Suffolk (County)
 Wintthrop (City or Town)
 No. 100 Wintthrop Avenue, 3d 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. 4

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

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

(a) Residence. No. 23 Shirley
 (Usual place of abode)

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

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 11 Months x 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.
 10 Date deceased last worked at this occupation (month and year) 1926
 11 Total time (years) spent in this occupation. 50

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

13 NAME OF FATHER Levi A. Dimock

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

15 MAIDEN NAME OF MOTHER Frances Burnham Smith

16 BIRTHPLACE OF MOTHER (City) Windsor
 (State or country) Nova Scotia

17 Informant Minnie L. Franklin
 (Address) Gardner 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) 1/5/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 3 1937
 (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.)

Contusion of Brain
 Fracture of Skull - skull
 & fatal hemorrhage
 on Dec 21, 1936

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Wintthrop
 (Signed) Charles R. Bennison, M. D.

(Address) 100 Wintthrop Avenue Date 1/3 1937

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

DATE OF BURIAL January 5 1937

22 NAME OF UNDERTAKER Charles R. Bennison
 ADDRESS Wintthrop Mass

Received and filed 19

JAN 7 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 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.

Warrant notified 3/4/37

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



SUFFOLK

(County)

WINTHROP

(City or Town)

No. Sta. Hospital, Fort Banks, Mass. St., Ward

(City or town making return)

Registered No.

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

(a) Residence. No. 83 Brow Street St., Ward, Braintree, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 8 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Mary Louise Matson, maiden name / (Give maiden name of wife in full) unknown.
(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

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer U.S. Army
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Captain QMC
10 Date deceased last worked at this occupation (month and year) May 1936 11 Total time (years) spent in this occupation 18

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

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, Sat. Hosp. Fort Banks, (Address) Winthrop, Mass.

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

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 4, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to January 4, 1937

I last saw him alive on January 4, 1937 death is said

to have occurred on the date stated above, at 2:43 Pm.

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

Coronary Occlusion Date of Onset 5/20/36
Myocarditis, chronic, severe 8/10/36

Contributory causes of importance not related to principal cause:

Arteriosclerosis, generalized, Unknown

Name of operation None. Date of -
What test confirmed diagnosis? ECG. 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 USA M. D.
(Address) Fort Banks, Mass. Date Jan. 4 1937

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

DATE OF BURIAL Jan. 8, 1937

22 NAME OF UNDERTAKER Murray & Murray
ADDRESS 254 Beal St. Revere

Received and filed JAN 7 1937 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. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.
- Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

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

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

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

The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.*

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.*

N. 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.

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



(City or town making return)

6

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 Elmer Ellsworth Dawson

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

(a) Residence. No. 28 Washington Avenue 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 Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
---------------	--------------------------	--

5a If married, widowed, or divorced
HUSBAND of Jessie Coburn
(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. 2 Months. 28 Days
If less than 1 day
Hours. Minutes

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

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) 1935 11 Total time (years)
spent in this occupation 40

12 BIRTHPLACE (City)
(State or country) Longworthy
Iowa

13 NAME OF
FATHER James Dawson

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

15 MAIDEN NAME
OF MOTHER Margaret Jane Clark

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Mercer County, Pennsylvania

17 Informant Jessie C. Dawson (wife)
(Address) 28 Washington Ave. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/9/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH 1 7 37
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
12-30, 1936, to 1-7, 1937

I last saw him alive on 1-3, 1937, death is said

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

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

Arteriosclerosis of Heart 1-6-37

Contributory causes of importance not related to principal cause:

Hypertension
Ischemic Heart Disease
and Stroke Probable

Name of operation Date of 1-7-37
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) [Signature] M. D.
(Address) [Address] Date 1/7/37 1937

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

DATE OF BURIAL January 9 1937

22 NAME OF
UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed..... 19

A TRUE COPY, ATTEST:

(Registrar) Jan 1937

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a lot, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent, above said, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for substantial reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such interment. If from one town to another within a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war, in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 43, G. L., (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. 40, 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.

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 or changed on illness, If the deceased had retired from business occupation, may be returned as of *school* or of *home*. For a woman who was only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation in the appropriate terms, as *housekeeper*—*private family, cook, maid*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

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

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

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

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

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-12-32, No. 7070-1

1 PLACE OF DEATH
Suffolk County
Winthrop (City or Town)
No. 26 Jefferson St. Winthrop 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. 17

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

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

(a) Residence. No. 26 Jefferson 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 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 21 Years 11 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) 1937 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Ireland (State or country)

13 NAME OF FATHER Sullivan

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

15 MAIDEN NAME OF MOTHER

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

17 Informant (Address) Wm. D. Shields

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)
H.O. Jan. 8/37
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 7 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Cerebral Hemorrhage
Extensoritis
Fracture right clavicle
(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 1/2 1937

Where did injury occur? Winthrop (City or town and State)
Manner of Injury Fall in own house
Nature of Injury

Was there an autopsy? No.

21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Josephus Chas. M. D. (Address) 112 Date 1/2 1937

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

DATE OF BURIAL 19

23 NAME OF UNDERTAKER (Address)

Received and filed 11 1937 19

DEC 11 1936
Jan (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 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.*

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

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

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

Boston notified 2/8/37



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. *8*

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 JOSEPH SWEENEY

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

(a) Residence. No. 398 East 8th St., Ward, South Boston, 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. 4 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced Maiden name
HUSBAND of Mrs. Helen Sweeney, 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 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. Warrant Officer, US Army
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Headquarters, 1st Corps Area
10 Date deceased last worked at this occupation (month and year) January 1937 11 Total time (years) spent in this occupation 34

12 BIRTHPLACE (City) (State or country) New York

13 NAME OF FATHER U

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

15 MAIDEN NAME OF MOTHER N O

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

17 Informant Registrar, Sta Hosp, 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 Health Officer
Official Designation (Date of Issue of Permit) 1/12/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 10, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 6, 1937 to January 10, 1937

I last saw him alive on January 10, 1937, death is said to have occurred on the date stated above, at 5:50 P. M.

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

1. Pellagra 8/10/36
2. Liver, cirrhosis of, severe Unknown
3. Pneumonia, broncho, acute, terminal, severe, bilateral 1/8/37

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 M. Arnett
(Signed) Thomas M. Arnett, 1st Lieut, I.R.C. M. D.
(Address) Fort Banks, Mass Date Jan 10, 1937

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

DATE OF BURIAL Jan. 13, 1937

22 NAME OF UNDERTAKER Munn & Munn
ADDRESS 254 Beach St. Revere

Received and filed JAN 11 1937 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 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 of the board of health, or employed by it or by the selectmen for the purpose, shall 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 compress it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 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 category for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, 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 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. 9

STANDARD
CERTIFICATE OF DEATH

Registered No.

Suffolk
(County)
W. W. W. W.
(City or Town)



No. 61 Johnson Ave. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. 61 Johnson Ave. St. Ward.
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED 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 40 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10 Date deceased last worked at this occupation (month and year) - 11 Total time (years) spent in this occupation -

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

13 NAME OF FATHER John W. Drake

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

15 MAIDEN NAME OF MOTHER Jennie F. W. Gurn

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

17 Informant John W. Drake (Father)
(Address) 61 Johnson Ave. W. W. W. W.

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) 7/12/37

18 DATE OF DEATH Jan 11 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept 1 1936, to Jan 11 1937

I last saw him alive on Jan 11 1937, death is said to have occurred on the date stated above, at 9.30 P.M.

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

Date of Onset
IMPORTANT

Coronary rubrum

Contributory causes of importance not related to principal cause:

Infectious arthritis
Cholelithiasis

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? b

If so, specify (Signed) C. J. Wiltony, M. D.

(Address) W. W. W. W. Date 1/12 1937

21 Holy Cross, Malden
Place of Burial, (City or Town)
DATE OF BURIAL January 14 1937

22 NAME OF UNDERTAKER M. J. Kelly
ADDRESS 11 Meridian St. E. B.

Received and filed 19

(Registrar)

A RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as that of school or at home. For a woman whose only occupation was at home, write in answer to 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 SKINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 of any residence of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and belief, the name of the deceased, his supposed age, the disease of which he died, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9

No undertaker or other person shall remove or otherwise dispose of a human body in town, or from a town, or 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 said town, person, diet; and no undertaker or other person shall exhume a human body and remove it from a town, from a cemetery, to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, as aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been filed on such board, agent or clerk, as the case may be, a satisfactory statement containing the facts required by law to be returned statement, 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, as hereinafter provided, his certificate cannot be obtained in any sufficient reason, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen of the town, shall upon application make the certificate required for the purpose, shall make such certificate. If death is caused by violence, the medical examiner of a human body, not previously interred, from the removal of a human body, not previously interred, from one place 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 be marked, 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 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 fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

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

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. 100

1 No. 3 Lorean Terrace St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Francis Sullivan { (If U. S. War Veteran specify WAR)

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

(a) Residence. No. 3 Lorean Terrace 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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days If less than 1 day Hours Minutes

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. Lignors

10 Date deceased last worked at this occupation (month and year) Jan 1937 11 Total time (years) spent in this occupation 40

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

13 NAME OF FATHER John Sullivan

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

15 MAIDEN NAME OF MOTHER Ellen Clancy

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

17 Informant Mary G. Sullivan (wife) (Address) 3 Lorean Terrace, Win.

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

(Signature of Agent of Board of Health or other)

Health Officer 1/15/37 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 13 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Jan 13, 1937.

I last saw him alive on Jan 12, 1937, 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:

Interst. Sclerosis Jan 1936

Contributory causes of importance not related to principal cause:

Myocarditis

Name of operation None Date of What test confirmed diagnosis? None Was there an autopsy?

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

If so, specify (Signed) Edward J. McCarthy, M. D. (Address) 62 Newcomb St. Date Jan 13 1937

21 Holy Cross, Woburn Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL January 16, 1937

22 NAME OF UNDERTAKER M. J. Kelly ADDRESS 11 Mendham St. J. B.

Received and filed JAN 20 1937 19

(Registrar)

A physician or registered hospital medical officer shall forthwith

partially employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of housework, write HOUSEWORK in answer to (question 8 and own home in answer to (question 9). For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER-PRIVATE FAMILY, COOK-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.**

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, MECHANIC, MAINTENANCE, etc. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, nor the mode of dying, e. g., heart failure, asphyxia, asthma, 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

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

[illegible]

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

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

date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

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

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 that the body is an original interment, by a

quired 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 or 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

such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit shall constitute a permit for such removal; provided, that in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that 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 receipt shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for recording.

The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TER-

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — GEN. LAWS, CHAP. 38, SEC. 6.

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

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

(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.

75m-5-32, No. 5469

Suffolk

(County)
Winthrop

(City or Town)
No. 77 Court Road

PLACE OF DEATH

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

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

Registered No. 11

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

2 FULL NAME

Susan Wanson Pope

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

(a) Residence. No. 77 Court Road

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

5a If married, widowed, or divorced

HUSBAND of Ahrend C. Pope (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

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) Gloucester (State or country) Mass

13 NAME OF FATHER Benj. Wanson

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

15 MAIDEN NAME OF MOTHER Mary Allerton

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

17 Informant A. C. J. Pope Husband (Address) 77 Court 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 Health Officer)

(Date of Issue of Permit) 1/16/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 14, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 6, 1937, to January 14, 1937.

I last saw her alive on January 14, 1937, 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:

(Probable) sub-sternal thyroid with tracheal obstruction upper respiratory infection 1/6/37 Broncho-pneumonia 1/13/37

Contributory causes of importance not related to principal cause:

Name of operation none Date of Was there an autopsy? no

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

If so, specify (Signed) Arthur C. Murray, M. D. (Address) Winthrop, Mass. Date Jan. 14, 1937

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

DATE OF BURIAL Jan. 16, 1937

22 NAME OF UNDERTAKER Richard L. White

ADDRESS 147 Winthrop St. Winter 1937

Received and filed JAN 20 1937 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

To be complete, an occupation return must state:

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

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

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

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

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

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

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

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

Contributory causes of importance not related to principal cause:

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a 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, within one year, and the date of his death, and the date of his death.

Gen. Laws, Chap. 46, Sec. 9

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

wealth cannot be obtained easily 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 is now engaged, upon receipt 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.* *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; and otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

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

RULES OF PRACTICE

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

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

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

death is needed:

(c) Medical Examiners will investigate and certify to all deaths that appear to be directly from trauma. These deaths are only deaths caused by physical injury to the body, including deaths from trauma (including deaths directly from trauma, including deaths from trauma, including deaths from trauma) and by the action of chemical (drugs or poisons), thermal, or electrical agents and deaths following abortion, but also deaths from disease resulting from injury or infection related 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

Suffolk

(County)
Chelsea

(City or Town)

No. U.S. Naval Hospital

St.,

Ward {

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

Chelsea

(City or town making return)

Registered No. 12

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

2 FULL NAME Franklin Wonsen Brown

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

(a) Residence. No. 77 Court Rd.,

St.,

Ward,

Winthrop, Mass.

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

mos.

26 days.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Male

White

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 36

Years 7

Months 10

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Salesman

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

Greeting Card Co.

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

12/1/36

11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City)

Quincy,

(State or country)

Mass.

13 NAME OF FATHER

Franklin W. Brown

14 BIRTHPLACE OF FATHER (City)

Stow,

(State or country)

Vermont

15 MAIDEN NAME OF MOTHER

Susan Louise Wonsen

16 BIRTHPLACE OF MOTHER (City)

Gloucester,

(State or country)

Mass.

17

Informant (Address)

Charles H. Brown

Brother

77 Court Road, Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Jan. 16,

19

37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan. 14, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 19,

1936,

to Jan. 14,

1937.

I last saw him alive on Jan. 14, 1937 death is said

to have occurred on the date stated above, 1:05 P.M.

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

Malignant hypertension

Arteriosclerosis of kidneys

Cardiac hypertrophy

Contributory causes of importance not related to principal cause:

Cerebral edema

1/11/37

Name of operation None

Date of

What test confirmed diagnosis? Clinical & Was there an autopsy? Yes

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

If so, specify

(Signed) I. L. Norman, (Lt. (MC) USN, M. D.

(Address) USN Hosp. Chelsea, Mass. 1/14/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop, Winthrop,

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 16,

1937

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS

Winthrop St., Winthrop, Mass.

Received and filed

(Registrar of City or Town where deceased resided)

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—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 mechanical engineering by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, 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 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, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required, by law to be returned, and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereafter provided. If there is no attending physician, and if, for sufficient reasons, this certificate cannot be procured, the permit for the burial of the body, or its removal, shall be issued only on the basis of the health, or employment, or other facts of the person for the burial, 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 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 such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

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

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



(City or town making return)

1.1

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or town)

No.

Community Hospital St., Winthrop

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

2 FULL NAME

Mary F. Chubbuck

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

(a) Residence. No.

(Usual place of abode)

99 Marshall St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

4

yrs.

mos.

days.

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

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)

White

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

or WIFE of

(Husband's name in full)

6 IF STILL BORN, enter that fact here.

7

AGE

68

Years

Months

Days

If less than 1 day

Hours

Minutes

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

Home

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

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

Jan 17/37 11 Total time (years) spent in this occupation 48 yrs

12 BIRTHPLACE (City) (State or country)

Weymouth Mass

13 NAME OF FATHER

James Ryan

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

Quincy Mass

15 MAIDEN NAME OF MOTHER

Maloney

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

Ireland

17

Informant

Mrs Florence Rich, Daughter 99 Marshall St., Winthrop

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

Jan. 22/37

18 DATE OF DEATH

Jan 21 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Jan 17 1937 to Jan 21 1937

last saw him alive on Jan 16 1937, death is said

to have occurred on the date stated above, at 3:01 a.m.

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

Date of Onset

Cerebral Hemorrhage 1/2/37

Contributory causes of importance not related to principal cause:

Chronic Indigestion, Intestinal Obstruction

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)

J. J. Maloney

M. D.

Date 1/21 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Mary's, West Quincy (Cemetery) (City or town)

DATE OF BURIAL

January 23 1937

22 NAME OF UNDERTAKER

Frederick H. Tate

ADDRESS 145 Main St., Winthrop

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

5
Orville

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 painfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to 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 more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, 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>Cirrhosis tripartita nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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. 3.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the 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 insufficiently signed by the selectmen for the purpose, the board of health, or employed by it, by the selectmen for the purpose, shall 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 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.*

RULES OF PRACTICE

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

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

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

No. 26 Locust Street

St.,

Ward

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

Registered No. 15

STANDARD CERTIFICATE OF DEATH

2 FULL NAME Margaret E. (McKean) Wilson

(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 Street

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

4 COLOR OR RACE

5 SINGLE MARRIED (write the word)

Female

White

WIDOWED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(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.

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)

1936

11 Total time (years) spent in this occupation

20

12 BIRTHPLACE (City)

(State or country)

Boston

Massachusetts

13 NAME OF FATHER

Patrick

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Margaret Mahoney

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Margaret E. Wilson (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

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Jan. 1, 1936, to Jan. 21, 1937

I last saw him alive on Jan. 20, 1937, 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:

Myocarditis

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Intestinal Stenosis

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 J. Mahoney, M. D.

(Address) Winthrop Date 1/21/1937

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 25, 1937

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed JAN 25 1937

(Registrar)

A physician or registered hospital medical officer shall inform the officer of a person whom he has attended during his

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be determined. Make some entry in this section for every person aged 16 months or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatsoever, write NONE.

To be complete, an occupation return must state:

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

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

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

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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

Example	
The principal cause of death and related causes of importance in order of onset were as follows: <i>Arteriosclerosis</i> <i>Chronic interstitial nephritis</i> <i>Cerebral hemorrhage</i>	Date of Onset <i>1915</i> <i>1921</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 the first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 recorded and recorded which shall be accompanied by an attending physician if any, as required by section ten of chapter six hundred and thirty-six of the Revised Statutes. If there is no attending physician, or if for sufficient reasons his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 a removed 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 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 shall be responsible for attesting the cause of death shall submit to the board of health, or any other necessary information which can be obtained as to the deceased, and also the manner or cause of the death, which the medical registrar may require.—CHAP. 114, SEC. 45, G. L. (TERRACCIANO'S EDITORIAL.)

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

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise 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 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.

75m-5-32. No. 5469

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. *Winthrop Hospital* St., Ward {

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

Registered No. *16*

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

(If U. S. War Veteran, specify WAR) *none*

(a) Residence. No. *228 Court Rd* *Winthrop* St., Ward,

(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? *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 *Rhoda Gray (Ellis)*
(Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here

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

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

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

10 Date deceased last worked at this occupation (month and year) *1932* 11 Total time (years) spent in this occupation *80*

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

13 NAME OF FATHER *Benderson Ellis*

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

15 MAIDEN NAME OF MOTHER *Not Known*

16 BIRTHPLACE OF MOTHER (City) (State or country) *Not Known*

17 Informant *Wife Rhoda G Ellis*
(Address) *228 Court 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) *1/14/37*

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan* *22* *37*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Jan. 14*, 19*37*, to *Jan. 22*, 19*37*.

I last saw him alive on *Jan. 22*, 19*37*, 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:

Lobar pneumonia *1/19/37*
Cardiac failure *1/22/37*

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) *Arthur C. Moran*, M. D. (Address) *Winthrop, Mass* Date *1/25* 19*37*

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

DATE OF BURIAL *Jan 25* 19*37* 19

22 NAME OF UNDERTAKER *Richard H. White*

ADDRESS *47 Winthrop St Winthrop 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 person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectify, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectify shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of 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 **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons **found dead.**

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

To be complete, an occupation return must state:

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

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

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

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

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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 11

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 362 Pleasant St. Ward

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

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

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

(a) Residence. No. 362 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? 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 Lina Mae
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 79 Years 11 Months 23 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Elevator
10 Date deceased last worked at this occupation (month and year) 1926 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Walden
(State or country) Vermont

13 NAME OF FATHER Jason Dow

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

15 MAIDEN NAME OF MOTHER Martha (Unable to obtain)

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Lina M. Dow (Address) 362 Pleasant St Winthrop Mass 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 January 23 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from February 10 1934 to January 23 1937
I last saw him alive on January 22 1937, death is said to have occurred on the date stated above, at 12:50 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Acute Corneal Thrombosis 1935

Contributory causes of importance not related to principal cause:

diabetes mellitus 1934
gastric ulcer 1930
arteriosclerosis 1930

Name of operation none Date of What test confirmed diagnosis clinical lab. Was there an autopsy? No

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

If so, specify Jacoby Abrams M.D.
(Signed) 362 Pleasant St Winthrop Mass Date 1/24/37
(Address)

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

DATE OF BURIAL January 30 1937

22 NAME OF UNDERTAKER Charles E. 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 exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent addressed to or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 endorse thereon the name of the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter be furnished for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupancies, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, 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 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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.

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

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

Registered No. 15

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

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

(a) Residence. No. 40 Dolphin Ave. St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. days. How long in U. S., if of foreign birth? 84 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)

18 DATE OF DEATH January 28 1937
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Louis S. Jacobs (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from February 2 1930, to January 28 1937
I last saw her alive on January 28 1937, 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:

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years Months Days If less than 1 day Hours Minutes

Acute Corary Thrombosis 1/27/37

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. Sewing Room
10 Date deceased last worked at this occupation (month and year) Dec. 1936
11 Total time (years) spent in this occupation 60

Contributory causes of importance not related to principal cause:
Hypertatic Pneumonia 1/27/37
Senility 1936

12 BIRTHPLACE (City) (State or country) England

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

13 NAME OF FATHER Solomon Jacobs (O.K.)
14 BIRTHPLACE OF FATHER (City) (State or country) Holland

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacoby Abraham M. D.
(Address) 362 North St. Date 1/20/37

15 MAIDEN NAME OF MOTHER Hannah Keiper
16 BIRTHPLACE OF MOTHER (City) (State or country) Holland

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodland Cemetery, W. Rox. (City or town)

17 Informant Sydney S. Jacobs (son)
(Address) 10 Boston St., Winthrop.

DATE OF BURIAL Jan. 31 1937

22 NAME OF UNDERTAKER Benjamin Solomon
ADDRESS 1000 Main St. W. Rox.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:
Wm. S. Childers
(Signature of Agent of Board of Health or other)
H.O. Jan. 29/37
(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 exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," 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 *trial mechanics and wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

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

Example

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 actions of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 DEATHTo be filled for burial permit
with Board of Health
or its Agent.

Registered No. 19

No. 107 Locust St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 107 Locust 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 15 years months days. How long in U.S., if of foreign birth? 48 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARKED 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 (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years Months Days If less than 1 day Hours Minutes

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

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Jacob Smith

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

15 MAIDEN NAME OF MOTHER

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

17 Informant (Address) Jacob Smith (Son) 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) 11/31/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 30 1937 (Month) (Day) (Year)

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

I last saw him alive on 19, death is said to have occurred on the date stated above, at 11:05 P.M.

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

Natural Cause. Probably heart dilatation of heart Jan 30 1937.

Contributory causes of importance not related to principal cause: Probably Chronic Myocarditis 1935 Hypertension 1935.

Name of operation none. Date of What test confirmed diagnosis? Chest X-ray Was there an autopsy? no

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

If so, specify J. B. Carter

(Signed) J. B. Carter M. D.

(Address) Winthrop, County of Middlesex Date Jan 31 1937

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Jan 31 1937

22 NAME OF UNDERTAKER

ADDRESS 10 Locust St. Winthrop

Received and filed Jan 31 1937

(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, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement 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 carrier morbid conditions, and, related to the principal cause and any important complication, of the principal cause. Under contributory causes of importance not related to principal cause, name other 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, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who a member of the board of health, or employed by it by the selectmen, for the purpose, shall upon application, make the certificate required of the attending physician and if death is caused by violence, the medical examiner 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 removed 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 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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

Danvers

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St.,

Ward {

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

2 FULL NAME

Thomas McClintock

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

(If U. S.

War Veteran,
specify WAR)

20

(a) Residence. No.

5 Hillside 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
MARRIED
WIDOWED
or DIVORCED

(write the word)

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

87

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

(Retired) Pre-occupation

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

Cannot be learned

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

So. Berwick, Me.

(State or country)

13 NAME OF FATHER

Cannot be learned

14 BIRTHPLACE OF FATHER (City)

Maine

(State or country)

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

Maine

(State or country)

17

Mary K. McPhillips

Informant (Address)

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

2/8/37

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February 1, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 28, 1937 to Feb. 1, 1937

I last saw him alive on Feb. 1, 1937 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:

Chronic myocarditis

Date of onset

1930

General arteriosclerosis

1930

Contributory causes of importance not related to principal cause:

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)

Wm. Charles Inman

M. D.

(Address)

DSH

Date

2/5/37

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Pine Hill Dover NH

(Cemetery)

(City or town)

DATE OF BURIAL

Feb. 2, 1937

19

22 NAME OF UNDERTAKER

Richard L. White

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)



MAR-8 1937 AM

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. 21

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 40 Bowdoin St., Ward



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

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 40 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 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH Feb 2 1937
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Feb 2, 1937.
last saw him alive on Feb 1, 1937, death is said

6 IF STILLBORN, enter that fact here.
7 AGE 48 Years Months Days If less than 1 day Hours Minutes

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:

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) 1-31-37
11 Total time (years) spent in this occupation 20

Bronchial pneumonia Date of Onset IMPORTANT Jan 28/37

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

Contributory causes of importance not related to principal cause:
Hypertension
Chronic myocarditis
Chronic interstitial nephritis 1930

13 NAME OF FATHER William J. Crowley

Name of operation no Date of What test confirmed diagnosis? Abstraction Was there an autopsy? No

14 BIRTHPLACE OF FATHER (City) Portland, Maine (State or country)

15 MAIDEN NAME OF MOTHER Annie L. O'Rourke

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify J. B. Parker

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

(Signed) Wm. A. Treanor, M. D.
(Address) Winthrop, Mass Date Feb 3, 1937

17 Informant (Address) Michael J. Murphy (Husband) 40 Bowdoin St. Winthrop

21 Holy Cross Cemetery, Malden
Place of Burial, (Cremation or Removal) (City or Town)
DATE OF BURIAL Feb 5, 1937

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/4/37 (Date of Issue of Permit)

22 NAME OF UNDERTAKER William A. Treanor
ADDRESS 559 Saratoga St. E. 17

Received and filed 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be 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, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 can be obtained for the removal. If the death certificate contains a record as required by section ten or chapter four-six, that a deceased is in any way 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, with 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 the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease 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, PLANTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and 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 immediate complication of the principal cause. Under contributory causes of complication not related to principal cause, name other 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 STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 82

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 54 Highland Avenue St. Ward

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

2 FULL NAME Clara (Symonds) Smith

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

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

(a) Residence. No. 54 Highland 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

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 Eugene R. Smith (Give maiden name of wife in full)

(or) WIFE of Eugene R. Smith (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years 2 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. 1937 11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City) (State or country) Unable to obtain

13 NAME OF FATHER Daniel Symonds

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

15 MAIDEN NAME OF MOTHER Betsy Blodgett

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Mrs. Rose Fisher (Address) 54 Highland Ave 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) 2/7/37

18 DATE OF DEATH Feb. 3, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 28, 1936, to Feb. 3, 1937
I last saw her alive on Jan 30, 1937, death is said

to have occurred on the date stated above, at 1:55 p.m.

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

Date of Onset

arteriosclerosis 1932
anginal pectoris July 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 Syphilis w. p. Dickinson, M. D.
(Signed) Winthrop, Mass. Date 2, 4, 1937
(Address)

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

DATE OF BURIAL Feb. 5, 1937 19

22 NAME OF UNDERTAKER C. R. B. B. B.

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, 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 10, where same was contracted, the duration of his last illness, when last seen alive by the physician or doctor 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, use the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, wool factory, cotton mill*, etc.
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "raiser," when you give the statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *reel mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.
- Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

RULES OF PRACTICE

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

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

100-12-35. No. 6156E

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

2 FULL NAME
Catherine Frances Walker (Murphy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 1097 Saratoga St., 1 Ward, East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 21 months 21 days. How long in U.S., if of foreign birth? 35 years - months - days.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced HUSBAND of Michael E. Walker (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. 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) Jan 1937
11 Total time (years) spent in this occupation 31

12 BIRTHPLACE (City) Bona Vista Bay (State or country) Newfoundland

13 NAME OF FATHER John Murphy
14 BIRTHPLACE OF FATHER (City) Bona Vista Bay (State or country) Newfoundland
15 MAIDEN NAME OF MOTHER Mary Barker
16 BIRTHPLACE OF MOTHER (City) Bona Vista Bay (State or country) Newfoundland

17 Informant Dorothy R. Walker (daughter) (Address) 1097 Saratoga St., E. B.

1 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. Childers
(Official Designation) H.O. (Date of Issue of Permit) Feb. 5/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 4 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 16, 1937, to Feb 4, 1937. I last saw him alive on Feb 4, 1937, death is said to have occurred on the date stated above, at 6:40 am.
The principal cause of death and related causes of importance in order of onset were as follows:
Acute benign cardiac Failure
Operation for Prolapse of Uterus
Contributory causes of importance not related to principal cause:
Date of Onset Feb 3, 1937
Jan 16, 1937

Name of operation: Tumor, first resection
What test confirmed diagnosis: Phys. exam. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify John T. Williams
(Signed) (Address) 429 Beacon St. Boston
(City or town) M. D. Feb 4, 1937

21 Place of Burial, Cremation or Removal Holy Cross, Waldey (City or Town)
DATE OF BURIAL February 8, 1937

22 NAME OF UNDERTAKER M. J. Kelly
ADDRESS 11 Meridian St., E. B.

Received and filed Feb 5 1937 (Registrar)

STANDARD
CERTIFICATE OF DEATHRegistered No. 211 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)No. 64 MainSt., _____ Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME William G. Ross

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

{ (If U. S.
War Veteran
specify WAR) no(a) Residence. No. 64 Main

(Usual place of abode)

St., _____ Ward, Winthrop
(If nonresident, give city or town and state)Length of residence in city or town where death occurred 16 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 Married (write the word)5a If married, widowed, or divorced HUSBAND of Lane E. Blake
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 47 Years _____ Months _____ Days _____ Hours _____ Minutes
If less than 1 day

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Mechanic9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. B. Lee Co10 Date deceased last worked at this occupation (month and year) Apr 36 11 Total time (years) spent in this occupation 1612 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Frank Ross14 BIRTHPLACE OF FATHER (City) Azore Islands
(State or country)15 MAIDEN NAME OF MOTHER Annie Lepr16 BIRTHPLACE OF MOTHER (City) Azore Islands
(State or country)17 Lane E. Ross (Signature of Agent of Board of Health or other)
(Address) 64 Main 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) Health Officer (Date of Issue of Permit) 3/16/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 5 1937
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from May 5 1936 to February 5 1937
I last saw him alive on February 4, 1937, death is said to have occurred on the date stated above, at 4 P.M.

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

Date of Onset
IMPORTANTCarcinoma of intestines - 1936.

Contributory causes of importance not related to principal cause:

Name of operation NO Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? NO20 Was disease or injury in any way related to occupation of deceased? NOIf so, specify Edward J. Traugott
(Signed)(Address) 240 Washington St. Boston Date Feb 5 193721 St. Joseph W. Rox
Place of Burial, Cremation or Removal (City or Town)DATE OF BURIAL Feb 8 193722 NAME OF UNDERLYING DISEASE W. S. ConnollyADDRESS 160 Harrison Ave.

Received and filed _____ 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 person engaged on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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, MAINTENANCE, etc. Distinguish carefully between METAL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement 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, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9.

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

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

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

RULES OF PRACTICE

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

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

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

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

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-c-11. No. 3385-c



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Norfolk

(City or town making return)

33

Registered No.

PLACE OF DEATH

Norfolk

(County)

Norfolk

(City or Town)

Pondville Hospital

No.

St.,

Ward {

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

2 FULL NAME

Nelson Warren Marra

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

(a) Residence. No.

91 Bartlett Road

St.,

Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED Widowed

(write the word)

5a If married, widowed or divorced

HUSBAND of

Margaret Farrington

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

82

Years 0

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.

Retired 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)

11 Total time (years) spent in this occupation

Canton

12 BIRTHPLACE (City) (State or country)

Mass.

13 NAME OF FATHER

Edward Marra

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

Cannot be learned
Mass.

15 MAIDEN NAME OF MOTHER

Mary Crocker

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

Cannot be learned
Maine

17

Hospital Records

Informant (Address)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

February 5

19

37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February 5th, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from January 26th, 1937 to February 5th, 1937

I last saw him alive on February 5th, 1937, death is said

to have occurred on the date stated above, 1:15 P.M.

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

Basal cell carcinoma of left eye with direct invasion of bone. Acute vegetative endocarditis. Hemorrhage into peritoneal cavity.

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

(Signed) George L. Parker, M. D.

(Address) Pondville Hospital Date 2/5/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL Canton Corner Canton

(Cemetery)

(City or town)

DATE OF BURIAL

February 7th, 1937

19

22 NAME OF UNDERTAKER

Harry A. Graham

ADDRESS

Winthrop, Mass.

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

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. 26

No. 142 Washington Ave. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 142 Washington 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 12 years months days. How long in U.S., if of foreign birth? 57 years months 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 Margaret Laine Dewar (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 92 Years 0 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. Carpenter 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipbuilder 10 Date deceased last worked at this occupation (month and year) 1910 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) (State or country) Orkney Scotland

13 NAME OF FATHER Greig

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

15 MAIDEN NAME OF MOTHER Could not be learned

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

17 Informant (Address) Captain James H. Greig (Son) 142 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 9/6/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 6th 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 25 1936 to February 5 1937.

I last saw him alive on February 5 1937, death is said to have occurred on the date stated above, at 4 P.M.

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

Pneumonia 1-24-37

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?

If so, specify Edward J. Traugott, M. D.
(Signed) 200 Washington Ave. Date Feb 6 1937
(Address)

21 Westlawn Lowell Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Feb 9th 1937

22 NAME OF UNDERTAKER Wm. H. Saunders
ADDRESS 90 Westford St. Lowell

Received and filed 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children born to a woman whose only occupation was that of home housewife, answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY**, **COOK—HOTEL**, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER**, **WEAVER**, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE**, **SOAP FACTORY**, **COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER**, **MECHANICAL ENGINEER**, **MINING ENGINEER**, **STATIONARY ENGINEER**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **CARPENTER**, **PAINTER**, **MACHINIST**, etc. Distinguish carefully between **RETAIL MERCHANTS** and **WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

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

Example

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

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

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

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 30 Putnam Street

St.,

Ward

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

Registered No. 27

2 FULL NAME Josephine Estelle Juan

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

(a) Residence. No. 30 Putnam 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

years

months

days.

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

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

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 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.

At Home

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

At Home

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Massachusetts

13 NAME OF FATHER

Walter H. Juan

14 BIRTHPLACE OF FATHER (City)

Fall River

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Georgia Wentworth

16 BIRTHPLACE OF MOTHER (City)

Belfast

(State or country)

Ireland

17

Informant (Address)

Georgia J. Juan

Relation, if any

(Mother)

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.

18 DATE OF DEATH

February 9

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

February 6, 1937, to Feb 9, 1937.

I last saw her alive on Feb 9, 1937, death is said

to have occurred on the date stated above, at 1:30 pm.

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

Date of Onset
IMPORTANT

Feb 1, 1937

Contributory causes of importance not related to principal cause:

Paralysis for
nearly five years

Name of operation none Date of none

What test confirmed diagnosis Clinico-path Was there an autopsy? no

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

If so, specify

(Signed) Daniel J. O'Brien M. D.

(Address) 7 Salisbury Ave Date Feb 9, 1937

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL February 11 1937

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed 19

FEB 12 1937

(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 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 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 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. (THIRTY-SEVENTH 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 burial ground in which the instrument is made. . . . CHAP. 114, SEC. 46, G. L. (THIRTY-SEVENTH 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 testing, septal cement), and by the action of chemical (drugs or poisons), electrical or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, from **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 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, for a woman whose only occupation was that of home housework, for a woman in answer to Question 8 and own home in answer to 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 GARDENY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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. - WHILE FILLING IN THIS FORM, PHYSICIANS should state information so that it may 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. is very important.

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

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

Registered No. 24

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)

No. 2 Wintthrop Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gladys Emeline Whitaker Battisana

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

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

(a) Residence. No. 925 River Road. St. Ward. (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 31 Years 5 Months 6 Days If less than 1 day Hours Minutes

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

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

10 Date deceased last worked at this occupation (month and year) Feb. 1937 11 Total time (years) spent in this occupation 2

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

13 NAME OF FATHER Charles C. Whitaker

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

15 MAIDEN NAME OF MOTHER Emeline Howe

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

17 Informant (Address) William H. Battisana 925 River Road (Husband)

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

Wm. H. Battisana
State Officer (Official Designation) 2/10/37 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 9, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from November 14, 1936 to February 9, 1937

I last saw her alive on February 9, 1937, death is said to have occurred on the date stated above, at 6:45 P. M.

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

Toxaemia of Pregnancy Nov 20 1936
(E. Campese)

Contributory causes of importance not related to principal cause:

Endocarditis (Chronic)

Name of operation None Date of What test confirmed diagnosis Chronic Was there an autopsy? 20

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

If so, specify Signed David J. O'Leary, M. D. (Address) 20 Wintthrop St. Wintthrop Date Feb 9, 1937

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

DATE OF BURIAL Feb. 12, 1937 1937

22 NAME OF UNDERTAKER J. Maringello & Co

ADDRESS Malden Mass

Received and filed 19

FEB 12 1937

(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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927, 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 *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" 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 conditions 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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 55 Wilshire

St.,

Ward

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

Registered No. 23

2 FULL NAME John Richard Jacobs

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

(a) Residence. No. 55 Wilshire

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

Male

White

6a If married, widowed, or divorced

HUSBAND of Ann Nolan

(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 8 Days If less than 1 day Hours Minutes

OCCUPATION

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

Shoe worker

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

Shoe factory

10 Date deceased last worked at this occupation (month and year) 1922

11 Total time (years)

spent in this occupation 47

12 BIRTHPLACE (City)

Rochester

(State or country)

New York

13 NAME OF FATHER

John H. Jacobs

14 BIRTHPLACE OF FATHER (City)

Germany

(State or country)

15 MAIDEN NAME OF MOTHER

Theresa Geisner

16 BIRTHPLACE OF MOTHER (City)

Germany

(State or country)

17

Informant

Mrs. Evelyn Bridgman (Daughter)

(Address)

55 Wilshire St., Winthrop, Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/11/37

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.

18 DATE OF DEATH

Feb 9

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Nov. 12, 1931, 19 to Feb 8, 1937

I last saw h. l. m. alive on Feb 8, 1937, death is said to have occurred on the date stated above, at 8:14 A.M.

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

Myocarditis

Date of Onset
IMPORTANT
1931

Contributory causes of importance not related to principal cause:

Bronchial pneumonia

Feb 2 1937

Name of operation

Date of

What test confirmed diagnosis? Clinico-sep. Was there an autopsy? no

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

If so, specify

(Signed) Daniel J. O'Brien, M. D.

(Address) 7 Washington St., Boston, Mass. Date Feb 11 1937

21 Holy Cross, Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL February 12, 1937. 19

22 NAME OF UNDERTAKER

Michael J. Rosella

ADDRESS 10 NO. Bennett St., Boston, Mass.

Received and filed. FEB 12 1937 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Please state statement of occupation is as follows, without so that the 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 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.

First things carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word mechanic, but give the specific occupation, as CARPENTER, ELECTRICIAN, PLUMBER, etc. Distinction between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement 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: <i>Arteriosclerosis</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:	

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

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

date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, then, if such certificate is not obtained, the board of health, or its agent, is authorized, in the absence of the attending physician, to issue such permit, and the clerk of the town shall, upon application, make the certificate required of the attending physician. 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, during 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 death certificate contains a retical as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk of 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 human body or the ashes thereof which have been brought into the commonwealth, until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried; and the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46, G. L. (TREASURARY 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 **supposably due to injury**. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

Worcester
(City or town making return)

Registered No. 810

1 PLACE OF DEATH

Suffolk
(County)
Worcester
(City or Town)

No. 30 Madison Ave. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. 30 Madison Ave. St. Ward, (Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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 Feb 10 1937 (Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from No medical attention for 1 year, 19

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

I last saw him alive on 19, death is said to have occurred on the date stated above, at 3:30 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 82 Years 5 Months 3 Days If less than 1 day Hours Minutes

Date of Onset Feb 10 1937

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. Mechanics
10 Date deceased last worked at this occupation (month and year) 4/3/32 11 Total time (years) spent in this occupation 60

Natural Causes: Probably acute dilatation of heart.

Contributory causes of importance not related to principal cause:

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

13 NAME OF FATHER John Davy

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

15 MAIDEN NAME OF MOTHER unable to learn

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

17 Informant Alice H. Davy (Address) 30 Madison Ave 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. Lechman (Signature of Agent of Board of Health or other)

H.D. Feb 12/37 (Official Designation) (Date of Issue of Permit)

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

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

DATE OF BURIAL 2/18/1937 19

22 NAME OF UNDERTAKER C.R. Benson

ADDRESS 10 North St. Worcester

Received and filed FEB 14 1937 19

A TRUE COPY, ATTEST:

(Registrar)

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, 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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (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 traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make sure entry in this section for every person aged 10 years or over. If the occupation had been given up or changed in accord with the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faultily employed may be returned as *a student* or *at home*. For a woman whose only occupation is 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 *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchant and wholesale merchant.* A person who sells goods should be called a *salesman* and not a *clerk*.

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

Example

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

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

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

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

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

(a) Residence. No. Cuttingsville, Vermont, St., Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH February 10, 1937
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY. That I attended deceased from January 19, 1937, to February 10, 1937
I last saw him alive on February 10, 1937, death is said to have occurred on the date stated above, at 9:45P.

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 63 Years 3 Months 22 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. Farmer and laborer
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) January 1937 11 Total time (years) spent in this occupation 3

Arteriosclerosis, generalized, severe, cause undetermined Unknown
Arterial hypertension, severe, secondary to #1 Unknown
Apoplexy 2/3/37

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Mount Holly, (State or country) Vermont

Fracture, simple, complete, spiral, comminuted, mid third humerus, right, a accidentally incurred 12/31/36
due to auto accident 3 months ago

13 NAME OF FATHER Dan E. Aldrich

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

14 BIRTHPLACE OF FATHER (City) Shrewsbury, Vt. (State or country) Vermont

15 MAIDEN NAME OF MOTHER Mary Elizabeth Johnson

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

17 Informant (Address) Fort Banks

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

W. M. S. Clark, Jr.
Health Officer
Date of Issue of Permit 2/11/37

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Alexander C. Huff

(Signed) Alexander C. Huff, Capt., MC, M. D.
(Address) Fort Banks, Mass. Date 2/10/1937

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

DATE OF BURIAL Feb. 12, 1937

22 NAME OF UNDERTAKER Murray & Murray
ADDRESS 254 Pearl St Revere

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

accident occurred in Shrewsbury, Vermont

CERTIFICATION

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RULES OF PRACTICE

The purpose of these laws calls for the observance by physicians in practice:

Physicians will certify to such deaths only as they have given bedside care during a last illness related to any form of injury.

Physicians will certify to such deaths only if the physician has been recognized disease-until death, or if he has been disabled by recent medical attention, or if the body is absent from home when the certificate of death is made... Chap. 114,

und dead.

Chap. 38, Sec. 7.

ws, Chap. 38, Sec. 6.

Chap. 38, Sec. 7.

... have been brought into

ed. _____

RULES OF PRACTICE

Practice:

related to any form of

[illegible]

und dead.

PLACE OF DEATH

Suffolk
(County)
Wentthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 32

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

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

(a) Residence. No. 183 Linden St., 1 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 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) (State or country) Wentthrop Mass

18 NAME OF FATHER Michael Greco

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

15 MAIDEN NAME OF MOTHER Josephine Amato

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

17 Informant (Address) Michael Greco (Father) 183 Linden 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) 2/11/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 11- 1937 (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

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 Charles Meloni
(Signed) 305 Haven E Boston M.D.
(Address) Date Feb 11 19 3721 St Michael's Boston Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Feb 12 1937

22 NAME OF UNDERTAKER Michael J. Burgoyne

ADDRESS 978 Saratoga St E Boston

Received and filed 19

FEB 12 1937

(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 aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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. (TERCENINARY 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. (TERCENINARY EDITION.)

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules to precede such deaths only as those of persons from whom they have given outside care during a last illness from disease related to any foreign injury and death.

(2) **Board of Health physician** shall certify to such deaths only as those of persons from whom they have given outside care during a last illness from disease related to any foreign injury and death, as unrelated to any form of injury, have died without recent medical attendance 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**, 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 2. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOMER, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

9.—The month and year in which the work was done.

10.—The industry or business in which the deceased last worked at the occupation.

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

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

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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 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>Arterioscleritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 33

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 Frederick James England

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

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

(a) Residence. No. 19 Saganore 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 27 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 Widowed (write the word)

18 DATE OF DEATH Feb. 12 1937 (Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from Feb. 5 1937, to Feb. 12 1937

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

I last saw h. alive on Feb. 11 1937, death is said

6 IF STILLBORN, enter that fact here.

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

7 AGE 73 Years 2 Months 2 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:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Electrician
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Navy Yard
10 Date deceased last worked at this occupation (month and year) 1930 11 Total time (years) spent in this occupation 45

Date of Onset

Contributory causes of importance not related to principal cause:

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

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 Frederick J. England (Address) 22 Lynnwood St. Saugus Mass Relation, if any nephew

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

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

If so, specify (Signed) C. J. Maloney M. D. (Address) 22 Lynnwood St. Saugus Mass Date 2/12/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL February 12, 1937 19

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass 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. 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 *homework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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

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

To be complete, an occupation return must state:

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.

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

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *viz.*, 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
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

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

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

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

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

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

Medical examiners shall make examination upon 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; 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 trauma (including resulting septicemia), but also deaths caused by chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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-12-34. No. 2038-6

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

Suffolk
(County)

Winthrop

(City or Town)

No. 163 Buchanan Street

St.

Ward {

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

2 FULL NAME. George Wesley Faulkner

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

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 163 Buchanan

St.

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. days.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
---------------	--------------------------	--

(write the word)

 5a If married, widowed, or divorced Vesta Csgood
 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 X 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. Custodian
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Museum of Fine Arts
	10 Date deceased last worked at this occupation (month and year) Jan. 1937

11 Total time (years) spent in this occupation 39

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

13 NAME OF FATHER Samuel Faulkner

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

15 MAIDEN NAME OF MOTHER Nancy Peck

 16 BIRTHPLACE OF MOTHER (City) Unable to obtain
 (State or country)

 17 Informant Mrs. Vesta O. Faulkner, wife
 (Address) 163 Buchanan 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) 2/15/37

 18 DATE OF DEATH Feb 13 1937
 (Month) (Day) (Year)

 19 I HEREBY CERTIFY, That I attended deceased from
 On 15 1933, to Feb 13 1937.

 I last saw h. alive on Feb 13 1937, 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

 Coronary Arteriosclerosis On 1933
 Coronary Arteriosclerosis and Jan 1936
 Induratio
 Contributory causes of importance not related to principal cause:

 Name of operation Removal of Rectum Date of Jan 10 1934
 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 Raymond B. Parker
 (Signed) (Address) Winthrop Mass Date Feb 15 1937 M. D.

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

 DATE OF BURIAL February 15, 1937
 19

22 NAME OF UNDERTAKER Charles R. Bennisson

ADDRESS Winthrop Mass

Received and filed. 2/15/37 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 sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 this 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 given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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, going to the town clerk or registrar in the place where the deceased died, give him his name 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 if the funeral is to be held, or from a 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 whatever write *none*.

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" 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.

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 89 Marshall St.		Ward {		To be filed for burial permit with Board of Health or its Agent. 35 Registered No.	
1		2 FULL NAME		Mary R. Pugliese		(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.		89 Marshall		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? 50 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS											
8 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 (write maiden name of wife in full)											
(or) WIFE of Anthony Pugliese (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. 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. 1937 11 Total time (years) spent in this occupation 50											
12 BIRTHPLACE (City) (State or country) Italy											
PARENTS											
13 NAME OF FATHER Louis Grippe											
14 BIRTHPLACE OF FATHER (City) (State or country) Italy											
15 MAIDEN NAME OF MOTHER Cannot be learned											
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy											
17 Informant Salvatore Vitale (Son-in-law) (Address) 89 Marshall St. Winthrop											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:											
W. M. P. Guadagnoli, Jr. (Signature of Agent of Board of Health or other)											
Health Officer 3/15/37 (Official Designation) (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH February 14, 1937 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1936, to Feb. 13, 1937. I last saw him alive on Feb. 13, 1937, 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:											
Bronchial pneumonia 2/11/37											
chronic bronchitis & emphysema since 1935											
Contributory causes of importance not related to principal cause: Varicose ulcers of right leg became septic 2/4/37											
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 Joseph G. Branco, M. D. (Signed) 20 Esplanade St. Date Feb. 15, 1937 (Address)											
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)											
DATE OF BURIAL Feb. 16, 1937											
22 NAME OF UNDERTAKER Paul J. Andrews											
ADDRESS Cambridge, Mass.											
Received and filed. FEB 17, 1937 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 here, the cause of death, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, shall such certificate. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a 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 counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician any other necessary information which can be obtained as to the 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.*

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



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

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

36

1 PLACE OF DEATH (County) Worcester
(City or Town) Pleasant
No. 468 St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 468 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 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 30 Years Months Days If less than 1 day Hours Minutes

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

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

10 Date deceased last worked at this occupation (month and year) Feb 14 1937 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Phila
(State or country) Pa

13 NAME OF FATHER Thomas P. Sweeney

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

15 MAIDEN NAME OF MOTHER Catherine M. Donnelly

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

18 DATE OF DEATH February 14 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 10 1937 to February 14 1937.
I last saw him alive on February 13 1937, death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Angina Pectoris Feb. 10-37

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) David L. Trautman M. D.
(Address) 200 Washington St. Date Feb 16 1937

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

DATE OF BURIAL 19

22 NAME OF UNDERTAKER
ADDRESS

17 Informant Mrs James Sweeney wife
(Address) 468 Pleasant

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. O'Sullivan
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 2/16/37

Received and filed FEB 17 1937 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.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, aloud or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter 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 supported, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 a certificate, inferred, from one town to another within the commonwealth, cannot be obtained early enough for the purpose, the certificate of a health made as above provided and in the possession of the undertaker desiring to remove the body, shall constitute a permit for such removal, until such a permit can be obtained from the board of health, under which it was removed, within thirty-six hours after it is so returned and recorded hereunder. If the death certificate contains no record of the army, navy or marine corps of the United States in any way acquired 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, which it has been engaged, such record shall appear upon the permit, certificate, and 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).*

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

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

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 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 Examiner.** These investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traunatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents and deaths following abortion, but also deaths from disease 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 16 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*, *attendant*, *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.

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" 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
The principal cause of death and related causes of importance in order of onset were as follows:	
<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.



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

(City or town making return)

37

STANDARD
CERTIFICATE OF DEATH

Registered No.

SUFFOLK
(County)WINTHROP
(City or Town)

No. Ste Hospital, Fort Banks, Winthrop St., Mass

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

2 FULL NAME ROBERT ANTHONY SADOWSKI

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

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

(a) Residence. No. Quarters, 43, St. Jovens, 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. 3 1/2 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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 0 Years 0 Months 3 1/2 Days If less than 1 day Hours Minutes

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

9 Industry or 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 Tony Stanley Sadowski

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

15 MAIDEN NAME OF MOTHER Edna Theresa Korkus

16 BIRTHPLACE OF MOTHER (City) Shirley, (State or country) Massachusetts

17 Informant (Address) Dr. J. S. Clark, Ste 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.

J. S. Clark, M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) Date of Issue of Permit 2/15/37

18 DATE OF DEATH February 15, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 14, 1937, to February 15, 1937

I last saw him alive on February 15, 1937, death is said to have occurred on the date stated above, at 6:35 A.M.

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

Congenital atresia con on bile duct Date of Onset Feb 11/37

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 Alexander Staff (Signed) M. D. (Address) Fort Banks, Mass Date 2/15/37

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

DATE OF BURIAL Feb 19 37

22 NAME OF UNDERTAKER

ADDRESS

Received and filed FEB 17 1937 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, 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. 3.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 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, as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when 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:

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.

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

RULES OF PRACTICE

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

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

100m-12-34, No. 2938-e
PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
is very important. See instructions and extracts from the laws on back of certificate.



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

Suffolk
(County)

STANDARD
CERTIFICATE OF DEATH

Registered No. 38

1 PLACE OF DEATH

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 Frances Dorothy (Todd) Rhines

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

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

(a) Residence. No. 68 Fremont St.

St. Ward

(If nonresident, give city or town and state)

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

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 Edward Asher Rhines (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 20 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. 1937 11 Total time (years) spent in this occupation 38

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

13 NAME OF FATHER Orville H. Todd Unable to obtain

14 BIRTHPLACE OF FATHER (City) Bath, Maine (State or country)

15 MAIDEN NAME OF MOTHER Carrie M. B. Card Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Dresden, Maine (State or country)

17 Informant Edward A. Rhines (husband) (Address) 68 Fremont St Winthrop

18 DATE OF DEATH Feb 15 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 27 1936, to Feb 15 1937. I last saw him alive on Feb 15 1937, death is said to have occurred on the date stated above, at 730 A. M.

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

Chronic Myocarditis 1907 Acute Dilatation of Heart on 27 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 R. O. Parker (Signed) M. D. (Address) Winthrop, Mass Date 2/15 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cambridge (Cemetery) (City or town) DATE OF BURIAL Feb. 17 1937 19

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

Received and filed FEB 17 1937 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. Cuddeback (Signature of Agent of Board of Health or other) (Official Designation) 2/16/37 (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (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 *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to 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" unless the precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *blacksmith*, etc. Distinguish carefully between *real merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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

Example

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

	Date of onset
<i>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. 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 Safford (County) Wintthrop (City or Town) No. Crest Road at Wintthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent. Registered No. 39	
2 FULL NAME Wallace Henry Pendle (If deceased is a married, widowed or divorced woman give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 76 Crest Road Wintthrop 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? 50 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 Fannie A. Hillsgrave (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 70 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Financial Promoter					
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) 11 Total time (years) spent in this occupation.					
12 BIRTHPLACE (City) Halstead (State or country) England.					
13 NAME OF FATHER John Pendle					
14 BIRTHPLACE OF FATHER (City) Essex County (State or country) England.					
15 MAIDEN NAME OF MOTHER ? Shelly					
16 BIRTHPLACE OF MOTHER (City) England (State or country)					
17 Informant M. Sophie Lewis (Address) 76 Crest Road					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress (Signature of Agent of Board of Health or other Health Officer) 3/18/37 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb - 15 - 1937 (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.) Presumably Suicidal and drowned at Wintthrop Beach					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Wintthrop (City) (Signed) Wm. L. Childress (Address) Boston Date 5-19-37 M. D.					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Wintthrop Wintthrop (Cemetery) (City or town) DATE OF BURIAL Feb. 18 1937					
22 NAME OF UNDERTAKER Charles P. Bennison ADDRESS Wintthrop Mass					
Received and filed 19					

(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 undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

1 PLACE OF DEATH
 (County) *Suffolk*
 (City or Town) *Wintthrop*
 No. *114 Pleasant St* St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Grace Hutchins*

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

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. *#114 Pleasant 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

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH *Feb 17 1937*
 (Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
May 5, 19*36*, to *Feb 17*, 19*37*

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

I last saw her alive on *Feb 17*, 19*37*, death is said
 to have occurred on the date stated above, at *1 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 *66* Years *9* Months *11* 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. *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 *40*

Carcinoma of Liver & tubes (metastatic)

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

Contributory causes of importance not related to principal cause:

13 NAME OF FATHER *Charles Carroll Hutchins*

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

15 MAIDEN NAME OF MOTHER *Kathleen Bradley Bliss*

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

17 Informant *Red-Darwin* (Relation, if any) *Wife*
 (Address) *119 Washington Ave Wintthrop*

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 *Edison*
 (Signed) *Edison* M. D.
 (Address) *20 Pleasant St* Date *2/18* 19*37*

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

DATE OF BURIAL *2/19/37* 1922 NAME OF UNDERTAKER *C. A. B.*ADDRESS *Wintthrop, Mass*

Received and filed. 19

A TRUE COPY, ATTEST:

(Registrar)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *2/19/37*

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 at the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *city engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when 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* *merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement 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>Acute interstitial nephritis</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.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, notorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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 purposes of these laws calls for the observance of the following rules of practice:

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 41

PLACE OF DEATH
1 { WINTHROP
(City or Town)

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

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

(a) Residence. No. # 33 Hight Street St. Lisbon Ward Lisbon
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 8 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 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 22 Years. Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinster
sawyer, bookkeeper, etc. Soldier, U. S. Army

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

10 Date deceased last worked at this occupation (month and year) December 1936 11 Total time (years) spent in this occupation 4

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

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, Station Hospital, Ft Banks

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. L. Gulekoff
Health Officer (Date of issue of Permit) 2/18/37

18 DATE OF DEATH February 16, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 15, 1937, to February 16, 1937

I last saw him alive on February 16, 1937, death is said to have occurred on the date stated above, at 5:30 Am.

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

1. Tuberculosis, pulmonary, upper lobe, right lung Unknown
2. Tuberculosis, miliary, generalized chronic. Unknown

Contributory causes of importance not related to principal cause:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) W. M. L. Gulekoff M. D.
(Address) 254 Beach St. Boston, Mass. Date 2-18-37

21 PLACE OF BURIAL Fort Devens Ayer
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Feb. 18, 1937

22 NAME OF UNDERTAKER Murray & Murray
ADDRESS 254 Beach St. Revere

Received and filed 1937

A TRUE COPY, ATTEST:

(Registrar)

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, 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, 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.....

Law, Chap. 46, Sec. 9.

Gen. Laws. Chapt. 46. Sec. 9

only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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

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

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

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

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *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 *vital 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, ashtetia, etc. As principal cause name the disease causing death. As related causes, name every 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.

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.

Example

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

Date of o

Arteriosclerosis

515

Chronic interstitial nephritis

021

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

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, which shall be attested by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 46, Sec. 9.

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

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

No undertaker or other person shall bury a human body or the

cases there which have been brought into the commonwealth under the provisions of the act, and the court has thought proper to appoint a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

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

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

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

(3) Medical Examiner 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.

1

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

42

2 FULL NAME

Sadie Tommasio
(If deceased is a married, widowed or divorced woman, give also maiden name.)Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number){ (If U. S.
War Veteran
specify WAR)(a) Residence. No. 331 Revere
(Usual place of abode)St., Ward,
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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)

5a If married, widowed, or divorced

HUSBAND of Rocco Tommasio
(Give maiden name of wife in full)
(or) WIFE of Rocco Tommasio
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 30 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) Feb 15 1937
11 Total time (years) spent in this occupation 8 yrs

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

13 NAME OF FATHER Louis Colausso

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

15 MAIDEN NAME OF MOTHER Elizabeth Coppola

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

17 Informant (Address) Rocco Tommasio (Husband) 331 Revere St Revere

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) 2/20/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 18 1937
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from Feb. 14 1937 Feb. 18 1937
last saw her alive on Feb. 18, 1937, 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:

Tuberc. Pneumonia Jan. 10 type IV

Contributory causes of importance not related to principal cause:

Date of Onset
IMPORTANT

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

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

If so, specify

(Signed) F. J. Zullo Feb. M. D.
(Address) 352 Revere Date Jan. 19 193721 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Feb. 22 1937

22 NAME OF UNDERTAKER Vincent Buonfiglio

ADDRESS 11 School St Quincy Mass

Received and filed. 19

FEB 21 1937

(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 retirement. Children not necessarily employed may be returned as at school, or at home. For a housework in answer to Question 8 and own home in answer to 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 CLEER.

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

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 of such body has been sooner obtained hereunder. If the removal of such body has been sooner obtained as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TRACENTENARY 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, age, and residence, if known, otherwise a description as full as may be with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TRACENTENARY 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** shall certify to such deaths only as those of persons whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who though disabled by recognized disease unrelated to any form of injury have died without recent medical attendance 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 scintemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from **disease 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.

Lowell, Mass.
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

3/9/37

(City or town making return)

43

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

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 EMILE TOUSIGNANT

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

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 231 Cabot Street St., Ward, Lowell, Massachusetts
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 days. How long in U. S., if of foreign birth? 38 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 41 Years 1 Months Days If less than 1 day Hours Minutes

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

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

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

12 BIRTHPLACE (City) St Philomene, PQ (State or country) Canada

13 NAME OF FATHER Paul Tousignant

14 BIRTHPLACE OF FATHER (City) St Philomene, PQ (State or country) Canada

15 MAIDEN NAME OF MOTHER Fannie Brisson

16 BIRTHPLACE OF MOTHER (City) St Philomene, PQ (State or country) Canada

17 Informant (BROTHER) Joseph Tousignant, (Address) Bridge St., Granville, 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 February 18 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from January 19 1937, to February 18 1937

I last saw him alive on February 18 1937, death is said to have occurred on the date stated above, at 4:21 P.M.

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

Nephritis, chronic, parenchymatous severe, bilateral Uremia, acute

Date of Onset

Unknown 2-17/37

Contributory causes of importance not related to principal cause:

Name of operation None Date of - What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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

If so, specify (Signed) ROBERT E. THOMAS, Major, MC M. D. (Address) Fort Banks, Mass. Date 2-19 1937

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

DATE OF BURIAL Feb 20 1937 19

22 NAME OF UNDERTAKER Murray + Murray ADDRESS 254 Pearl St. Revue

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFIED MEDICAL OFFICER 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 occupation prior to retirement. Children 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 whatever write *none*.

To be complete, an occupation return must state:

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

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

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

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

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

Example

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 receipt, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such receipt shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

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

RULES OF PRACTICE

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

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

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

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

WRITE PLAINLY WITH UNFADING BLACK INK. 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. 41

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)

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

(a) Residence. No. 75 Plummer 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 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 (write the word)

6a If married, widowed, or divorced HUSBAND of Catherine Harvey Keefe
(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. Letter Carrier 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Mail 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 30

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

13 NAME OF FATHER John Keefe

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

15 MAIDEN NAME OF MOTHER Catherine Shea

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

17 Informant (Address) Catherine Keefe 73 Plummer Ave Relation, if any (18)

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) 3/21/37

18 DATE OF DEATH February 20 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 13, 1937, to February 20, 1937. I last saw him alive on February 19, 1937, death is said to have occurred on the date stated above, at 6:45 A.M.

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

Cerebral Hemorrhage 2.13.37

Contributory causes of importance not related to principal cause:

Name of operation O Date of O What test confirmed diagnosis? C Was there an autopsy? NO

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

If so, specify Edward J. Franzen, M.D. (Signed) (Address) 214 Washington Ave Date Feb 20 1937

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 22 1937 19

22 NAME OF UNDERTAKER John F. O'Malley ADDRESS 1111 1937

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, after the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

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

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SHIRNER, 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, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the 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 medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** will investigate and certify to all deaths **supposable by due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

WRITE PLAINLY WITH INK. DO NOT WRITE IN RED INK. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-12-34, No. 2-38-f

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)
No. *Winthrop Comm. Hos* Ward



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

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

Registered No. *45*

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

2 FULL NAME *Joseph E. Gavin*

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

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

(s) Residence. No. *58 Beacon* St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *7* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 4 COLOR OR RACE *Wh.* 5 SINGLE *Married*
(write the word)
MARRIED
WIDOWED
OR DIVORCED

6a If married, widowed, or divorced *Helen Balfour*
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 *57* Years. Months. Days. If less than 1 day
Hours. Minutes

8 Trade, profession, or particular kind of work done, as *Real Estate*
sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as *Retired*
saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) *1930* 11 Total time (years) spent in this occupation *30 yrs*

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

13 NAME OF FATHER *John Gavin*

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

15 MAIDEN NAME OF MOTHER *Catherine O'Brien*

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

17 Informant *Helen Gavin (Wife)*
(Address) *58 Beacon St.*

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

Wm. P. O'Brien
(Signature of Agent of Board of Health or other)

Wm. P. O'Brien
(Official Designation) (Date of Issue of Permit) *2/24/37*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb. 23, 1937*
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from *February 23, 1937*, to *Feb. 23, 1937*.

I last saw him alive on *Feb. 23, 1937*, 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:

Lobar Pneumonia *Feb. 17, 1937*

Contributory causes of importance not related to principal cause:

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

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

(Signed) *Wm. P. O'Brien*, M. D.
(Address) *122 Beacon St.* Date *Feb. 24, 1937*

21 PLACE OF BURIAL, *Star of the Sea Marblehead*
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL *Feb. 26, 1937*

22 NAME OF UNDERTAKER *Wm. P. O'Brien*
ADDRESS *Marblehead*

Received and filed *19*

(Registrar)

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

To be complete, an occupation return must state:

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

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

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

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

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

Example

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 than the receiving tomb to another, or its agent aforesaid or its clerk or the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, 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. A death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not lawfully 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 or 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 to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., (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.—WHILE FILLING IN WITH ORDINARY 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. 46

1 PLACE OF DEATH *S. H. N. C.* (County)
Winthrop (City or Town)
No. *in route to Winthrop Community Hospital* (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward

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

(a) Residence. No. *146 Lincoln St. Winthrop* 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? 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 *Catherine C. Hill*
HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE *50* Years *5* Months *4* Days If less than 1 day Hours Minutes

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

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

10 Date deceased last worked at this occupation (month and year) *Feb. 24, 1937* 11 Total time (years) spent in this occupation *15*

12 BIRTHPLACE (City) *Pawtucket*
(State or country) *Rhode Island*

13 NAME OF FATHER *Albert Haigh*

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

15 MAIDEN NAME OF MOTHER *Elizabeth Dutton*

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

17 Informant *Catherine C. Haigh wife*
(Address) *146 Lincoln 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. Chidress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *2/25/37* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb - 24 - 1937*
(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.)

a acute cardiac failure
Angina Pectoris
Collapsed & died quickly on exertion

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) *Wm. S. Chidress* M. D.
(Address) *Boston* Date *Feb 24 1937*

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

DATE OF BURIAL *Feb. 27, 1937* 19

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

Received and filed *Feb 26, 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 UNBOLDING, IN PLAIN TERMS. 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. 7997-9



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. 14

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 51 Main St. Winthrop St. Ward

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

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

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

(a) Residence. No. 51 Main St. Winthrop St. Ward,
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 8 Months X Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer in 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattle Broker Cotton Co. 10 Date deceased last worked at this occupation (month and year) 2/20/37 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) (State or country) Sweden

13 NAME OF FATHER Unable to obtain

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

15 MAIDEN NAME OF MOTHER

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

17 Informant Theodore R. Johnson (Address) 51 - Main St. Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/27/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb - 25 - 1937 (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.) Robe

Asphyxiation due to holes of food in Larynx & Pharynx Acute Cardiac Dilatation Chronic Myocarditis

Collapsed while eating at home

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop (Signed) J. M. S. (Address) Boston Feb 25 - 1937, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) (City or town) DATE OF BURIAL 3-29-1937 19

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

Received and filed 1937 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

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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 3/9/37



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

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 483

1 PLACE OF DEATH
STATION
(County)

WINTHROP
(City or Town)

No. Station Hospital, Fort Banks, St., Winthrop, Mass. Ward

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

2 FULL NAME MARGARET MARY KELLEHER

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

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

(a) Residence. No. 544 Massachusetts Avenue St., Boston, Mass. Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 2 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 23 Years 9 Months 21 Days If less than 1 day Hours Minutes

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

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

10 Date deceased last worked at this occupation (month and year) February 1937 11 Total time (years) spent in this occupation 5

12 BIRTHPLACE (City) Somerville, (State or country) Massachusetts

13 NAME OF FATHER Cornelius Kelleher

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

15 MAIDEN NAME OF MOTHER Mary A. McCarthy

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

17 Informant Cornelius Kelleher (father) 9 Alexander 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. Chidress
agent
Feb. 26/37
Date of Issue of Permit

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 26 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from February 24 1937, to February 26 1937

I last saw her alive on February 26 1937, death is said

to have occurred on the date stated above, at 5:27 P.M.

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

1. Myocarditis, chronic, with de-compensation. Unknown Date of Onset

2. Rheumatic valvular disease of heart, chronic. Unknown

3. Cardiac failure of compensation. Contributory causes of importance not related to principal cause: acute Feb. 6/37

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) Robert J. Adams, M. D. (Address) 101 State St., Boston Date 2-26-1937

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

DATE OF BURIAL May 1, 1937

22 NAME OF UNDERTAKER Frederick J. Cross

ADDRESS 867 Beacon St. Boston

Received and filed 19

A TRUE COPY, ATTEST:

MAR 4 1937 Registrar

GOVERNING THE

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

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *etc.* *avoid* the term "I abhor" when making precise statements of the occupation can be secured. 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

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

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the 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....

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; 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, atonesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 a physician selected for the purpose, shall upon certificate as aforesaid, cause the necessary facts to be ascertained, and the same to be returned and recorded, and the medical examiner shall upon such certificate, if such a permit for the removal of a human body

not previously interred, from one town to another within the commonwealth, shall be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been, sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war, in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1907 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 he has deceased his name and residence. If known, otherwise a description as full as may be, with 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 commonwealth, unless he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 that are **attributable to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), but also by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



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

BOSTON

(City or town making return)

SUFFOLK

(County)

BOSTON

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 679

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

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

(a) Residence. No. 30 Woodside Ave St., Ward, Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Eva Rambaum
(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. 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) Oct 1936 11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Israel L Marcus

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

15 MAIDEN NAME OF MOTHER Fannie -----

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

17 Informant (Address) Jacob Marcus (Son)
30 Woodside Ave, Winthrop

A TRUE COPY. Attest: *Hilda Hedstrom Quirk*
(Registrar of city or town where death occurred)

DATE FILED Jan 22, 1937 19 35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 20 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 20, 1937

I last saw him alive on Jan 20, 1937, death is said to have occurred on the date stated above, at 5:30 P.M.

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

Uremia Several mos
Vascular Nephritis Several yrs

Contributory causes of importance not related to principal cause:
Diabetes 11 yrs

Name of operation Date of operation
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) U Feinsilver M. D.
(Address) Beth Israel Hospt Date 1/20/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Everett
(Cemetery) (City or town)
DATE OF BURIAL Jan 20, 1937 1935

22 NAME OF UNDERTAKER Manuel Stanetsky
ADDRESS 10 Washington St., Dor

Received and filed MAR 25 1937 1935

(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



tion should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 385-2

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. **Forest Hills Hospt**

St.,

Ward {

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

BOSTON

(City or town making return)

Registered No. **1053**

2 FULL NAME **Walter Sidney Reese**

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

(a) Residence. No. **81 Freemont**

(Usual place of abode)

St.,

Ward,

Winthrop, Mass

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

**MARRIED
WIDOWED
or DIVORCED**

(write the word)

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

33

Years

1

Months

4

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Treas of Reese Motor Car Co

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

East Boston, Mass

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

1/17/37

11 Total time (years) spent in this occupation **6**

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

PARENTS

13 NAME OF FATHER

John T Reese

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

Mary Quinn

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

**Robert W Crossman (Friend)
103 Somerset Ave, Winthrop**

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb 2, 1937

19 35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan

(Month)

29

(Day)

1937

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1937 to Jan 29, 1937

I last saw him alive on **Jan 28, 1937**, death is said

to have occurred on the date stated above, at **10:25 AM**

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

Date of onset

**Bilateral Renal Tuberculosis?/32
Uremia 1/15/37**

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) **J W Spellman**

(Address) **475 Comm Ave,**

Date **1/29/1937** M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop-Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 31, 1937 1935

22 NAME OF UNDERTAKER

C R Bennin

ADDRESS

Winthrop, Mass

Received and filed

19 35

(Registrar of City or Town where deceased resided)



(Registrar of City or Town where deceased resided)



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3485-W

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Carney Hospital

St., Ward {

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

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

BOSTON

(City or town making return)

Registered No. 1500

2 FULL NAME Joseph Dempsey

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

(a) Residence. No. 19 Bates Ave

St.,

Ward, Winthrop, Mass

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

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) So Boston
(State or country) Mass

13 NAME OF FATHER

James J Dempsey

14 BIRTHPLACE OF FATHER (City)

Middletown

(State or country)

Conn

15 MAIDEN NAME OF MOTHER

Marion Murphy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

17

Informant (Address)

James J Dempsey (Father)

19 Bates Ave, Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb 11, 1937

1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb

8

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb 7

19 37 to

Feb 8

19 37

I last saw him alive on Feb 8, 19 37, death is said

to have occurred on the date stated above, at 12:30 AM

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

Prematurity 5 months

2/7/37 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)

A F Popoli

M. D.

(Address) Carney Hospital

Date 2/8/19 37

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross-Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 9, 1937

19 35

22 NAME OF UNDERTAKER

J F O'Maley

ADDRESS

Winthrop, Mass

Received and filed

19 35

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1663

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No.

PSYCHOPATHIC HOSP

St.,

Ward {

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

2 FULL NAME

GEORGE W. BARKER

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

(a) Residence. No.

23 ELMWOOD AV

St.,

Ward, WINTHROP

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED MARRIED

5a If married, widowed, or divorced

HUSBAND of

MARY V. CAHILL

(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

5

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.

PLASTERER

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

BUILDINGS

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

1-137

11 Total time (years)
spent in this
occupation. 24

12 BIRTHPLACE (City)

WINTHROP

(State or country)

13 NAME OF
FATHER

WILLIAM W BARKER

14 BIRTHPLACE OF
FATHER (City)

WASHINGTON

(State or country)

D C

15 MAIDEN NAME
OF MOTHER

MARY E LARKIN

16 BIRTHPLACE OF
MOTHER (City)

CHARLESTOWN

(State or country)

17

Informant
(Address)

M. C. BARKER (WIFE)

23 ELMWOOD AV WINTHROP

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

FEB 15

19 37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

FEB

(Month)

10

(Day)

1937

(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)CORROSIVE SUBLIMATE POISONING SELF-IN-
GESTED

PRESUMABLY SUICIDAL

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of Injury 19

Where did

injury occur? WINTHROP

(City or town and State)

Manner of

Injury

Nature of

Injury

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

If so, specify

(Signed) W J BRICKLEY

(Address) BOSTON

Date 2/10 19 37

22 PLACE OF BURIAL,
CREMATION OR REMOVAL

WINTHROP

(Cemetery)

WINTHROP

(City or town)

DATE OF BURIAL

FEB 13

19 37

23 NAME OF

UNDERTAKER

C. F. BENNISON

ADDRESS

WINTHROP

Received and filed

19

(Registrar of City or Town where deceased resided)



tion should be carefully supplied. AGE should be 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. 318-9

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. MASS. GEN'L HOSP

St.,

Ward {

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

2 FULL NAME

HAROLD WILLIAM J MCLEAN

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

(a) Residence. No. 20 IRWIN

(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)

WIDOWED

6a If married, widowed, or divorced

HUSBAND of

EMMA D. TERRIO

(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.

PAINTER

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

HOUSE

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

11-136

11 Total time (years) spent in this occupation

30

12 BIRTHPLACE (City)

(State or country)

NEW BRUNSWICK

13 NAME OF FATHER

WALTER L MCLEAN

14 BIRTHPLACE OF FATHER (City)

(State or country)

NEW BRUNSWICK

15 MAIDEN NAME OF MOTHER

CATHERINE TIMMINS

16 BIRTHPLACE OF MOTHER (City)

(State or country)

NEW BRUNSWICK

17

Informant (Address)

T. W. MCLEAN (BROTHER)

155 COWPER ST E BOSTON

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

FEB 18

1937

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1847

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

51

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

FEB

(Month)

14

(Day)

1937

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
FEB 12, 1937, to FEB 14, 1937.I last saw h. alive on FEB 14, 1937, death is said
to have occurred on the date stated above, at 2:47 p.m.The principal cause of death and related causes of importance in order of
onset were as follows:

CARCINOMA OF RECTUM

Date of onset
2 1/2 YRS

Contributory causes of importance not related to principal cause:

{ COMB. ABDOMINAL - PERINEAL RESECTION OF
RECTUM 6/4/35 EXG METASTATIC

Name of operation

MODULE

Date of 1/26/37

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)

M. G. H.

Date 2/14 1937

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

HOLY CROSS

(Cemetery)

MALDEN

(City or town)

DATE OF BURIAL

FEB 17

1937

22 NAME OF UNDERTAKER

C. H. TREANOR

ADDRESS

BOSTON

Received and filed

19

(Registrar of City or Town where deceased resided)

WHITE DIABETES WITH TYPING. THE CAUSE OF DEATH IS NOT STATED. PHYSICIANS SHOULD STATE CAUSE OF DEATH. Exact statement of OCCUPATION is very important.

50m-a-31, No. 3185-r

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)

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



BOSTON

(City or town making return)

Registered No. 2072

2 FULL NAME Helen C Babin

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

(a) Residence. No. 145 Main

(Usual place of abode)

St.,

Ward,

Winthrop, Mass

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

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

yrs.

mos.

days.

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

55

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

Joseph Babin

(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.

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)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

13 NAME OF FATHER

Harry Currier

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Maria Muise

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant (Address)

Joseph A Babin (Son)

West Newton

A TRUE COPY.

Hilda Hedstrom Quirk

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb 24, 1937

19 35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 20 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 10 1937, to Feb 20 1937

I last saw her alive on Feb 20 1937, death is said

to have occurred on the date stated above, at 3:55Pm.

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

Bilateral lobar pneumonia 2/7/37 Date of onset

Contributory causes of importance not related to principal cause:

Diabetes Mellitus 1935

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

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

If so, specify

(Signed)

C A Powell

M. D.

(Address)

Mass Memorial Hosp Date 2/20/37

21 PLACE OF BURIAL CREMATION OR REMOVAL

Holy Cross-Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 23, 1937

19 35

22 NAME OF UNDERTAKER

J J Kelley & Son

ADDRESS

336 Broadway, Cambridge

Received and filed

19 35

(Registrar of City or Town where deceased resided)

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



(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 50

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 14 Pleasant Park Rd St. Ward

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

2 FULL NAME Charles Thomas Seabury

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

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

(a) Residence. No. 14 Pleasant Park Rd St. Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 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
WIDOWED or DIVORCED

18 DATE OF DEATH 3 1 37
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY That I attended deceased from
7:00 P.M. 1937 to 1:00 P.M. 1937

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

I last saw him alive on 3/1/37, 1937, death is said
to have occurred on the date stated above, at 1:00 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 88 Years 11 Months 6 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. Inspector (retired)

Contributory causes of importance not related to principal cause:
General arteriosclerosis

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

10 Date deceased last worked at
this occupation (month and
year) 23 years ago 11 Total time (years)
spent in this occupation 45

Contributory causes of importance not related to principal cause:

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

Name of operation: Sclerectomy
What test confirmed diagnosis? I

13 NAME OF FATHER Unable to obtain

Name of operation: Sclerectomy
What test confirmed diagnosis? I

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 Charles E. Seabury (Son)
(Address) 26 Emerson Rd.

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

Wm. D. Chulack
(Signature of Agent of Board of Health or other
Official Designation) 3/3/37
(Date of Issue of Permit)

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. S. Kelly, M. D.
(Address) 319

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

DATE OF BURIAL March 3rd 1937 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

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 *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *girl* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation in the appropriate terms, as *housekeeper*—*private family*, *cook*, *maid*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

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

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

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

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

A physician or registered hospital medical officer shall follow with after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish the registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, 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, 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, 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 required by section ten of chapter forty-six, that 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. This board of health, or its agent, upon receipt of such statement and certificate, shall forthwith complete it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



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

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 57

PLACE OF DEATH

Winthrop

(County)

Winthrop

(City or Town)

No. 180 Cottage Park Road

St.,

Ward {

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

2 FULL NAME

William Henry Garrett

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

(a) Residence. No. 180 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

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widower

5a If married, widowed, or divorced

HUSBAND of

M. Anna Brown Garrett

(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

5

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.

Salesman

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

Electric Supplies

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

1932

11 Total time (years)
spent in this
occupation

50

12 BIRTHPLACE (City)

Lowell

(State or country)

Massachusetts

13 NAME OF
FATHER

Henry L. Garrett

14 BIRTHPLACE OF
FATHER (City)

Lowell

(State or country)

Massachusetts

15 MAIDEN NAME
OF MOTHER

Ella M. Dudley

16 BIRTHPLACE OF
MOTHER (City)

Lowell

(State or country)

Massachusetts

17

Informant

Helen L. Brown

(Address)

358 Elm St New Haven Conn (Place)

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

Wm. S. Buldres

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/4/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

March

(Month)

1

(Day)

1937

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 31, 1936 to Mar. 1, 1937

I last saw him alive on Mar. 1, 1937, 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:

arteriosclerosis

chronic myocarditis

Date of Onset

IMPORTANT

1928

1932

Contributory causes of importance not related to principal cause:

Name of operation

Name

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) E. J. Buldres

(Address) South, Mass Date Mar 4, 1937

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Lowell Cem Lowell Mass

(Cemetery)

(City or town)

DATE OF BURIAL March 4th 1937

19

22 NAME OF
UNDERTAKER

Richard E. White

ADDRESS 147 Winthrop St Winthrop

Received and filed

MAR 4 1937

19

(Registrar)

NOTE - WRITE PLAINLY, WITH INK, IN ALL PLACES. PHYSICIANS should state
information should be carefully supplied. AGE should be stated EXACTLY. EXACT STATEMENT OF OCCUPATION
CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.
is very important.

RETURN OF CERTIFICATES OF DEATH

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

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

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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

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

Example

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

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

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

RULES OF PRACTICE

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

tion should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state EXACTLY. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

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.

58

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 Mildred A. Lunt

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

(a) Residence. No. 8 Pleasant

St.,

Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 7 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)

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

39

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.

Housework

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

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Boston

(State or country)

13 NAME OF FATHER

Harry E. Lunt

14 BIRTHPLACE OF FATHER (City)

Dover

(State or country)

15 MAIDEN NAME OF MOTHER

Anna M. King

16 BIRTHPLACE OF MOTHER (City)

Rutland

(State or country)

17

M.E. McPhillips

Informant (Address)

DCM

A TRUE COPY.

ATTEST:

(Registrar of City or town where death occurred)

3/8/37

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Mar. 1, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from July 16, 1935 Mar. 1, 1937

I last saw him or her alive on Mar. 1, 1937 death is said to have occurred on the date stated above at 4:35A. m.

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

Bronchopneumonia "terminal" 2/25/37

Date of onset

Contributory causes of importance not related to principal cause:

Dementia Praecox; Nephrenic

July 1935

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)

Leo Malachuk

M. D.

(Address)

DCM

Date 3/5/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Rutland

Rutland

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

Richard A. White

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)

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



Winthrop
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 59

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 54 Highland Avenue St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Elizabeth Webster
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 54 Highland 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 17 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.

7 AGE 82 Years Months Days If less than 1 day Hours Minutes

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

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) Feb. 1937 11 Total time (years) spent in this occupation

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

13 NAME OF FATHER Andrew Webster

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

15 MAIDEN NAME OF MOTHER Susannah McClay

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

17 Informant Christine M. Lane (Address) 390 Winthrop St Winthrop Mass Relation, if any (niece)

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

Wm. L. Childers
Health Officer (Official Designation)
3/4/37 (Date of Issue of Permit)

18 DATE OF DEATH March 2 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to Mar 2, 1937

I last saw him alive on Mar 2, 1937, death is said to have occurred on the date stated above, at 4:55 P.M.

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

Rheumatic Heart Disease

Date of Onset

Childhood 1867

Contributory causes of importance not related to principal cause:

Scimitary

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) M. D. (Address) Date Mar 3, 1937

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

DATE OF BURIAL March 5, 1937 19

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass ADDRESS

Received and filed MAR 1 1937 19

A TRUE COPY, ATTEST:

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 to same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 territory, 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 belief, as required by section ten of chapter forty-six, that 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, and the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith communicate the same to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or causes of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Amendatory 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 relating to the town clerk or registrar in the police office, the deceased died 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.*

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

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 60

1 No. 395 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rosella H. Truesdale { (If U. S. War Veteran specify WAR)

(a) Residence. No. 395 Shirley 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? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M
4 COLOR OR RACE Bk
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of John Truesdale (Give maiden name of wife in full)

(or) WIFE of John Truesdale (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. 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) Malden, Mass.

13 NAME OF FATHER John Cronin

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

15 MAIDEN NAME OF MOTHER Margaret Sullivan

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

17 Informant Henrietta H. Cronin (Address) same 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) 3/8/37

18 DATE OF DEATH March 6, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw him alive on 6:10 AM, 19, death is said to have occurred on the date stated above, at 6:10 AM. The principal cause of death and related causes of importance in order of onset were as follows:

Heart Failure Probably Acute Dehydration of Heart

Date of Onset

IMPORTANT

Mar 6 1937

Contributory causes of importance not related to principal cause:

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

20 Was disease or injury in any way related to occupation of deceased? No If so, specify Raynaud's Disease (Signed) William P. Cronin, M. D. (Address) William P. Cronin, M. D. Date Mar 6, 1937

21 St. Mary's Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL March 8 1937

22 NAME OF UNDERTAKER Owen P. Doonan Sons ADDRESS Malden, Mass.

Received and filed MAR 1 1937 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, 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, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

Date of Onset

Atherosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 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 retinal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retinal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (EX-CERTEARY 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. . . . If shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (EX-CERTEARY 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 certificate 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 septi-cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

In plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. **61**

1 No. **69 Johnson Ave.** St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Margaret Teresa Coleman** (If deceased was a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **69 Johnson Ave.** St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **2** years **9** 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) **Single**
MARRIED
WIDOWED
OR DIVORCED

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

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

6 IF STILLBORN, enter that fact here.

7 AGE **80** 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. **Tailoress**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Mens suits**
10 Date deceased last worked at this occupation (month and year) **1919** 11 Total time (years) spent in this occupation **45**

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

13 NAME OF FATHER **Matthew Coleman**

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

15 MAIDEN NAME OF MOTHER **Ann Gleason**

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

17 Informant (Address) **Mrs. Julia E. Boardman** Relation, if any **sister**
69 Johnson Ave., Wm.

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

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

H.D. (Official Designation) **Mar. 12-37** (Date of Issue of Permit)

18 DATE OF DEATH **March 10 - 1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **June 6, 1933**, to **March 10, 1937**.
I last saw her alive on **March 9, 1937**, death is said to have occurred on the date stated above, at **2 a.m.**
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Date of Onset **June 6-33**
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? **No**

If so, specify (Signed) **Walter R. Kellogg** M. D.
(Address) **350 Commonwealth St.** Date **March 11, 1937**

21 **St. Brigid's, Amherst**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **March 13, 1937**

22 NAME OF UNDERTAKER **W. J. Kelly**
ADDRESS **11 Meridian St., E. B.**

Received and filed **MAR 1 1937** 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 genuinely employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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

Example

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

Date of Onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause may in the above example 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 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 to the usual form for the removal of such body has been sooner obtained hereunder. If the removal of such body has been sooner obtained as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 resurfing, septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

Registered No. **62**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **222 Pleasant** St., Ward {

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

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

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

(a) Residence. No. **222 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 yrs. **4** 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**

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

6 IF STILLBORN, enter that fact here.

7 AGE **80** Years **5** Months **11** Days If less than 1 day
Hours.....Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. **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) **1919** 11 Total time (years)
spent in this occupation **36**

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

13 NAME OF
FATHER **John Harris**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Duslo**
N. S.

15 MAIDEN NAME
OF MOTHER **Phe dora Hayes**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **N. S.**

17 Informant **Arthur H. Noble (son)**
(Address) **222 Pleasant 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. P. Childers
(Signature of Agent of Board of Health or other)

H.O. **May 12 - 37**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 11 1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 4, 1937, to **June 11**, 1937

I last saw her alive on **June 10**, 1937, 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:

Chronic myocarditis **1125**

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Name of operation **none** Date of.....
What test confirmed diagnosis? **Stethos.** Was there an autopsy? **2**

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

If so, specify **glycogen deficiency** M. D.
(Signed) **Wm. P. Childers**
(Address) **222 Pleasant St.** Date **3-11-1937**

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

DATE OF BURIAL **March 13, 1937**

22 NAME OF
UNDERTAKER **W. J. Kelly**
ADDRESS **11 Meridian St. E. B.**

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

MAR 1 1937

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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

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

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

RULES OF PRACTICE

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

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

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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. **68**1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **37** **Bellevue Ave** St. Ward {(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **William Noll**

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

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. **37** **Bellevue Ave** St. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred **1** yrs. **6** 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 **widower** (write the word)5a If married, widowed, or divorced
HUSBAND of **Emma F. Shorley**
(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 **5** Months Days If less than 1 day
Hours Minutes8 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. **Shoe**10 Date deceased last worked at
this occupation (month and
year) **1937** 11 Total time (years)
spent in this occupation **50**12 BIRTHPLACE (City)
(State or country) **Boston**13 NAME OF
FATHER **Henry Noll**14 BIRTHPLACE OF
FATHER (City)
(State or country) **Germany**15 MAIDEN NAME
OF MOTHER **Christina Wamm**16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Germany**17 Informant **Mrs. Grace Tyler (Daughter)**
(Address) **179 Howard St. Melrose**

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)**H.O.****Mar-12/37**
(Date of Issue of Permit)

(Official Designation)

18 DATE OF
DEATH **March 11 1937**
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
March 11, 1937 to **Mar 11, 1937**
I last saw him alive on **March 11, 1937**, death is said
to have occurred on the date stated above, at **9 P.M.**The principal cause of death and related causes of importance in order of onset
were as follows:**Cerebral Hemorrhage** Date of Onset **3-11-37**

Contributory causes of importance not related to principal cause:

Arterio SclerosisName of operation **Clinical** Date of
What test confirmed diagnosis? **Findings** Was there an autopsy? **No**20 Was disease or injury in any way related to occupation of deceased? **No**If so, specify **Encephalitis** M. D.
(Signed) **Charles C. Burpee**
(Address) **Chatham St. Boston** Date **Mar 12 1937**21 PLACE OF BURIAL
CREMATION OR REMOVAL **mt Auburn Cemetery**
(Cemetery) (City or town)DATE OF BURIAL **March 15 1937**22 NAME OF
UNDERTAKER **F. E. Sprague**
ADDRESS **70 Madison St. Boston**Received and filed **Mar 12 1937** 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 exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original 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).*

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RULES OF PRACTICE

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

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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 *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*, *pinwife*, *janitor*, *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 *field 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>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.

PLACE OF DEATH

Winthrop

(County)

Suffolk

(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.

64

No. 435 Winthrop St.

St.

Ward

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

2 FULL NAME Mary R. (Flanagan) Ford

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

(a) Residence. No. 435 Winthrop St.

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

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

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John Ford

(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.

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 15

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF
FATHER

John Flanagan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Mary Maher

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

John J. Ford

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. S. Childers

(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 -

12 -

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 22 - 1936, to March - 12 - 1937.

I last saw h. or alive on March - 9 - 1937, death is said

to have occurred on the date stated above, at 12:30 P.M.

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

Carcinoma - Intestines - Liver. Aug 1936.

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

(Signed)

Edward J. Flanagan

M. D.

(Address)

222 Washington St.

Date March 19 1937

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

March 14

1937

22 NAME OF

UNDERTAKER

ADDRESS

Received and filed March 13 1937

(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 ascertained. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not engaged in any occupation may be returned as AT SCHOOL, or AT HOME. For a person whose only occupation was that of home housework, write a HOUSEWORK. In answer to Question 8 and OWN HOME in answer to 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, 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, asphyxia, ashtenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 in the usual form for the removal of such body has, been sooner 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 for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish 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. (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 of whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, although disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 lacerations, contusions, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



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

(City or town making return)

Registered No. 65

1 PLACE OF DEATH
(County)
(City or Town)
No. St. Ward {

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

2 FULL NAME Susan S. Tyler Streeter
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 19 State Drive St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

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)

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 90 Years 7 Months 10 Days If less than 1 day Hours Minutes

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

12 BIRTHPLACE (City) (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. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Mar 16/37 (Date of Issue of Permit)

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

19 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937, to March 13, 1937.

I last saw h. alive on March 13, 1937, 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:

Carcinoma of Stomach, 4 yrs. 1936
Intestine

Contributory causes of importance not related to principal cause:

Name of operation home Date of What test confirmed diagnosis? Abdominal Was there an autopsy? No

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

If so, specify (Signed) Raymond S. Carter, M. D. (Address) Waltham, Mass. Date March 15, 1937.

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

DATE OF BURIAL 1937

22 NAME OF UNDERTAKER Richard H. White ADDRESS

Received and filed. 19

A TRUE COPY, ATTEST:

(Registrar)

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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. Run out the particular kind of work done and return that, as *spinner, weaver, etc.*
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, electrical engineer, stationary engine, 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 *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.
- Statement 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, asphyxiation, etc. A principal cause means a cause, as related causes, and any important complication, if any, related to the principal cause. Under contributory causes of the principal cause. Under contributory causes of importance not related to principal cause, name other 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.

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

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

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

RULES OF PRACTICE

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



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 66

 PLACE OF DEATH
 1 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 207 Winthrop St.

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

2 FULL NAME Mervie Conner Brown

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

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

(a) Residence. No. 207 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 37 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 Kilburn C. Brown
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

 7 AGE 63 Years 11 Months 25 Days
 If less than 1 day
 Hours Minutes

 OCCUPATION
 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home keeper
 10 Date deceased last worked at this occupation (month and year) Feb. 10, 1937
 11 Total time (years) spent in this occupation 38

 12 BIRTHPLACE (City) North Wayne
 (State or country) Maine

13 NAME OF FATHER Charles M. Conner

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

15 MAIDEN NAME OF MOTHER Emily M. Allen

 16 BIRTHPLACE OF MOTHER (City) Unable to obtain
 (State or country) Maine

 17 Informant (Address) Kilburn C. Brown (husband)
 207 Winthrop St.

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

William D. Childress

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)Mar. 16/37
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

 18 DATE OF DEATH March 15 1937
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Mar. 5, 1937, to Mar. 15, 1937

I last saw him alive on Mar. 15, 1937, death is said to have occurred on the date stated above, at 12:00 P. M.

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

Broncho-pneumonia Mar. 10 1937

Contributory causes of importance not related to principal cause: Chronic Nephritis about 1934

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) E. C. Brown M. D.
 (Address) East Boston, Mass. Date Mar. 1937

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

DATE OF BURIAL March 17, 1937 19

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

Received and filed. 19

A TRUE COPY, ATTEST:

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

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

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

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

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

(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.

CAUSE OF DEATH in plain terms, so 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. 2045

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

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

(a) Residence. No. 57 Marshall St. Winthrop St., Ward, (If nonresident, give city or town and state)

Length of residence in place or town 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 (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 68 Years 11 Months 22 Days If less than 1 day Hours Minutes

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

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

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

12 BIRTHPLACE (City) Cape Breton (State or country) Nova Scotia

13 NAME OF FATHER Daniel Sullivan

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

15 MAIDEN NAME OF MOTHER Mary Pringle

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 13 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from March 13 1937, to March 16 1937. I last saw him alive on March 16, 1937, death is said to have occurred on the date stated above, at 10:30 AM.

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

Contributory causes of importance not related to principal cause:

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Date 3/11 1937

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

DATE OF BURIAL March 14 1937 19

22 NAME OF UNDERTAKER Address 115 Winthrop St. Winthrop

17 Informant (Address) 57 Marshall 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 P. Chedoke (Signature of Agent of Board of Health or other)

Agent (Official designation) Mar 18/37 (Date of issue of permit)

Received and filed MAR 14 1937 19 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known, and that the occupation of a formerly persecuted and to yoke, avoided. If the occupation had been long unaltered, the cause of the disease causing death report the occupation to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

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 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 more precise statement of 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, asfhenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not 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, apoplexy, 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 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>.....	1915
<i>Chronic interstitial nephritis</i>.....	1921
<i>Cerebral hemorrhage</i>.....	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen 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 exhum a human body and remove it from town to town, from a cemetery to another, or from one grave or tomb to another, than the receiving tomb to which the same cemetery, until he has received a permit from the board of health or its agent stored in or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by a satisfactory original informant, by a satisfactory certificate of the case of an 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, his certificate is insufficient by a physician who is a board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician, and such certificate, if caused by violence to the medical examiner, shall make such certificate, if from 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 recita, as required by the section ten of chapter forty-six, that 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

certificates, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 1901 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, Chab. 38, Sec. 6.*

.....He shan 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.—*Genl. Laws, Chap. 38, Sec. 7.*

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

RULES OF PRACTICE

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

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

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

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

Very item of information should state 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

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

Registered No. 68

No. 15 Wheelock St.

St.,

Ward

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

2 FULL NAME WILLIAM F. GOODWIN

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

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 15 Wheelock 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)

Male

White

MARRIED

WIDOWED

or DIVORCED Married

6a If married, widowed, or divorced

HUSBAND of

Pinnery

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

17

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.

Millinery

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

May

1935

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

(State or country)

Waltham

Mass

13 NAME OF FATHER

John Goodwin

14 BIRTHPLACE OF FATHER (City)

(State or country)

Waltham

Mass

15 MAIDEN NAME OF MOTHER

Julie A. McCarthy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston

Mass

17

Informant (Address)

William F. Goodwin

Relation, if any

(Address) 15 Wheelock 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

(Official designation)

Mar 17/37

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March 16 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from March 7 1937, to March 16, 1937.

I last saw him alive on March 14, 1937, 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:

Coronary Thrombosis 1934

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Chronic hypertension
+ atherosclerosis 1930

Name of operation Radical Date of What test confirmed diagnosis? Clear Was there an autopsy? No

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

If so, specify

(Signed) Daniel J. O'Brien M. D.

(Address) W. Winthrop Date Mar 18, 1937

21 Winthrop Cemetery

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 1937

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS

Received and filed 1937

(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, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 of other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health, its agent at resale or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk of the town where the body is buried a satisfactory statement defining 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 a returned by law, or in lieu thereof a certificate as hereinbefore 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 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. (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 the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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

Sm-2-30, No. 7997-g



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

69

Registered No.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 49 Quincy Ave Winthrop St., Ward {

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

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

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

(a) Residence. No. 49 Quincy Ave Winthrop St., Ward,

(Usual place of abode) 28
Length of residence in city or town 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 Amelia Jane Taylor (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 X Months 30 Days If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	Stereotyper	
OCCUPATION	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	Newspaper office	
OCCUPATION	10 Date deceased last worked at this occupation (month and year) Feb. 1937	
	11 Total time (years) spent in this occupation. 40	

PARENTS	12 BIRTHPLACE (City) East Boston (State or country) Massachusetts
	13 NAME OF FATHER Willard Hall Hodgkins
	14 BIRTHPLACE OF FATHER (City) Newburyport (State or country) Massachusetts
	15 MAIDEN NAME OF MOTHER Mary Freeman
PARENTS	16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Massachusetts

17 Informant Willard Hall Hodgkins Jr.
(Address) 49 Quincy 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:

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

Agent Mar 19/37
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH	March 17 - 1937 (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.)

Asphyxia, Postmortal:
Recent Fracture Base of Skull
Recent Lacerations of Brain
Fresh Scalp Wound
Found dead in his bed room floor

Presumably accidental
Struck by auto Feb-24-1937
Pedestrian
(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Boston & Winthrop
(Signed) J. M. S. S. M. D.
(Address) Boston March 18 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL March 20, 1937 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed Mar. 19, 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 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

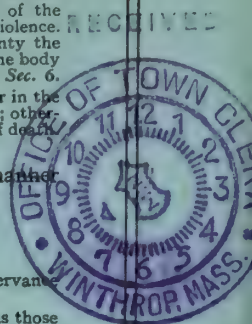
Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture 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



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF L in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156E

PLACE OF DEATH		Suffolk (County) Winthrop (City or Town)		No. Winthrop Community Hosp. St., Ward		Registered No. 70	
1		2 FULL NAME Baby Girl W. Win		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran specify WAR)	
(a) Residence. No. 179 Putnam St., Ward, East 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 2 days		How long in U.S., if of foreign birth?		years months days	
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH	
3 SEX F.		4 COLOR OR RACE W.		5 SINGLE MARRIED WIDOWED or DIVORCED Single		18 DATE OF DEATH March 17, 1937	
5a If married, widowed, or divorced HUSBAND of		(Give maiden name of wife in full)		(or) WIFE of		(Husband's name in full)	
6 IF STILLBORN, enter that fact here.		7 AGE Years Months 2 Days		If less than 1 day Hours Minutes		19 I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1937, to Mar. 17, 1937	
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)		I last saw her alive on Mar. 17, 1937, death is said to have occurred on the date stated above, at 12:25 a.m.	
11 Total time (years) spent in this occupation.		12 BIRTHPLACE (City) East Boston		(State or country)		The principal cause of death and related causes of importance in order of onset were as follows:	
13 NAME OF FATHER Edward W. Win		14 BIRTHPLACE OF FATHER (City) East Boston Mass		(State or country)		Contributory causes of importance not related to principal cause:	
15 MAIDEN NAME OF MOTHER Mary Noble		16 BIRTHPLACE OF MOTHER (City) East Boston Mass		(State or country)		Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....	
17 Informant Mrs. Mary Noble (Address) 55 Coll St Jamaica Plain		18 DATE OF BURIAL March 18, 1937		21 Place of Burial, Cremation or Removal St. Michael's Boston		22 NAME OF UNDERTAKER R. C. Kirby	
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) 3/18/37		Received and filed..... 19.....	

ATTEST COPY ATT

(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 For a woman whose only occupation was that of home housework, write to HOUSEWORK in answer to Question 8 and OWN AND WORK in answer to 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., COTTON MILL, etc.
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, 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 which has been appointed to issue such permits; or if there is no such board, then the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the case of the cemetery or burial ground in which the interment 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. 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 which has been appointed to issue such permits; or if there is no such board, then the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the case 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 of a physician is absent from home when the certificate of death is received.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by transmitted (fracturing) injury, capital and by the action of chemical (poisoning), thermal, electrical agents and deaths following abortion but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1. B. WHITE PLAIN, WITH OR WITHOUT BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should 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.

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. 71

No. 191 Woodside St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 191 Woodside St., Ave. Ward. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 years months days. How long in U.S., if of foreign birth? 35 years months 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 (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.

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Lazar Silverman

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

15 MAIDEN NAME OF MOTHER Fannie Gumpel

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

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:

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

Agent (Official Designation) (Date of Issue of Permit) Mar. 18/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 17 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1935, to March 17, 1937.

I last saw him alive on March 17, 1937, 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:

Chronic Lymphatic Leukemia
Terminal Bronchopneumonia

Date of Onset
IMPORTANT
Late Jan. 37
March 16, 37

Contributory causes of importance not related to principal cause:

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

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

If so, specify

(Signed) Abraham Grinsberg M. D.

(Address) 90 Central St. E.B. Date Mar 17 1937

21 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed 19

MAR 19 1937
(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, 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 "laborer" 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, asphyxia, asthma, 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish or registration a standard certificate of death, stating to the best of his knowledge, and under the hand of the deceased, his supposed age, the disease of which he died, the date of death, the date of onset, the last seen alive by the physician or officer and the date of his death. *GEN. LAWS, Chap. 46, Sec. 9*

Undertaker.—An undertaker shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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. *GEN. LAWS, 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 those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** 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.

B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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 notified 4, 8, 37

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)
Dorchester (City or Town)
No. 121throp Community Block

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

(a) Residence. No. 167 Lexington St., 1 Ward, East Boston
(Usual place of abode)

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

(If U. S. War Veteran, specify WAR)
(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Br. 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 2 Months 2 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) Dorchester (State or country) Mass.

13 NAME OF FATHER Thomas St. Whit

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

15 MAIDEN NAME OF MOTHER Mary Simonson

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

17 Informant (Address) Thos St. Whit Father 167 Lexington St. Et B

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

Wm. F. Quiddress, Jr. (Signature of Agent of Board of Health or other Health Officer) 3/23/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH MARCH 21, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 20, 1937, to March 21, 1937

I last saw her alive on March 21, 1937, death is said to have occurred on the date stated above, at 9 P. M.

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

Cerebral Hemorrhage 3/20/37

Contributory causes of importance not related to principal cause: Hemorrhagic disease of the newborn 3/20/37

Prematurity

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. Nathan Cullen, M. D. (Address) 56 Lincoln St. Et B Date 3/21/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels Cemetery (City or town) East Boston

DATE OF BURIAL Mar 23 1937

22 NAME OF UNDERTAKER R. C. Kirby

ADDRESS East Boston

Received and filed 19

MAR 26 1937 (Registrar)

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 body of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

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

Example

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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: will certify to such deaths only as those of persons to whom they have given bedside care during a last illness 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 disability by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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-9-9-31. No. 148C-g



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 { Rutland (City or town making return)
Registered No. 43
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Reese
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 81 Fremont St., Ward, Winthrop, Mass.
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 6 mos. 6 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED 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 27 Years 8 Months 25 Days If less than 1 day _____ Hours _____ Minutes

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

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

13 NAME OF FATHER John Reese

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

15 MAIDEN NAME OF MOTHER Mary Quinn

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

17 Informant State Sanatorium Records
(Address) Rutland, Mass.

A TRUE COPY.

ATTEST: Louis M. Hauff
(Registrar of city or town where death occurred)

DATE FILED March 23, 1937

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 23, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 17, 1935 to March 23, 1937
I last saw her alive on March 23, 1937, death is said to have occurred on the date stated above, at 2:05 P.M.

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

Pulmonary tuberculosis June, 1928

Contributory causes of importance not related to principal cause:

None

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

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

If so, specify Unknown
(Signed) R. Delphina McCarthy, M. D.
(Address) Rutland State Sanatorium Date 3/23/37

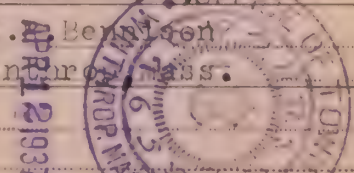
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop, Mass.
(Cemetery) (City or town)

DATE OF BURIAL March 25, 1937 19

22 NAME OF UNDERTAKER C. B. Benson
ADDRESS Winthrop, Mass.

Received and filed

19





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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATHRegistered No. **74**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. **275 River Rd**

St. Ward {

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

2 FULL NAME

Minnie Brockman

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

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

(a) Residence. No.

275 River 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

1 yrs.

mos.

days.

How long in U. S., if of foreign birth? 45 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name if in full)
Abraham Brockman

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

62

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Housewife

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

at home

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

June '36

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

(State or country)

Poland

13 NAME OF FATHER

Isaac J. Josephson

14 BIRTHPLACE OF FATHER (City)

(State or country)

Poland

15 MAIDEN NAME OF MOTHER

Anna Rose (unknown)

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Poland

17

Informant (Address)

Muriel Brockman
275 River Rd.

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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

27

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Jan. 1936 to March 27, 1937.

I last saw her alive on March 24, 1937, death is said

to have occurred on the date stated above, at 7:45 A. M.

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

Date of Onset

Carcinoma of colon
(sigmoid)

? April 1936

Contributory causes of importance not related to principal cause:

Name of operation: exploratory

Date of June 2, 1936

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)

Henry Baker

M. D.

(Address)

46 S. Beacon St.

Date Mar 27, 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Burial, Mount W. Rep

DATE OF BURIAL

March 27, 1937

(City or town)

22 NAME OF UNDERTAKER

J. H. Brown

ADDRESS

374 Washington St.

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 other 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 *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, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, C. 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 the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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



Melrose

(City or town making return)

75

Registered No.

PLACE OF DEATH

Middlesex
(County)Melrose
(City or Town)

No. Melrose Hospital

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

2 FULL NAME Bertha Mary Drury (Messenger)

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

(a) Residence. No. 63 Loring Road 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. 19 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 Adelbert N. Drury
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 31 Years 5 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.	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) March 1937	11 Total time (years) spent in this occupation 1

12 BIRTHPLACE (City) Argyle Sound, Yarmouth
(State or country) Nova Scotia

13 NAME OF FATHER Lorenzo Messenger

14 BIRTHPLACE OF FATHER (City) Argyle Sound, Yarmouth
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Katherine Fleming

16 BIRTHPLACE OF MOTHER (City) Shelbourne City
(State or country) Nova Scotia17 Informant Adelbert N. Drury
(Address) 63 Loring Road, Winthrop

A TRUE COPY.

ATTEST: Raymond H. Grosvenor
(Registrar of city or town where death occurred)

DATE FILED April 5, 1937

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 31, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 31, 1937, 19

I last saw her alive on March 31, 1937, 19, death is said to have occurred on the date stated above, at 6 P. m.

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

Typhoid Fever 3/2/37 Date of onset

Contributory causes of importance not related to principal cause:

Hypostatic Pneumonia 3/30/37

Name of operation Widal Stool Culture no
What test confirmed diagnosis? Was there an autopsy?

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

If so, specify Edward G. Thorp
(Signed) Melrose, Mass. Date 4/31/37 M. D.
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL Green Grove, Yarmouth, N. S.
(City or town)

DATE OF BURIAL April 5, 1937 19

22 NAME OF UNDERTAKER A. E. Long & Son Inc.,
ADDRESS Malden, 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

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Evangeline Booth Hospital St., Ward {

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

2 FULL NAME Baby Daly

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

(a) Residence. No. 26 Beacon

St., Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(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

3

Hours

Minutes

OCCUPATION

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

9 Industry or business in which work was done, as milk 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

Francis Daly

14 BIRTHPLACE OF FATHER (City)

Holyoke

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Isabel T Flynn

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

17

Informant (Address)

Francis Daly (Father)

26 Beacon St., Winthrop

A TRUE COPY

Heida Hedstrom Quirk

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

3-1-37

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. 2260

76

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

(If U. S.

War Veteran,

specify WAR)

St., Winthrop

(If nonresident, give city or town and state)

yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb

24

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

2-24-37

, 19

to

2-24-37

, 19

I last saw him alive on 2-24-37, 19

to have occurred on the date stated above, at 7:02 P.

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

Prematurity

2-24-37

Date of onset

(6½ months)

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

D. I. Levine

M. D.

(Signed)

202 W Newton St

Date 2-24-37

(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop-Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

2-27-37

1935

22 NAME OF UNDERTAKER

Kirby Bros.

ADDRESS 170 Winthrop St., Winthrop

Received and filed 1935

(Registrar of City or Town where deceased resided)



PLACE OF DEATH

SUFFOLK
(County)BOSTON
(City or Town)

No. en route to Mass Gen Hospt. St.,

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2218

2 FULL NAME

Jane Martineau

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

(a) Residence. No.

52 Bartlett Road

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)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edmond Martineau

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

57

Years

Months

Days

If less than 1 day

Hours

Minutes

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

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)

--

11 Total time (years)
spent in this
occupation

--

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

13 NAME OF
FATHER

Fergus White

14 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME
OF MOTHER

Margaret F Shannon

16 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

17

Informant
(Address)

Elizabeth Burns (Sister)

52 Bartlett Rd, Winthrop

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

2/27/37

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Feb

24

1937

(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

Diabetes Mellitus

Collapsed while on way to Hospital

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)

Wm J Brickley

Boston

Date 2/24/37 M. D.

22 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross-Malden

(Cemetery)

(City or town)

DATE OF BURIAL

2/27/37

19

23 NAME OF
UNDERTAKER

R C Kirby

ADDRESS

East Boston

Received and filed

19

(Registrar of City or Town where deceased resided)





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

SUFFOLK
(County)

BOSTON
(City or Town)

BOSTON

(City or town making return)

Registered No. 2635

1 PLACE OF DEATH

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

HARBOR

2 FULL NAME DAVID M. GEHRKEN

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

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

(a) Residence. No. 92 BOWDOIN

(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 MARGARET BELLUEAN
(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 10 Months 28 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DRIVER
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. TRUCKING
10 Date deceased last worked at this occupation (month and year) 3-137 11 Total time (years) spent in this occupation 5

12 BIRTHPLACE (City) WINTHROP
(State or country)

13 NAME OF FATHER CHRISTIAN GEHRKEN

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

15 MAIDEN NAME OF MOTHER JULIA OLSEN

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

17 Informant MRS M B GEHRKEN (WIFE)
(Address) 92 BOWDOIN ST WINTHROP

A TRUE COPY Attest: *Nelda Hedstrom Quirk*
(Registrar of city or town where death occurred)

DATE FILED MAR 11 19 37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH MAR 6 1937
(Month) PROBABLY (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)

EXPOSURE AFTER IMMERSION

PRESUMABLY ACCIDENTAL

FOUND DEAD ON APPLE ISLAND BOSTON

HARBOR

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide? Date of injury 19 37

Where did injury occur? BOSTON
(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 W J BRICKLEY, M. D.
(Signed) BOSTON Date 3/7 19 37
(Address)

22 PLACE OF BURIAL, CREMATION OR REMOVAL WOODLAND ME
(Cemetery) (City or town)
DATE OF BURIAL MAR 11 19 37

23 NAME OF UNDERTAKER R H WHITE
ADDRESS WINTHROP

Received and filed 10

(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 DEATH



BOSTON

(City or town making return)

Registered No. 269279

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. BETWEEN APPLE ISLAND & St., Ward {

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

2 FULL NAME ARTHUR WILLIAM KNUDSON

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

(a) Residence. No. 72 FREMONT

(Usual place of abode)

St., Ward, WINTHROP

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

MARRIED

5a If married, widowed, or divorced

HUSBAND of EVELYN DEANGELIS

(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 1 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.

DRIVER

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

TRUCK

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

3-137

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) WINTHROP

(State or country)

13 NAME OF FATHER

THOMAS R KNUDSON

14 BIRTHPLACE OF FATHER (City)

(State or country) NORWAY

15 MAIDEN NAME OF MOTHER

CHRISTFOE GEHRKEN

16 BIRTHPLACE OF MOTHER (City)

(State or country) NORWAY

17

Informant (Address)

MRS T R KNUDSON (MOTHER)

41 ENSFIELD RD WINTHROP

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

MAR 12

1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

MAR (Month)

6 (Day)

1937 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

DROWNING PRESUMABLY ACCIDENTAL SAID TO HAVE BEEN IN A SMALL BOAT WHICH SANK IN BOSTON HARBOR NEAR APPLE ISLAND 3/6/37

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,
Suicide or
Homicide?

Date of injury 1937

Where did

injury occur? ? BOSTON

(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

W J BRICKLEY

(Signed)

(Address) BOSTON

Date 3/9 1937

22 PLACE OF BURIAL, CREMATION OR REMOVAL WINTHROP

(Cemetery)

WINTHROP

(City or town)

DATE OF BURIAL MAR 12

1937

23 NAME OF UNDERTAKER

R H WHITE

ADDRESS

WINTHROP

Received and filed 1937

(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 DEATH

SUFFOLK
(County)

BOSTON
(City or Town)

BOSTON

(City or town making return)

Registered No. 2736

PLACE OF DEATH

No. BETWEEN APPLE ISLAND & St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

WINTHROP

EDWARD J DROMGOOLE

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

(a) Residence. No. 92 BOWDOIN

(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 BETTY MEUSE
(Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 25 Years Months Days If less than 1 day Hours Minutes

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

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

10 Date deceased last worked at this occupation (month and year) 3-137 11 Total time (years) spent in this occupation 5

12 BIRTHPLACE (City) ROXBURY
(State or country)

13 NAME OF FATHER WILLIAM DROMGOOLE

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

15 MAIDEN NAME OF MOTHER MARY K McNULTY

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

17 Informant W DROMGOOLE (FATHER)
(Address) 83 EVANS ST MEDFORD

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

MAR 13

19 37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH MAR 6 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

DROWNING

PRESUMABLY ACCIDENTAL

SAID TO HAVE BEEN IN A SMALL BOAT WHICH
SANK IN BOSTON NEAR APPLE ISLAND
3/6/37

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide? Date of injury 19

Where did injury occur? ? BOSTON

(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

Date 3/9 1937 M.D.

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

DATE OF BURIAL MAR 12 1937

23 NAME OF UNDERTAKER S ROCCO

ADDRESS EVERETT

Received and filed 19

(Registrar of City or Town where deceased resided)



tion should be carefully supplied. AGE should be 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-g

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



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

BOSTON
(City or town making return)

81

Registered No. 2645

No. BOSTON STATE HOSP St., Ward

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

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

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

(a) Residence. No. 204 WASHINGTON AV St., Ward, WINTHROP
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10 Date deceased last worked at this occupation (month and year) 12-'36 11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) BOSTON (State or country)

PARENTS 13 NAME OF FATHER -
14 BIRTHPLACE OF FATHER (City) - (State or country)
15 MAIDEN NAME OF MOTHER -
16 BIRTHPLACE OF MOTHER (City) - (State or country)

17 Informant J F LALLY (HUSBAND)
(Address) 204 WASHINGTON AV WINTHROP

A TRUE COPY
ATTEST: *Heidi Hedstrom Quirk*
(Registrar of city or town where death occurred)

DATE FILED MAR 11 1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH MAR 8 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from FEB 24 1937 to MAR 8 1937
I last saw her alive on MAR 7 1937, death is said to have occurred on the date stated above, at 4:45a.

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

ACUTE ENDOCARDITIS WITH INFLUENZA 3/31/37

Contributory causes of importance not related to principal cause: PREVIOUS CHRONIC ENDOCARDITIS TO 1935
PSYCHOSIS MANIC DEPRESSIVE MANIC PHASE

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 G TRYON, M. D.
(Signed) BOSTON STATE HOSP Date 3/8 1937
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL CALVARY WALTHAM
(Cemetery) (City or town)
DATE OF BURIAL MAR 10 1937

22 NAME OF UNDERTAKER R C KIRBY
ADDRESS 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. Exact statement of OCCUPATION is very important.

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



Lowell
(City or town making return) 32
Registered No. 146

PLACE OF DEATH

Middlesex
(County)
Lowell
(City or Town)

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

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

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

(a) Residence. No. 29 Shirley St., Ward, Northrop 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. few days. How long in U. S., if of foreign birth? 19 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 March 30 1937
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from March 28 1937, to March 30 1937

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

I last saw him alive on March 30 1937, death is said to have occurred on the date stated above, at.....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 49 Years Months Days If less than 1 day Hours Minutes

Cardio-Vascular (Cerebral) Disease Date of onset

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

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

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

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) (State or country) Greece

13 NAME OF FATHER Elias Dotis

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

15 MAIDEN NAME OF MOTHER Payana Athanadopoulos

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

17 Informant (Address) 29 Shirley St. Northrop Mass.

A TRUE COPY
ATTEST (Registrar of city or town where death occurred)

DATE FILED April 11 1937

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 Howard St. Lowell (Signed) Lowell Mass. Date 3 30 1937 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Northrop (Cemetery) Northrop (City or town) DATE OF BURIAL April 4 1937

22 NAME OF UNDERTAKER Arthur C. Kasiotis ADDRESS Boston Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

PHYSICIANS should state EXACTLY. 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.

83

Book 42
July 1

Registered No. 2191

(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)

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

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED (write the word)

Female White

WIDOWED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Waldo Guidi Buttrini

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

61 Years

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)

Viareggio, L. Italy

13 NAME OF FATHER

Luigi Malfatti Guidi

14 BIRTHPLACE OF FATHER (City)

(State or country)

L. Italy

15 MAIDEN NAME OF MOTHER

Assunta Malfatti

16 BIRTHPLACE OF MOTHER (City)

(State or country)

L. Italy

17

Informant

(Address)

Waldo Guidi Buttrini

Relation, if any

34 Girdlestone Rd. Waltham

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

Wm. L. Clark

Health Officer

(Date of Issue of Permit)

18 DATE OF DEATH

March 31, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

November 16, 1936 to March 30, 1937

I last saw her alive on March 30, 1937, 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:

Carcinoma of rectum

Date of Onset

IMPORTANT

1936

Contributory causes of importance not related to principal cause:

General carcinomatosis

1937

Excision of tumor

Name of operation

Colectomy

What test confirmed diagnosis

Lab

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

No

If so, specify

(Signed)

(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

(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, when same was contracted, the direction of his last illness, when last seen alive by the physician, the officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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., (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 house 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, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carriage 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>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.

N. B.—WRITE FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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

Hampden

(County)

Monson

(City or Town)

No. Monson State Hospital

St.,

Ward

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

2 FULL NAME

Annie Dunham

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

(a) Residence. No. 36 Meyers

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 29 yrs. 2 mos. 11 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 52 Years 5 Months 20 Days

If less than 1 day

Hours Minutes

OCCUPATION

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

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

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF FATHER

Charles M. Dunham

14 BIRTHPLACE OF FATHER (City)

Yarmouth

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Mary A. Murray

16 BIRTHPLACE OF MOTHER (City)

Dublin

(State or country)

Ireland

17

Informant (Address)

Monson State Hospital records

A TRUE COPY.

ATTEST:

Frederic D. Ball

(Registrar of city or town where death occurred)

DATE FILED

April 2,

19 37

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Monson

(City or town making return)

Registered No. 81

Ward

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

(If U. S.

War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 1,

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 1,

1934, to

April 1,

19 37

I last saw her alive on April 1, 19 37, death is said

to have occurred on the date stated above at 3:10 a.m.

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

Date of onset

Pulmonary edema

1906

Pulmonary edema

4/1/37

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) Samuel O. Miller

M. D.

(Address) Palmer, Mass.

Date 4/3 19 37

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Anthrop, Anthrop

(Cemetery)

(City or town)

DATE OF BURIAL

April 2

19 37

22 NAME OF UNDERTAKER

J. J. Henderson & Co.

ADDRESS

Everett

Received and filed

MAY 5 1937

19

(Registrar of City or Town where deceased resided)

R-301A
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.

100m 12-25 No. 6156F

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 279 River Road		St., Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 85															
2 FULL NAME		James Lunney (If deceased is a married, widowed or divorced woman, give also maiden name.)										(If U. S. War Veteran specify WAR)															
(a) Residence.		No. 279 River Road		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														MEDICAL CERTIFICATE OF DEATH													
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married										18 DATE OF DEATH		april 2 1937 (Month) (Day) (Year)											
Male		White												19 I HEREBY CERTIFY, That I attended deceased from		July 1 1936 to April 2 1937											
5a If married, widowed, or divorced		HUSBAND of Elizabeth Callahan (Give maiden name of wife in full)										I last saw h. alive on April 2 1937, death is said		to have occurred on the date stated above, at 11:20 AM.													
(or) WIFE of		(Husband's name in full)										The principal cause of death and related causes of importance in order of onset were as follows:		Date of Onset IMPORTANT 1936-													
6 IF STILLBORN, enter that fact here.												Contributory causes of importance not related to principal cause:		3 days													
7 AGE		73		Years		Months		Days		if less than 1 day Hours Minutes		Name of operation		Date of													
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Retired										What test confirmed diagnosis?		Was there an autopsy? No													
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		U. S. Mail										20 Was disease or injury in any way related to occupation of deceased?		No													
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation 40										If so, specify Edward J. Franzen, M. D. (Signed) 200 Washington Ave. Date April 2, 1937 (Address)															
12 BIRTHPLACE (City) (State or country)		Rutland, Vermont.										21 Southview North Adams Mass Place of Burial, Cremation or Removal (City or Town)		DATE OF BURIAL April 5 1937													
13 NAME OF FATHER		Thomas Lunney										22 NAME OF UNDERTAKER John H. O'Malley Address Boston, Massachusetts U.S.		Received and filed April 5 1937 (Registrar)													
14 BIRTHPLACE OF FATHER (City) (State or country)		Ireland																									
15 MAIDEN NAME OF MOTHER		Margaret Flynn																									
16 BIRTHPLACE OF MOTHER (City) (State or country)		Ireland																									
17 Informant (Address)		Elizabeth Lunney (Wife) 279 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:																											
(Signature of Agent of Board of Health or other)																											
(Official Designation)																											
(Date of Issue of Permit) 4/3/37																											

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. 24 River Road, Winthrop, Mass.



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. 86

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

(a) **Residence. No.** 24 River **St.,** Winthrop **Ward,** Winthrop
(Usual place of abode) (If nonresident give city or town and state)

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

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

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 George Beebe
(Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years. _____ Months. _____ Days. If less than 1 day
Hours. _____ Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) April 1937

11 Total time (years) spent in this occupation. _____

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER Michael Beebe

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

15 MAIDEN NAME OF MOTHER Elizabeth

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

17 Informant (Address) Winthrop, Mass.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5, 1937
(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.)

Cent. Cardiac Degeneration - said to have collapsed suddenly at home.

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) George S. Leary, M. D.
(Address) Box 100, Winthrop Date 4/5 1937

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

DATE OF BURIAL _____ 1937

22 NAME OF UNDERTAKER _____

ADDRESS _____

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

(Signature of Agent of Board of Health or other) _____
(Official Designation) _____ (Date of Issue of Permit) 1937

Received and filed APR 24 1937 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 **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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 2038-e

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

88

STANDARD
CERTIFICATE OF DEATH

Registered No.

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Fort Banks Hosp.

St. Ward {

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

2 FULL NAME ARTHUR RUSSELL WAITE

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

(a) Residence. No. Fort Andrews

(Usual place of abode)

St. Ward Boston Harbor Mass

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Stillborn

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)

Fort Banks, Winthrop,

(State or country)

Massachusetts

13 NAME OF
FATHER

Arthur Francis Waite

14 BIRTHPLACE OF
FATHER (City)

Malden, Massachusetts

(State or country)

Mass.

15 MAIDEN NAME
OF MOTHER

Florence May DeSimone

16 BIRTHPLACE OF
MOTHER (City)

Boston, Massachusetts

(State or country)

Mass.

17

Informant
(Address)

Arthur F. Waite

Relation, if any

(Father)

Fort Andrews, Boston Harbor, 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 or Board of Health Officer)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

APRIL

13th

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

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

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

to have occurred on the date stated above, at 11:12 AM

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

Mal presentation, right occipitate

posterior

STILLBORN. Dystocia

Date of Onset

Apr 11/37

Apr 11/37

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

If so, specify

(Signed)

John J. Crawford, Capt, MC

M. D.

(Address)

Fort Banks, Mass

Date April 13, 1937

21 PLACE OF BURIAL

Deer Island Cemetery (a)

(Cemetery)

(City or town)

DATE OF BURIAL April 14

1937

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.

- Gen. Laws, Chap. 46, Sec. 9.**
- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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.*

(a) Harbor Defenses of Boston, U.S. Army, Boston, Harbor, Boston, Mass.

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 **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 disease agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation; the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1. Write 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 89

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 139 Revere StSt. _____ 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 BRIDGET L. (DEBODY) McDONALD
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 139 Revere 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Married (write the word)
MARRIED Widowed
or DIVORCED Widowed18 DATE OF DEATH April 16 1937
(Month) (Day) (Year)6a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)19 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1936, to April 16, 1937(or) WIFE of _____
(Husband's name in full)I last saw h. alive on April 15, 1937, death is said

6 IF STILLBORN, enter that fact here.

to have occurred on the date stated above, at 6 A.M.7 AGE 66 Years _____ Months _____ 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:8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Longtime
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) 36 11 Total time (years)
spent in this
occupation 35myocarditis H 10

Contributory causes of importance not related to principal cause:

Chronic arthritis12 BIRTHPLACE (City) _____
(State or country) Ireland13 NAME OF FATHER Richard DeBoddy14 BIRTHPLACE OF FATHER (City) _____
(State or country) Ireland15 MAIDEN NAME OF MOTHER Cannot be learned16 BIRTHPLACE OF MOTHER (City) _____
(State or country) Ireland17 Informant (Address) _____ Relation, if any
(Address) _____Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? h20 Was disease or injury in any way related to occupation of deceased? hIf so, specify _____
(Signed) P. J. O'Malley M. D.
(Address) Winthrop Date 4/17 1937

21 Place of Burial, Cremation or Removal (City or Town) _____

DATE OF BURIAL _____ 193722 NAME OF UNDERTAKER John J. O'Malley

ADDRESS _____

Received and filed _____ 1937APR 20 1937
(Registrar)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/17/37 (Date of Issue of Permit)

Statement of occupation.—Precise statement of occupation, very important, so that the relative healthfulness of various pursuits can be ascertained. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the illness prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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.

Unpack carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, MILLWRIGHT, etc. Do not include RETAIL MERCHANTS AND WHOLESALE MERCHANTS, and a person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, condition which causes death, nor 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 disease, name not related to principal cause, name other important diseases.

	Date of Onset
Example	1915
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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, or from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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., (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 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 disease 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 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 whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, 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 causes of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1911
<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.

5m-2-30. No. 7997-c

1 PLACE OF DEATH
Suffolk
County
Wentrop
City or Town
No. Wentrop Community Hosp



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.

91

Registered No.

2 FULL NAME James C. Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 43 George St., Wentrop Ward, Wentrop
(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 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 50 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamship 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) April 16, 1937 11 Total time (years) spent in this occupation 16 yrs

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER John Sullivan

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Ellen Clancy

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Alice Sullivan SISTER
(Address) 43 George 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. Sullivan
(Signature of Agent of Board of Health or other)
Health Officer (Date of issue of permit) 4/18/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 16, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Multiple fractures - said
to have been struck by
train in Wentrop
on 4/16/37.

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Wentrop Mass.

(Signed) David L. Dooley M. D.

(Address) 135 London St. E. Boston Date 4/19/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Walden
(Cemetery) (City or town)

DATE OF BURIAL April 20 1937

22 NAME OF UNDERTAKER David L. Dooley

ADDRESS 135 London St. E. Boston

Received and filed..... 19

APR 20 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 **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

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, 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 condition, which causes death, nor the mode of dying, i. e., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if at all related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	Date of Onset
.....	1915
<i>Chronic interstitial nephritis</i>	
.....	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second Cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, 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 is hereafter provided by the board of health, or its agent, the person, his certificate cannot be attending physician, or if, for sundown reasons, his certificate cannot be obtained, then enough of the board of health, or its agent, or by the selection of the attending physician, shall, on 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, as served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (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 the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 **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.**

Suffolk

(County)

Winthrop

(City or Town)

No. 63 Chester Avenue

St.

Ward



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

93

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Gold Grant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 63 Chester Avenue

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 51 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 Phyllis McLeod

(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 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.	Proprietor
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Hardware Store
	10 Date deceased last worked at this occupation (month and year)	April 1937

11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

13 NAME OF FATHER Duncan Grant

14 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Matilda Gold

16 BIRTHPLACE OF MOTHER (City) Liverpool
(State or country) Nova Scotia17 Informant Mrs. Phyllis M. Grant wife
(Address) 63 Chester Ave Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or cremation permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/20/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 15 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 24, 1937, to April 15, 1937.

I last saw him alive on April 15, 1937, death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Carbuncle of Neck
Thrombophlebitis right arm
by with Pyemia

Mar 24 1937
April 15 1937

Contributory causes of importance not related to principal cause:

Name of operation Exam of Carbuncle Date of Mar 29 1937
What test confirmed diagnosis? Pus from abscess 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 M. D.
(Signed) (Address) Winthrop Mass Date Apr 20 193721 PLACE OF BURIAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL April 20, 193722 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed APR 20 1937

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.

Non-undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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; or give 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
<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:	

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" 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.

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:

- 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, 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.

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 **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.

PHYSICIANS should state CAUSE OF DEATH EXACTLY. PHYSICIANS 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.

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. 94

PLACE OF DEATH

Dorchester

(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 ALEXANDER WILSON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Sea Foam 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 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or 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) Scotland

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:

(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 18 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 16, 1937, to April 18, 1937. I last saw him alive on April 18, 1937, 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:

Chronic Tuberculosis 1925
arteriosclerosis 1930
Chronic myocarditis 1933
Bacterial endocarditis 1936

Contributory causes of importance not related to principal cause:

Date of Onset

IMPORTANT

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) George W. Dickinson, M.D. (Address) Winthrop, Mass Date of April 19, 1937

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER John F. O'Connell

ADDRESS

Received and filed 19

APR 27 1937 (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 workman whose only occupation was that of home or housework, write as follows: 9. For a person engaged in domestic service for wages, 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, MAINTAINER, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important 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>Arteriosclerotic</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 body has been a pioneer in the usual form for the removal of such body, having a permit obtained hereunder. If the removal of such body requires a removal as required by section one of chapter forty-six, that 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 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. (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 **disease 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

(City or town making return)

95

Registered No.

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 Ella T. Stewart (Downey)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 105 Grovers Avenue St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 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 F. Stewart (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 51 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) Feb. 1937 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) New Bedford (State or country) Massachusetts

13 NAME OF FATHER Mauris Downey

14 BIRTHPLACE OF FATHER (City) London (State or country) England

15 MAIDEN NAME OF MOTHER Eileen Pears

16 BIRTHPLACE OF MOTHER (City) London (State or country) England

17 Informant George F. Stewart (husband) (Address) 105 Grovers Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 4/24/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 24 18 37 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3-2-37, to 4-1-37, 1937.

I last saw her alive on 4-1-37, 1937, death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis

Contributory causes of importance not related to principal cause:

Swollen Heart

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 Mt. Auburn Cambridge (City or town)

DATE OF BURIAL April 21, 1937

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, 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., (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 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 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," 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, milliner* 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, related causes, name either 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>	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.

Registered No.

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 Della McGranne
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Beacon St. St. Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

MEDICAL CERTIFICATE OF DEATH

8 SEX F	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED	(write the word) <i>Married</i> <i>Married</i>
------------	--------------------------	---	--

5a If married, widowed, or divorced
HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of JAMES McHANN (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 46 Years 3 Months 23 Days If less than 1 day
AGE Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. *Housework*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Homes*

10 Date deceased last worked at this occupation (month and year) *March*

11 Total time (years) spent in this occupation *5 1/2*

12 BIRTHPLACE (City).....
(State or country).....

13 NAME OF FATHER John M. Smith

14 BIRTHPLACE OF FATHER (City) London
(State or country)

16 MAIDEN NAME OF MOTHER *Marion A. Miller*

16 BIRTHPLACE OF MOTHER (City)
(State or country)

17 Informant *Winifred Wilfong office* (Relation, if any)
(Address) *211 Madison 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) *[Signature]*
(Official Designation) *Health Officer* (Date of Issue of Permit) *4/12/34*

18 DATE OF DEATH April 21 1937.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 16, 1937, to April 21, 1937

I last saw her alive on April 20, 197, death is said
to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

.....	
Cirrhosis of liver	1932

Hypostatic Pneumonia	Apr. 2
----------------------	--------

Contributory causes of importance not related to principal cause:

Name of operation.....None.....Date of.....
What test confirmed diagnosis?.....Was there an autopsy?.....Ye

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify NO

(Signed) Eugenie W. Dickinson, M. D.
(Address) Winthrop Date 4/21 1937

21 *Winstet Cemetery - Winstet Mass*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *April 23rd 1937*

22 NAME OF UNDERTAKER *C. R. Jensen*
ADDRESS *W. 1st St. N. W.*

Received and filed..... 1931 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" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *E. G.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denoted as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it to a town other than one cemetery to another, or from one cemetery to another, or from one cemetery to another, in the same cemetery, until he has received a permit from the board of health or its agent, or its officer or clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to the board of health or clerk, as the case may be, a satisfactory written statement, containing the facts, required by law to be returned and recorded, which shall be accompanied in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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 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 traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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)
Ninth St.
(City or Town)

No. Pleasant Park Yacht Club St. Ward {

2 FULL NAME William Wilson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 1843 Columbus Ave. Boston Ward,
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipyard Yachts Shipperman 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) 1934 11 Total time (years) spent in this occupation 30 yrs

12 BIRTHPLACE (City) (State or country) Nova Scotia

13 NAME OF FATHER Stephen Wilson

14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Adeline Copeland

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant Mrs Charles Garrity (Address) 1712 Center St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

HENRY F. MILEY
(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. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

11-6

(If nonresident give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April - 21 - 1937
(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
Probably Coronary Sclerosis
Chronic Myocarditis
Collapsed & died quietly

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) Wm. V. Buckley, M. D. (Address) Boston April 21 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope (Cemetery) Boston (City or town) DATE OF BURIAL April 23, 1937

22 NAME OF UNDERTAKER Bernard S. McLaughlin ADDRESS 72 Lincoln St & Essex

Received and filed. 19

APR 23 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 undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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) (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

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.

STANDARD
 CERTIFICATE OF DEATH

Registered No. 98

PLACE OF DEATH

Suffolk
(County)

Int'lrop
(City or Town)

No. 282 Main St.

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Nicholas Jones
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
 War Veteran
 specify WAR)

(a) Residence. No. 282 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 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 Married (write the word)

6a If married, widowed, or divorced HUSBAND of Sullivan (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish
 10 Date deceased last worked at this occupation (month and year) 37 11 Total time (years) spent in this occupation. 40

12 BIRTHPLACE (City) Ireland
 (State or country)

13 NAME OF FATHER Nicholas

14 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

15 MAIDEN NAME OF MOTHER Margaret Bennett

16 BIRTHPLACE OF MOTHER (City) Ireland
 (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:

Signature of Agent of Board of Health (or other)

Official Designation

(Date of Issue of Permit) 4/24/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 22, 1937
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec. 28, 1936, to April 22, 1937.
 I last saw him alive on April 21, 1937, death is said to have occurred on the date stated above, at 1:50 p.m.
 The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of the pancreas 1936

Contributory causes of importance not related to principal cause:

Arterio-sclerosis 1932

Name of operation Cholecyst-gastrostomy Date of 5-1-37
 What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Edmund J. Moran M.D.
 (Address) 1164 Huntington St., E.B. Date 4/27/37

21 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL 19

22 NAME OF UNDERTAKER John F. O'Malley
 ADDRESS

Received and filed 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 faintly employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, 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.

REPORT OF REGISTERED HOSPITAL MEDICAL OFFICER shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 provide, such 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 its removal, unless a permit in the usual form, for the removal of such body, has been obtained and returned. If the death certificate containing the facts as required by section ten of chapter forty-six, that 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. (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 the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 **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 **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**.

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. **99**

1 PLACE OF DEATH
Middlesex
(County)
Wintthrop
(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)

(If U. S.
War Veteran
specify WAR)

2 FULL NAME *Marcusina D'Adelio*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *409 Frankfort* St.

(Usual place of abode)

Ward, *East Boston*

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *30* years months days. How long in U.S., if of foreign birth? *35* years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *F* 4 COLOR OR RACE *W* 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word) *Married*

6a If married, widowed, or divorced
HUSBAND of *Messandro D'Adelio*
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *48* Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *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) *Santa Maria, Napoli*
(State or country) *Italy*

13 NAME OF FATHER *Francesco Antonio Maio*

14 BIRTHPLACE OF FATHER (City) *Santa Maria, Napoli*
(State or country) *Italy*

15 MAIDEN NAME OF MOTHER *Filomena Valentino*

16 BIRTHPLACE OF MOTHER (City) *Santa Maria, Napoli*
(State or country) *Italy*

17 Informant (Address) *Alexander D'Adelio (husband)*
409 Frankfort 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 Officer)

(Official Designation)

(Date of Issue of Permit) *4/27/37*

18 DATE OF DEATH *April 25 1937*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *April 12 1937* to *April 25 1937*.

I last saw him alive on *April 25 1937*, 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:

Acute Encephalitis of Head Nails
Acute Cholangitis
Acute Septicemia

Date of Onset *April 11*

Contributory causes of importance not related to principal cause:

Myocarditis

Name of operation *Cholecystectomy* Date of *April 14 1937*
What test confirmed diagnosis? *Microscopic* Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John J. Brennan* M. D.

(Address) *125 Beacon St. Boston* Date *April 26 1937*

21 *Holy Cross Cemetery, Malden*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *April 28 1937*

22 NAME OF UNDERTAKER *Funeral Society*

ADDRESS *215 West St. Boston*

Received and filed _____ 19 _____

APR 29 1937

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, i. e., heart failure, apoplexy, asthma, etc. As principal cause, state the disease causing death. As related causes, name, either in alphabetic conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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 DEATH.—A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 accompanied, by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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, shall be obtained early enough for the purpose, the certificate of death shall be made as above provided; and in the absence of the undertaker desiring to remove such and in the absence of the certificate of death as above provided, such removal shall be permitted on the removal of such body, 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, with 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 **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

PHYSICIANS should state 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



(City or town making return)

100

Suffolk

(County)

Winthron

(City or Town)

No. 162 Pleasant Street

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2 FULL NAME Medora Louise (Kelley) Thacher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 162 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 6

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Eleazer N. Thacher

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 86

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.

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)

March 1937

11 Total time (years)

Spent in this occupation 65

12 BIRTHPLACE (City)

West Harwich

(State or country)

Massachusetts

13 NAME OF FATHER

David Kelley

14 BIRTHPLACE OF FATHER (City)

Harwich

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Sarah Mayo

16 BIRTHPLACE OF MOTHER (City)

Brewster

(State or country)

Massachusetts

17

Mrs. John G. Baker

(Relationship)

(daughter)

(Informant)

(Address) 162 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

April

26

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 20, 1937, to April 26, 1937

I last saw him alive on April 26, 1937, death is said

to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Coronary Thrombosis April 20, 1937

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

(Signed) [Signature] M. D.

(Address) Winthrop Mass Date April 26, 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL South Dennis Mass

(Cemetery)

(City or town)

DATE OF BURIAL April 28, 1937

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 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 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 a factory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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, (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.*

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting 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.

301A
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.

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)



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. 101

1 No. 16 Pearl Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles B. Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 16 Pearl 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 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 Widowed (write the word)
6a If married, widowed, or divorced HUSBAND of Mary E. Kelly ex. (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

18 DATE OF DEATH April 26 1937
(Month) (Day) (Year)

6 IF STILLBORN, enter that fact here.
7 AGE 71 Years Months Days If less than 1 day Hours Minutes

19 I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to April 26, 1937
I last saw him alive on April 26, 1937, death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

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. City of Boston
10 Date deceased last worked in this occupation April 1930 11 Total time (years) spent in this occupation 43

12 DATE OF ONSET IMPORTANT April 1936 April 26, 1937
Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER John Kelly

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Frances Huffy

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) Ruth Kelly (Relation, if any) Daughter
16 Pearl Ave Winthrop

Name of operation no 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 Cohen M. D.
(Address) 17 Central St Date 4/28/1937

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 29 1937

22 NAME OF UNDERTAKER Fredrick J. Magrath
ADDRESS 64 Mendham St East Boston

Received and filed APR 30 1937 19 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Health Officer 4/28/37
(Signature of Agent of Board of Health or other) (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 whose only occupation was at school, or at home for a household, in answer to Question 8 and own home housework, write in answer to 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, 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, and has a permit in the usual form for the removal of such body, and has been so obtained hereunder. If the death of such body has been so obtained as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon such statement and certificate, shall forthwith counter-sign and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certify that the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 spinal-cerebral), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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.

100m-12-34, No. 2938-e

Suffolk

(County)

Winthrop

(City or Town)

No. Community Hospital

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

102

2 FULL NAME Baby Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 117 Upland 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

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

X Years

X Months

X Days

Less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop

Massachusetts

13 NAME OF FATHER

Harold D. Smith

14 BIRTHPLACE OF FATHER (City)

(State or country)

Somerville

Massachusetts

15 MAIDEN NAME OF MOTHER

Helen Eckman

16 BIRTHPLACE OF MOTHER (City)

(State or country)

New Sweden

Maine

17 Informant

Harold D. Smith

Relation, if any

(father)

(Address)

117 Upland Road Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Relation, if any

(father)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

26

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

4/26/37 8:20 AM to 4/26/37 6:55 PM

I last saw him alive on April 26, 1937, death is said

to have occurred on the date stated above, at 6:55 m. P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Congenital heart disease

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) Sybilie W. Robinson, M.D.

(Address) Winthrop, Mass

Date 4/27 1937

21 PLACE OF BURIAL

Winthrop

Winthrop

CREMATION OR REMOVAL (Cemetery)

(City or town)

DATE OF BURIAL

April 28, 1937

19

22 NAME OF UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop Mass

Received and filed.

APR 30 1937

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 a 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 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 further reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 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 **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 healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, 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.

PLACE OF DEATH

No. Winthrop Comm. Hosp. St. Winthrop Ward 1

2 FULL NAME

Guil Sacks
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Waverley Ave. St. Winthrop

(Usual place of abode) 1049 Boylston Ave. Group 112 (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 F 4 COLOR OR RACE N 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 2 Years 2 Months 2 Days — If less than 1 day Hours — Minutes —

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 10 Date deceased last worked at this occupation (month and year) — 11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) Winthrop Mass (State or country)

13 NAME OF FATHER Solomon Sacks

14 BIRTHPLACE OF FATHER (City) Quincy (State or country)

15 MAIDEN NAME OF MOTHER Freda Rachelnick

16 BIRTHPLACE OF MOTHER (City) Boston (State or country)

17 Informant Solomon Sacks (Relationship) Father (Address) 31 Waverley Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or cremation permit was issued.

Signature of Agent of Board of Health Wm. S. Childress Health Officer 4/27/37 (Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 103

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb April 27 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 25, 1937, to April 27, 1937. I last saw him alive on April 26, 1937, 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:

Premature Birth
(6 1/2 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? —

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify Frank J. Sandler, M. D.
(Signed) (Address) 31 Waverley Ave. Date Apr 27, 1937

21 International Workers Cem.
DATE OF BURIAL Everett Mass Apr 27

22 NAME OF UNDERTAKER B. Schlosberg & Son
ADDRESS 190 Wash St. D.C.

Received and filed APR 30 1937 1937

A TRUE COPY ATTEST

(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 necessarily employed may be returned as AT SCHOOL, or AT HOME. For persons whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to 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 retailers, merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement 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 each important condition, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of complication not related to principal cause, name other 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, denominated as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereafter provided.

If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it by the 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 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 removal 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 these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease 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

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 "fisher," 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, 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>	1911
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original 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 death is caused by violence, the medical examiner shall not previously interred. 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 IN INK. IN FILLING IN, BE CAREFUL TO FURNISH COMPLETE INFORMATION. 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.



STANDARD
CERTIFICATE OF DEATH

Registered No. 105

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 Margaret Hagan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 3 Beaver St., 1 Ward, East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 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 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. Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Home

10 Date deceased last worked at this occupation (month and year) April 22, 1937 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Patrick Hagan

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Cannot be Determined

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Philip Hagan 3 Beaver St East Boston (Relationship) Nephew

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 5/1/37
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 29, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 24, 1937, to April 29, 1937. I last saw her alive on April 29, 1937. death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Lobar Pneumonia Date of Onset April 25/37

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? If so, specify

(Signed) D. C. Stange 238 Maverick St Date 4/30/1937 M. D.

21 Holyford Brookline Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 3 1937

22 NAME OF UNDERTAKER Rudenik J Magnath ADDRESS 64 Indian St E Boston

Received and filed MAY 2 1937

(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 his business, report the occupation prior to retirement. Children not faintly employed may be returned as at school. Housework. For a woman whose only occupation was that of housewife, in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOUSE, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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 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	
1915	<i>Arteriosclerosis</i>
1921	<i>Chronic interstitial nephritis</i>
July 5, 1927	<i>Cerebral hemorrhage</i>
	Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example 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 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, to 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 fulfilment of the purpose of these laws calls for the observance of the following rules: (1) Practice.

(1) **Attending physicians** will certify to such deaths only as those of persons of whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 **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**.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

.....
(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 106

No. *Winthrop Comm. Hosp*

... **Ward** { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Freydd Sacks
(If deceased is a married, widowed or divorced

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 1049 Baynton
(Usual place of abode)

Bronx N.Y.

(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 F	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Married	(write the word)
------------	----------------------	--	------------------

6a If married, widowed, or divorced
HUSBAND of (Give maiden name if wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7
AGE 28 Years Months Days If less than 1 day
 Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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-1937
	11 Total time (years) spent in this occupation	2 years

12 BIRTHPLACE (City)
(State or country) Boston

13 NAME OF FATHER Theodore Kachelnick

14 BIRTHPLACE OF FATHER (City)
(State or country) *Russia*

15 MAIDEN NAME OF MOTHER Katherine Kachelnick

16 BIRTHPLACE OF MOTHER (City)
(State or country) *Russia*

17 Informant Salomon Sachs (Husband and
(Address) 1049 Boylston St. N.Y.

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 5/1/37
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April* *30* *1937*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb., 1937, to April 30, 1937

I last saw her alive on april 130, 1937, death is said to have occurred on the date stated above, at 3.50 P.m.

The principal cause of death and related causes of importance in order of onset were as follows: Pneumonia Date of Onset

Bicornuate Uterus
Premature Birth (6 1/2 months) April 25-37

Contributory causes of Importance not related to principal cause:
Retained Placenta
Sapremia

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 1. B & L 2. S.

(Signed) Frank F. Funder, M. D.
(Address) 570 West 11th Ave Date April 20 1932

21. International Centre
Place of Birth, (Cremation or Removal) (City or Town)

DATE OF BURIAL *Everett* *Moya* 1927
22 NAME OF UNDERTAKER *R. H. Henshaw & Son*

ADDRESS 1403 Wick St. Dor.

Received and filed MAY 4 1961 19

A TRUE COPY ATTEST:

(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 faintly employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, 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 nurse who has attended during his last illness, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried: No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 duly procured by law, or in lieu thereof a certificate, if duly procured by law, or in lieu thereof a physician or if for sufficient purpose, or is employed by it or by the selectmen for the purpose of health, or elicited 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 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 not only 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.

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-g

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

Charles W

Rollins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

283 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

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Edith Goggin

(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.

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)

(State or country)

E Boston Mass

13 NAME OF FATHER

Charles Rollins

14 BIRTHPLACE OF FATHER (City)

(State or country)

E Boston Mass

15 MAIDEN NAME OF MOTHER

Josephine Baker

16 BIRTHPLACE OF MOTHER (City)

(State or country)

E Boston Mass

17

Informant (Address)

Wife-

above

A TRUE COPY.

ATTEST:

Miss Hedstrom Quirk

(Registrar of city or town where death occurred)

DATE FILED

April 10

1937

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

Registered No. 3739

(If U. S.

War Veteran,

specify WAR)

107

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 6

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 6

1937 to

April 6

1937

I last saw him alive on April 6, 1937, death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Hypertension

cerebral hemorrhage

4 yrs
hrs

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

W W Knowlton

(Signed)

Boston

Date 4/7/ 1937, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Mass

(Cemetery)

(City or town)

DATE OF BURIAL

April 9

1937

22 NAME OF UNDERTAKER

J F O'Malley

ADDRESS

Winthrop

Received and filed

MAY 14 1937

19

(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-7

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)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3817

2 FULL NAME

Mabel Farnham

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

32 Irwin

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)

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Horace P Farnham

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

57

Years

3

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

seamstress W P A

10 Date deceased last worked at this occupation (month and year)

1937

11 Total time (years) spent in this occupation

2

12 BIRTHPLACE (City)

(State or country)

Danvers Mass

13 NAME OF FATHER

Benjamin Earle

14 BIRTHPLACE OF FATHER (City)

(State or country)

Peabody

15 MAIDEN NAME OF MOTHER

Ella L Fogg

16 BIRTHPLACE OF MOTHER (City)

(State or country)

No Reading

17

Informant (Address)

Mother - Ella Earle

A TRUE COPY

above

ATTEST:

Hilda Hedstrom Quirk

(Registrar of city or town where death occurred)

DATE FILED

April 12

1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 8

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 2

, 1937

to April 8

, 1937

I last saw her alive on April 8, 1937, death is said

to have occurred on the date stated above, at 3.28 PM.

The principal cause of death and related causes of importance in order of onset were as follows:

carcinoma of sigmoid resulting
in perforation of sigmoid
and generalized peritonitis

mos

wks

2 dys

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W W Knowlton

M. D.

(Address)

Boston

Date 4/8/ 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove Peabody

(Cemetery)

(City or town)

DATE OF BURIAL

April 12

1937

22 NAME OF UNDERTAKER

J S Waterman & Sons

ADDRESS

Boston

Received and filed

MAY 14 1937

19

(Registrar of City or Town where deceased resided)



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3485-g

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass Eye & Ear Infirmary

-St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edith

Nitishin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

73 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

Fem

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles H Nitishin

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

39

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

housewife

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF FATHER

Samuel Sundel

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Anna -

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Husband -

above

A TRUE COPY

ATTEST:

Miss Hedstrom Quirk

(Registrar of city or town where death occurred)

DATE FILED

April 12

1937

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3796

(If U. S.

War Veteran,
specify WAR)

109

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

(If nonresident, give city or town and state)

How long in U. S., if of foreign birth?

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 9

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 8

1937, to

April 9

1937.

I last saw her alive on

April 9

1937, death is said

to have occurred on the date stated above, at 11.30A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Hemolytic streptococcus infection of
pharynx and larynx

4/6/37

Contributory causes of importance not related to principal cause:

Bilateral broncho pneumonia
diabetes mellitus

4/9/37

First found on

4/8/37

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 Wattles

M. D.

(Address)

Boston

Date

4/9/

1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Everett Jewish

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

April 11

1937

22 NAME OF UNDERTAKER

M Stanetsky

ADDRESS

Boston

Received and filed

MAY 14 1937

19

(Registrar of City or Town where deceased resided)



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-p-31, No. 3385-g

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

William J

Seaman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

188 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

ys.

mos.

days. How long in U. S., if of foreign birth?

ys.

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

Mae Phelan

(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.

elevator operator

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years)

spent in this occupation about 31 yrs

12 BIRTHPLACE (City)

(State or country)

Canada

13 NAME OF FATHER

William Seaman

14 BIRTHPLACE OF FATHER (City)

(State or country)

Canada

15 MAIDEN NAME OF MOTHER

Darcus Babcock

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Canada

17

Informant (Address)

Wife

Dr. J. O. Toole above

A TRUE COPY.

ATTEST:

Heidi Stetson Smith

(Registrar of city or town where death occurred)

DATE FILED

April 17

19 7 2

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4002

(H U. S.

War Veteran,

specify WAR)

110

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 13

193 7

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 5

19 37, to

April 13

19 37

I last saw him alive on

April 13

19 37

death is said to have occurred on the date stated above, at 6.40P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

chronic myocarditis with hypertension 10 yrs
chronic vascular nephritis 10 yrs

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? autopsy

Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W. W. Knowlton

M. D.

(Address)

Boston

Date 4/14/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

April 16

19 37

22 NAME OF UNDERTAKER

W. H. Graham

ADDRESS

Boston

Received and filed

JUN 8 1937

19

(Registrar of City or Town where deceased resided)



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3485-g

PLACE OF DEATH

SUFFOLK
(County)

BOSTON
(City or Town)

No. McCreight San.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 4067

2 FULL NAME

William K

Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

111

(a) Residence. No. 583 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

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 MacGillivray

(Give maiden name or 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.

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)

1920

11 Total time (years) spent in this occupation. 30

12 BIRTHPLACE (City)

(State or country)

E Boston Mass

13 NAME OF FATHER

James W Young

14 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Christina Ross

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Scotland

17

Informant (Address)

Wife-

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

April 21

19 3 7



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 4067

2 FULL NAME

William K

Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

111

(a) Residence. No. 583 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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 16

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 6, 19 37, to April 16, 19 37.

I last saw him alive on April 15, 19 37, 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

general arteriosclerosis
(vascular)

1920?

cerebral hemorrhage

4/6/37

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

E. D. Leete

M. D.

(Signed)

(Address) Boston

Date 4/17/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Wyoming
(Cemetery)

Melrose
(City or town)

DATE OF BURIAL

April 18

1937

22 NAME OF UNDERTAKER

R. H. White

ADDRESS

Winthrop

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. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4265

PLACE OF DEATH

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 Charles Joseph Harvey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 190 Pauline- St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 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 (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 46 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. editor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Feb 1937 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Waltham

13 NAME OF FATHER Charles Harvey

14 BIRTHPLACE OF FATHER (City) (State or country) Waltham

15 MAIDEN NAME OF MOTHER Ellen Lonagan

16 BIRTHPLACE OF MOTHER (City) (State or country) Waltham

17 Informant Son- Joseph Harvey (Address) above

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 24 1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 20 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 16 1937, to April 20 1937.

I last saw him alive on April 16 1937, death is said to have occurred on the date stated above, at 8.15P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

general arteriosclerosis yrs.
coronary occlusion 2 mos.

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) W. W. Knowlton M. D. (Address) Boston Date 4/21/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL April 23 1937

22 NAME OF UNDERTAKER J F O'Maley Winthrop ADDRESS

Received and filed JUN 8 1937 19

(Registrar of City or Town where deceased resided)



Every item of information should be carefully classified. Exact statement of OCCUPATION is very important.

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)

**STANDARD
CERTIFICATE OF DEATH**

BOSTON

(City or town making return)

Registered No. **4223**

1 PLACE OF DEATH

2 FULL NAME

Maurice

Isenberg

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

36 Hawthorne 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)

MARRIED
WIDOWED
or DIVORCED

Male

white

married

5a If married, widowed, or divorced

HUSBAND of **Gertrude M Goodman**

(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.

wholesale fish

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) **Apr 1937**

11 Total time (years) spent in this occupation **38**

12 BIRTHPLACE (City) (State or country)

Russia

13 NAME OF FATHER

Robert Isenberg

14 BIRTHPLACE OF FATHER (City) (State or country)

Russia

15 MAIDEN NAME OF MOTHER

Mable Rose

16 BIRTHPLACE OF MOTHER (City) (State or country)

Russia

17

Wife-

Informant (Address)

above

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

April 23

1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 20

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 4

1937

to **April 20**

1937

I last saw him alive on **April 20**, 19**37**, death is said

to have occurred on the date stated above, at **8.38P.m.**

The principal cause of death and related causes of importance in order of onset were as follows:

**carcinoma of cecum
peritonitis**

**5 mos
1 dy**

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) **M J Rhees**

M. D.

(Address) **Boston**

Date **4/21/1937**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Temple Israel**

(Cemetery)

(City or town)

DATE OF BURIAL **April 22**

1937

22 NAME OF UNDERTAKER

J H Levine

ADDRESS

Boston

Received and filed

19

JUN 8 1937

(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. Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

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)

Rutland

(City or town making return)

Registered No. 61 111

2 FULL NAME

Lee Andrew Davis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

Ocean Spray

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.

1

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Black

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Mary Welch

(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 9

Months 11

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Trucking

9 Industry or 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)

North Carolina

13 NAME OF
FATHER

Squire Davis

14 BIRTHPLACE OF
FATHER (City)

(State or country)

North Carolina

15 MAIDEN NAME
OF MOTHER

Rosa Rowster

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

North Carolina

17

Informant
(Address)

State Sanatorium Records

Rutland, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

April 23, 1937

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April

21,

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 20

1937, to

April 21, 1937

I last saw him alive on April 21, 1937, death is said

to have occurred on the date stated above, at 2:40 P. M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Pulmonary tuberculosis ? years

Contributory causes of importance not related to principal cause:

None

Name of operation

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Unknown

(Signed)

Gabriel Nadeau

(Address) Rutland State San. Date 4/21 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forestdale, Malden, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

April 25, 1937

19

22 NAME OF
UNDERTAKER

Thomas D. Russell

ADDRESS 1419 Dorchester Ave., orchestre

Received and filed

MAY 18 1937

19

(Registrar of City or Town where deceased resided)



SUFFOLK
(County)OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4350

PLACE OF DEATH

BOSTON
(City or Town)

No. 818 Harrison Ave

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

James F

Conley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

115

(a) Residence. No. 163 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

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Male

white

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 19

Years

7

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.

asst shipper

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Curtin Co

10 Date deceased last worked at
this occupation (month and year) April 193711 Total time (years)
spent in this
occupation. 2 yrs12 BIRTHPLACE (City)
(State or country)

E Boston Mass

13 NAME OF
FATHER

Francis J Conley

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston

15 MAIDEN NAME
OF MOTHER

Mildred L Glynn

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Bangor Me

17

Informant
(Address)

Father-

above

A TRUE COPY

ATTEST:

Mildred L Glynn
Francis J Conley
 (Registrar of city or town where death occurred)

DATE FILED

April 27

1937

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 23

1937

(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)

Crushed chest & abdomen.

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,
Suicide,
Homicide?

Date of injury April 23 1937

Where did

injury occur? Boston

(City or town and State)

Manner of

Injury

Caught between elevator and floor

Nature of

Injury

of building.

21 Was disease or injury in any way related to occupation of deceased? yes

If so, specify

(Signed)

Timothy Leary

M. D.

(Address)

Boston

Date 4/23/1937

22 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

Mass

(Cemetery)

(City or town)

DATE OF BURIAL

April 26

1937

23 NAME OF
UNDERTAKER

M J Kelly

ADDRESS

East Boston

Received and filed

JUN 8 1937
 JUN 8 1937

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass General Hospital

-St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 4419

BOSTON

(City or town making return)

1 PLACE OF DEATH

2 FULL NAME

NancyShipman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)116

(a) Residence. No.

63 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

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

2Years 11Months 28

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Lewiston Me

13 NAME OF FATHER

Richard C Shipman

14 BIRTHPLACE OF FATHER (City)

(State or country)

Rochester Vt

15 MAIDEN NAME OF MOTHER

Virginia Drury

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Mass

17

Informant (Address)

Mother-above

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

April 291937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April261937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 241937to April 261937I last saw her alive on April 26, 1937, death is saidto have occurred on the date stated above, at 2.02 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Intussusception8 dysgangrene of ileum2 dysperitonitis, general

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)

M J Rhees

M. D.

(Address)

BostonDate 4/27/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt AuburnCambridge

(Cemetery)

(City or town)

DATE OF BURIAL

April 281937

22 NAME OF UNDERTAKER

A J Walton

ADDRESS

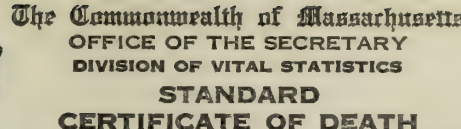
Melrose

Received and filed

JUN 8 193719

(Registrar of City or Town where deceased resided)





Registered No.117

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Comm

PLACE OF DEATH

2 FULL NAME. Margaret Josephine (McNally) Cooper
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 120 Sargent St., Ward,
(Transcribe of each)

(Usual place of abode)			(If nonresident, give city or town and state)					
Length of residence in city or town where death occurred	25 yrs.	mos.	days.	How long in U. S., if of foreign birth?	yrs.	mos.	days.	

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
-----------------	--------------------------	--

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Charles T. Cooper
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7
AGE 66 Years 1 Months 18 Days If less than 1 day
Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	House work
	9 Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	Own home
	10 Date deceased last worked at this occupation (month and year) <u>1935</u>	11 Total time (years) spent in this occupation <u>40</u>

12 BIRTHPLACE (City).....Charlestown
(State or country).....Massachusetts

13 NAME OF FATHER	Peter McNally
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NTS 14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Bridgett Morgan

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland

17	Informant (Address)	Charles T. Cooper (husband) 6 Sargent St Wintthrop 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
May 4/37
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH..... MAY 9 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
February 28, 1937, to May 5, 1937

I last saw h. kr alive on May 2, 1937, death is said to 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:

	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>Chronic obstructive pulmonary disease</u>	<u>12-1-68</u>
4. <u>Chronic renal disease</u>	<u>12-1-68</u>
5. <u>Chronic liver disease</u>	<u>12-1-68</u>
6. <u>Chronic heart failure</u>	<u>12-1-68</u>
7. <u>Chronic hypertension</u>	<u>12-1-68</u>
8. <u>Chronic diabetes</u>	<u>12-1-68</u>
9. <u>Chronic asthma</u>	<u>12-1-68</u>
10. <u>Chronic depression</u>	<u>12-1-68</u>
11. <u>Chronic anxiety</u>	<u>12-1-68</u>
12. <u>Chronic alcoholism</u>	<u>12-1-68</u>
13. <u>Chronic smoking</u>	<u>12-1-68</u>
14. <u>Chronic obesity</u>	<u>12-1-68</u>
15. <u>Chronic hyperlipidemia</u>	<u>12-1-68</u>
16. <u>Chronic hypothyroidism</u>	<u>12-1-68</u>
17. <u>Chronic hypoparathyroidism</u>	<u>12-1-68</u>
18. <u>Chronic hypoadrenalism</u>	<u>12-1-68</u>
19. <u>Chronic hypopituitarism</u>	<u>12-1-68</u>
20. <u>Chronic hypogonadism</u>	<u>12-1-68</u>
21. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
22. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
23. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
24. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
25. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
26. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
27. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
28. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
29. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
30. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
31. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
32. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
33. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
34. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
35. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
36. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
37. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
38. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
39. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
40. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
41. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
42. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
43. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
44. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
45. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
46. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
47. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
48. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
49. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
50. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
51. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
52. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
53. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
54. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
55. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
56. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
57. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
58. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
59. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
60. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
61. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
62. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
63. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
64. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
65. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
66. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
67. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
68. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
69. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
70. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
71. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
72. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
73. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
74. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
75. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
76. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
77. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
78. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
79. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
80. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
81. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
82. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
83. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
84. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
85. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
86. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
87. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>
88. <u>Chronic hypokalemia</u>	<u>12-1-68</u>
89. <u>Chronic hyponatremia</u>	<u>12-1-68</u>
90. <u>Chronic hypophosphatemia</u>	<u>12-1-68</u>
91. <u>Chronic hypocalcemia</u>	<u>12-1-68</u>
92. <u>Chronic hypomagnesemia</u>	<u>12-1-68</u>

Endocarditis

Malignant Thyroiditis

Contributory causes of importance not related to principal cause:

Bacterial PNEUMONIA May 13

.....

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? N.O.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....
(Signed) Edward J. Hynes, M. D.
(Address) 244 Washington St. Date 10/11/77

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Cem. Win.*
(Cemetery) (City or town)
May 5 1937

DATE OF BURIAL May 3, 1957 19

22 NAME OF Charles B. Morrison

UNDERTAKER Charles R. Hennison
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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the 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 for the removal of the body. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countermand it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death, shall if thereafter furnished on 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., (Tercentenary Edition).*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" 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 causes of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, and if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATHRegistered No. **116**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **29 Ingleside Avenue**

St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Mary Adelia (Rockwell) Hall**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. **29 Ingleside Avenue**

(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 Widowed	(write the word)
------------------------	---------------------------------	--	------------------

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Cyrus Benjamin Hall**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 92 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.	At home
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10 Date deceased last worked at this occupation (month and year)	April 1937

11 Total time (years) spent in this occupation	55
--	-----------

12 BIRTHPLACE (City) **Washington**
(State or country) **Maine**13 NAME OF FATHER **John L. Rockwell**14 BIRTHPLACE OF FATHER (City) **Amherst Beach**
(State or country) **Nova Scotia**15 MAIDEN NAME OF MOTHER **Mary Lincoln**16 BIRTHPLACE OF MOTHER (City) **Appleton**
(State or country) **Maine**17 Informant (Address) **Mrs. John D. Battelfeld** Relation, if any **niece**
29 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:

(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 4 1937**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from **April 20 1937**, 19 to **May 4**, 19**37**I last saw him alive on **May 3**, 19**37**, death is saidto 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

Chronic myocarditis	1930
Acute myocarditis	April 20/37

Contributory causes of importance not related to principal cause:

Name of operation **no** Date of **no**
What test confirmed diagnosis? **Chronic** Was there an autopsy? **no**20 Was disease or injury in any way related to occupation of deceased? **no**If so, specify (Signed) **James L. Parker**, M. D.
(Address) **Winthrop, Mass.** Date **May 4 1937**21 PLACE OF BURIAL, CREMATION OR REMOVAL **Washington Maine**
(Cemetery) (City or town)DATE OF BURIAL **May 6, 1937** 1922 NAME OF UNDERTAKER **Charles R. Bennison**ADDRESS **Winthrop Mass**Received and filed **MAY 12 1937** 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, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 in which it has been engaged, upon receipt of such statement and certificate, shall forthwith counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (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.*
- Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes, of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>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.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such 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 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.

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.

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. **119**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **9 Locust**

St. _____ Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Cora H. Chase**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. **9 Locust** St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **4** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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 **Lewis M. Chase**
(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. **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) **Dexter**
(State or country) **Maine**

13 NAME OF FATHER **William Leighton**

14 BIRTHPLACE OF FATHER (City) **Dexter**
(State or country) **Maine**

15 MAIDEN NAME OF MOTHER **Eliza Hollis**

16 BIRTHPLACE OF MOTHER (City) **Dexter**
(State or country) **Maine**

17 Informant **Mrs John Sheppard Daughter**
(Address) **9 Locust 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 **May 5/37**
(Official designation) (Date of Issue of Permit)

18 DATE OF DEATH **May 4 1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **January 10** 19**26** to **May 4** 19**37**

I last saw him alive on **May 4** 19**37**, 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:

Acute Corneal Thrombosis **May 4/37**

Contributory causes of importance not related to principal cause:
Arteriosclerosis **1926**

Name of operation **none** Date of _____
What test confirmed diagnosis **biopsy** Was there an autopsy **No**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

(Signed) **Robert G. Briggs** M. D.
(Address) **562 Shirley St.** Date **May 5 1937**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Met Pleasant** **Maine**
(Cemetery) (City or town)

DATE OF BURIAL **May 7** 19**37**

22 NAME OF UNDERTAKER **Metropolitan Funeral Service**
P. C. Hardy

ADDRESS **1642 Commonwealth Ave Boston**

Received and filed **MAY 12 1937** 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 of his agent appointed to issue such permits, or if there is such board, from the clerk of that town where the person died; and an undertaker or other person shall examine a human body and move it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health of his agent, or from the clerk of that town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, or of the attending physician, if any, as required by law, or, in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insubstantive, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended by Chap. 48, Acts of 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 resuscitating septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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*, *domesthold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid 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." Do not use a more precise statement of the occupation can be secured. When to 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
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.

PLACE OF DEATH

Stafford
(County)
Winthrop
(City or Town)

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. 120

No. 210 Shore Drive

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Fred W. Wmsfriend

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 210 Shore Drive

(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 18 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

6a If married, widowed or divorced

HUSBAND of

Hannah Weichman

(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

18 DATE OF
DEATH

May

7

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

October

1934 to May 7

1937

I last saw h. m. alive on May 7, 1937 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
IMPORTANTcarcinoma of stomach
carcinoma of rectumOct 1934
March 1937

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 May 8, 1937

21 Winthrop Cem. Everett Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

May 7

1937

22 NAME OF
UNDERTAKER

Wm. J. O'Brien

ADDRESS

10 West St. B. 7

Received and filed 19

(Registrar)

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Electrical Engineer

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Fred Wmsfriend

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

40

12 BIRTHPLACE (City)
(State or country)

Boston, Mass.

13 NAME OF
FATHER

Adolph Wmsfriend

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Rosa Wymann

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Russia

17

Informant
(Address)Hannah Wmsfriend (Wife)
210 Shore Drive

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)

Statement of occupation.—I 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 STRIKER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, denoted as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and remove it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 record, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, or 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 **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1

PLACE OF DEATH

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)

Registered No. 121

2 FULL NAME

Baby Boy Tierney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

70 Horace St E B.

(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?

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.

stillborn

7

AGE.....Years.....Months.....Days

If less than 1 day

.....Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year).....11 Total time (years)
spent in this
occupation.....12 BIRTHPLACE (City)
(State or country)

Winthrop Mass

13 NAME OF
FATHER

Raymond L. Tierney

14 BIRTHPLACE OF
FATHER (City)

Boston Mass

(State or country)

15 MAIDEN NAME
OF MOTHER

Mary Sullivan

16 BIRTHPLACE OF
MOTHER (City)

East Boston Mass

(State or country)

17
Informant
(Address)Raymond L. Tierney, Asst. R.
70 Horace St E Boston

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
issued to 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

May

(Month)

8

(Day)

1937

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on 5 A.M., 19....., death is said

to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance in order of onset
were as follows:

Still Born

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Strangulation by
unbitten cord

Name of operation.....Date of.....

What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Frank O. Regan

M. D.

(Address)

670 Saratoga

Date 5/10, 1937

21 Garden Chelsea
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

May 12

1937

22 NAME OF
UNDERTAKER William G. O'Connell

ADDRESS

559 Saratoga St E B

Received and filed.....19.....

MAY 12 1937

(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, return, 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, SOFT FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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
<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 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 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, to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TEXTCENTENARY 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. (TEXTCENTENARY 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 deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance to any form of disease in which the physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supplied due to injuries**. These include not only deaths caused directly or indirectly by, traumatic (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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.

Sub 2-30, No. 7997-c

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Winthrop (City or Town)			Registered No. 122	
No.	Winthrop Community Hosp.			(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME. Herbert Baxter		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 181 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			
Male	White	Widowed			
5a If married, widowed or divorced		HUSBAND of Berce B. Willis			
(or) WIFE of		(Husband's name in full)			
6 IF STILLBORN, enter that fact here.					
7 AGE	68 Years 7 Months	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) May 1937				
12 BIRTHPLACE (City)		11 Total time (years) spent in this occupation 35			
(State or country)		Central Boston New Brunswick			
PARENTS	13 NAME OF FATHER Elijah Baxter				
	14 BIRTHPLACE OF FATHER (City)				
	(State or country)				
	15 MAIDEN NAME OF MOTHER Elvira Wilson				
16 BIRTHPLACE OF MOTHER (City)		17 Informant			
(State or country)		(Address)			
New Brunswick		Donald M. Leod			
New Brunswick		20 Lowell Road			
1 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)					
13484					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH		May 8, 1937			
(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.)					
Car passing - driver - mentally deranged					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?					
(Signed) Eugene J. Leode, M. D.					
(Address) 20 Med. Exam. Date 5/8/37					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop					
(Cemetery) (City or town)					
DATE OF BURIAL May 10, 1937					
22 NAME OF UNDERTAKER John J. O'Malley					
ADDRESS Winthrop					
Received and filed 19					
MAY 12 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 **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)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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. **123**

PLACE OF DEATH
1 **Suffolk**
(County)
Winthrop
(City or Town)
No. **19 Siren**

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Mary (Richardson) Brackett**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **19 Siren**
(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **30** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Married** (write the word)

18 DATE OF DEATH **May 15 1937**
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Irwin M Brackett**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **74** Years **6** Months **29** Days If less than 1 day Hours Minutes

19 I HEREBY CERTIFY That I attended deceased from **May 1 1937** to **May 15 1937**
I last saw her alive on **May 15 1937** death is said to have occurred on the date stated above, at **9:30 P.M.**
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT

Broncho-Pneumonia

May 1/37

Contributory causes of importance not related to principal cause:

Atherosclerosis

1936

Name of operation **none** Date of What test confirmed diagnosis **chest x-ray** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **Just chronic**
(Signed) **562 Shirley St** Date **May 17 1937** M. D.
(Address) **Winthrop Mass**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Oak Grove Medford**
(City or town)

DATE OF BURIAL **May 19 1937** 19

22 NAME OF UNDERTAKER **Richard W. White**
ADDRESS **147 Winthrop St. Winthrop Mass.**

Received and filed **MAY 20 1937** 19

(Registrar)



17 Informant **Husband Irwin M Brackett**
(Address) **19 Siren Street Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **5/19/37** (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit and certificate, shall forthwith counterfense it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

In stating the 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, e. g., heart failure, asphyxia, asthema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop
(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. **124**No. *Winthrop Community Hospital*

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Vara Crimmin Marble (nee Gogins)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. *6 Shawmut Ave.* St. *Ward, Wayland, 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 *15* days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

(or) WIFE of *Roger Marble*
(Give name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *60* Years *2* Months *26* 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) *March 1937* 11 Total time (years) spent in this occupation *30 yrs*

12 BIRTHPLACE (City) *Waltham*
(State or country) *Maine*

13 NAME OF FATHER *Amos Gogins*

14 BIRTHPLACE OF FATHER (City) *Waltham*
(State or country) *Maine*

15 MAIDEN NAME OF MOTHER *Belle Jordan*

16 BIRTHPLACE OF MOTHER (City) *Eastbrook*
(State or country) *Maine*

17 Informant *Richard H. Crimmin* (Address) *Wayland, Mass.* Relation, if any *Son*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. D. Caldwell
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *5-17-37* (Date of Issue of Permit)

18 DATE OF DEATH *May 17 1937*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *May 1*, 1937, to *May 17*, 1937

I last saw her alive on *May 17*, 1937, death is said to 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:

Cerebral Hemorrhage May 17

Contributory causes of importance not related to principal cause:
Arteriosclerosis 1937

Name of operation *None* Date of *None*
What test confirmed diagnosis *Chemical Laboratory* Was there an autopsy *No*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *West Gogins* M. D.
(Address) *362 Derby St.* Date *May 18 1937*

21 *Trenton Cemetery Ellsworth, Maine*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *May 20* 1937

22 NAME OF UNDERTAKER *Gilbe Funeral Service*
ADDRESS *Cohasset, Mass.*

Received and filed *MAY 17 1937* 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 at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and OWN HOME. In answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
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In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal 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 other person whom he has attended during his last illness, or a person who has attended during his last illness, or a member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 46, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the time of his death. GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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. (TOWN CLERK'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, if the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the body is to be made. . . .—CHAP. 114, SEC. 46, G. L. (TOWN CLERK'S 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 death 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 11-36, No. 9080 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. 125

No. 91 Bartlett Road. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank Burne Phinney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 91 Bartlett Road. St. Ward.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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. (write the word)

18 DATE OF DEATH May 18 1937
(Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of Esther C. Churchill
(Give maiden name of wife in full)

19 I HEREBY CERTIFY. That I attended deceased from May 2, 1937, to May 18, 1937.
I last saw him alive on May 2, 1937, death is said to have occurred on the date stated above, at 5 A.M.

(or) WIFE of (Husband's name in full)

The principal cause of death and related causes of importance in order of onset were as follows:

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years 6 Months Days If less than 1 day Hours Minutes

Cerebral hemorrhage 2/3
Date of Onset IMPORTANT

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. Restaurant

10 Date deceased last worked at this occupation (month and year) 1937 11 Total time (years) spent in this occupation 10

Contributory causes of importance not related to principal cause:

hypertension

12 BIRTHPLACE (City) Morganville N.S.
(State or country)

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? L

PARENTS

13 NAME OF FATHER D'Arcy Phinney

14 BIRTHPLACE OF FATHER (City) unknown N.S.
(State or country)

15 MAIDEN NAME OF MOTHER Lavinia Harris

16 BIRTHPLACE OF MOTHER (City) unknown N.S.
(State or country)

17 Informant Esther E. Phinney (Wife)
(Address) 91 Bartlett Road.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childers
Health Officer (Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 5/18/37

20 Was disease or injury in any way related to occupation of deceased? If so, specify C. Phinney, M. D.

(Signed) F. Washington Date 5/18/37
(Address)

21 Pine Grove Lynn Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 20 1937

22 NAME OF UNDERTAKER J. J. McKenna & Son
ADDRESS Boston

Received and filed MAY 28 1937

(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 partially employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 and in the possession of the undertaker made as above provided, the 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. (When 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 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.**

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or town)
No. 44 WilshireThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 126

2 FULL NAME

James F. Wallace

(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

Gold Star

(a) Residence No.

44 Wilshire

St.

Ward,

(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

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OF FACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Alice Brady

(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

18 DATE OF DEATH

May

19

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

May 15, 1937, to May 19, 1937.

I last saw him alive on May 17, 1937, death is said

to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of Stomach

Date of Onset

IMPORTANT

Dec. 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) G. A. Richardson, M. D.

(Address) 44 Wilshire St., Wentworth, Mass. Date May 19, 1937

21 Holy Cross Cemetery, Malden.

Place of Burial, Cremation, Removal, (City or Town)

DATE OF BURIAL May 22, 1937

22 NAME OF UNDERTAKER

Michael J. Higgins

ADDRESS 97 Wilshire St., Malden, Mass.

Received and filed..... 19.....

MAY 25 1937

(Registrar)

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Electrician

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Construction

10 Date deceased last worked at this occupation (month and year)

Oct. 1936

11 Total time (years) spent in this occupation

25 yrs.

12 BIRTHPLACE (City)

(State or country)

Brooklyn, New York

13 NAME OF FATHER

Thomas Wallace

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Maher

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

PARENTS

17 Informant (Address)

Mr. Alfred Wallace (Wife)
44 Wilshire St., Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued;

(Signature of Agent of Board of Health or other)

Wm. D. Childers

(Official Designation)

(Date of Issue of Permit)

140

MAY 22 1937

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-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Duxbury

(City or town making return)

127

Registered No.

PLACE OF DEATH

Plymouth

(County)

Duxbury

(City or Town)

No. Enterprise

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Porter Tewksbury

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 100 Washington

(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.

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

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced Emma Weston

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

11

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.

Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Road Contractor

10 Date deceased last worked at this occupation (month and year) 3/11/37

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

13 NAME OF FATHER

George Washington Tewksbury

14 BIRTHPLACE OF FATHER (City)

No. Chelsea

(State or country)

Mass.

PARENTS

15 MAIDEN NAME OF MOTHER

Joanna Waitt

16 BIRTHPLACE OF MOTHER (City)

Falden

(State or country)

Mass.

17

Informant

(Address)

Carrie E. Weston

100 Washington St., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 20

19

37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

20

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 16

1937, to

May 20

1937

I last saw him alive on May 20, 1937, 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:

Date of onset

Myocarditis Chronic

1936

Contributory causes of importance not related to principal cause:

Name of operation none

Date of

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

C.H. King

(Signed)

Duxbury, Mass.

Date 5/20/37 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

May 23

19

22 NAME OF UNDERTAKER

C.R. Perrinan

ADDRESS

Winthrop, Mass.

Received and filed

MAY 21 1937

1937

(Registrar of City or Town where deceased resided)



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.

125

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

Sarah Ann Bagley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

207 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

30

years

months

days

How long in U.S., if of foreign birth?

50

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
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

59

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

at Home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF
FATHER

Bate Bagley

14 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME
OF MOTHER

Mary Ryan

16 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

17

Informant

(Address)

Elizabeth Conlan (Daughter)
207 Shirley 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. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH

May

20

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 16, 1937, to May 20, 1937

I last saw her alive on May 20, 1937, death is said
to have occurred on the date stated above, at 9:00 p.m.The principal cause of death and related causes of importance in order of onset
were as follows:

Hypertension

Chronic Myocarditis

Cerebral Hemorrhage

Cerebral Hemorrhage

Contributory causes of importance not related to principal cause:

Pulmonary Edema

Date of Onset
IMPORTANT

1930

1930

1933

May 16, 1937

May 20, 1937

Name of operation

Mant

Date of

What test confirmed diagnosis? Pharyngeal

Pharyngeal

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Samuel B. Goldberg

M. D.

(Address)

270 Shirley St. Winthrop

Date

5/21/1937

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

May 22

1937

22

NAME OF
UNDERTAKER

John J. Savage

ADDRESS

Savill House

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 prior to retirement. Children not definitely employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to 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, 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, nor 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 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. 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 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 assign it and transmit the permit to the clerk of the town for registration. The person to whom the permit is so given and the physician examining the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the 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. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 **unsuspected 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, and those of persons found dead**.

Information should be carefully supplied. AGE should be stated. EXACT STATEMENT OF OCCUPATION CAUSE OF DEATH in plain terms, so 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)

Suffolk

(County)

Winthrop

(City or Town)

No. 285 Pleasant

St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 129

2 FULL NAME Roger Harvey Walker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 285 Pleasant

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 38 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	(write the word) Married
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5a If married, widowed, or divorced
HUSBAND of **Marion Barr**

(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 7 Months 17 Days If less than 1 day
Hours Minutes8 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, Office
saw mill, bank, etc. **Office**10 Date deceased last worked at
this occupation (month and year) **May 1937** Total time (years)
spent in this occupation **18**12 BIRTHPLACE (City) **Winthrop**
(State or country) **Massachusetts**13 NAME OF FATHER **James George Walker**14 BIRTHPLACE OF FATHER (City) **Bow**
(State or country) **New Hampshire**15 MAIDEN NAME OF MOTHER **Sarah Harvey**16 BIRTHPLACE OF MOTHER (City) **Nova Scotia**
(State or country)17 Informant **Marion B. Walker** (Relation, if any)
(Address) **285 Pleasant St.**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH **May 22 1937**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
May 13 1937 to **May 22 1937**I last saw him alive on **May 22 1937**, death is said
to have occurred on the date stated above, at **3:00** m.The principal cause of death and related causes of importance in order of onset
were as follows:**dense lobar pneumonia** **May 13**

Contributory causes of importance not related to principal cause:

Name of operation **no** Date of **no**
What test confirmed diagnosis? **no** Was there an autopsy?20 Was disease of injury in any way related to occupation of deceased? **no**If so, specify **for lobes** M. D.
(Signed) **for lobes** Date **5/22/37**
(Address) **for lobes**21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
(Cemetery) (City or town)DATE OF BURIAL **May 24, 1937** 1922 NAME OF UNDERTAKER **Charles R. Bennison**ADDRESS **Winthrop Mass**Received and filed **May 24 1937** 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. Place the time entry in this section for every person asked 10 years or over. If the occupation had been given up or changed on account of the disease being dealt, report the occupation prior to illness. If the deceased had been a child, from business, report this occupation prior to retirement. Children not industrially employed may be returned as *of school* or *of home*, or *at home*. A woman whose only occupation was that of *home housewife*, or *at home*, or *housekeeper*, in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however desirable, the occupation by the appropriate terms, as *housekeeper*, *cook*, *family, cook—hold*, 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*, *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 *chief engineer, mechanic, steam engine engineer, stationary engineer*, etc. Avoid the term "Ibbo." When a more precise statement of the occupation can be secured, use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *tailor, merchant, and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, 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>	1913
<i>Chronic interstitial nephritis</i>	
<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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the 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....

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, or from one cemetery to another, or from one grave or tomb of other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing all the facts required by law to be returned and recorded, which shall be accompanied, in case of an original indentment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained easily enough for the purposes, or is insufficient, a physician who is a member of the board of health, or employed by it, or by a selectmen for the attending physician, if death is caused by violence for the medical examiner shall upon application make the certificate required for the purposes, make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the territory of death cannot be obtained easily enough for the purposes, 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 removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate on that basis is retained as required by section ten of chapter forty-six that that basis is retained as required by the army, navy or marine corps of the United States in any way in which it has been engaged, such record shall apply to 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 find it so furnished for registration any other necessary information which shall be obtained as to the deceased, or as to the manner or cause of the death, and 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 or clerk, or the coroner, or the board of health, or the coroner, or the clerk of the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. (Torchewney Edition)*

RULES OF PRACTICE

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medal Examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatic (including respiratory) and chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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-12-34, No. 2038-5

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

130

Suffolk

(County)

Winthrop

(City or Town)

No. 54 Highland Avenue

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2 FULL NAME Grace E (Prescott) Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 954 Shirley St. Winthrop

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 43 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)
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5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Herbert F Smith
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54	Years.....Months.....Days	If less than 1 dayHours.....Minutes
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OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	House-wife
	9 Industry or business in which work was done, as milk mill, saw mill, bank, etc.	
	10 Date deceased last worked at this occupation (month and year)	11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

13 NAME OF FATHER John Prescott

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Brown

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts17 Informant George W Prescott (Brother)
(Address) 217 Shore Drive Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 5/26/37

18 DATE OF DEATH May 24 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 19 1936, to May 24 1937

I last saw her alive on May 23 1937, death is said

to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary Thrombosis Oct. 1936

Contributory causes of importance not related to principal cause:

Chronic Intestinal Nephritis 1935

Name of operation none Date of What test confirmed diagnosis Clinical + Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Jacob A. Hanson M.D. (Signed)

(Address) 102 Shirley St. Boston Mass Date May 25 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Boston Mass
(Cemetery) (City or town)

DATE OF BURIAL May 26, 1937 19

22 NAME OF UNDERTAKER

ADDRESS 147 Winthrop St. Winthrop Mass

Received and filed MAY 28 1937 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 deceased having died, report the occupation 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*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." 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*, *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, 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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 internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a 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. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 physician will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by transmission (including burning, scalding, and by the action of chemical drugs or poisons, the use of electric light 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 diseases, and those of persons found dead.

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.

75m-2-30, No. 7097-4

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. 131

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 Catherine V. Blair (Brice)

(If deceased is married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)None(a) Residence. No. 22 Shawmut St., Revere Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred X yrs. X mos. 22 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

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Warren A. Blair
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 40 Years 7 Months 7 Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House wife9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.At home10 Date deceased last worked at
this occupation (month and
year)April 1937 11 Total time (years)
spent in this occupation 20

12 BIRTHPLACE (City)

(State or country)

Cambridge
Mass.13 NAME OF
FATHERJohn Brice14 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston
Mass15 MAIDEN NAME
OF MOTHERNellie Coleman16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Cambridge
Mass

17

Informant
(Address)Warren A. Blair (husband)
22 Shawmut St. 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. Chelgren
(Signature of Agent of Board of Health or other)agent
(Official Designation)May 28/37
(Date of Issue of Permit)18 DATE OF
DEATHMay
(Month)26th
(Day)1937
(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 31, 1937, to May 26, 1937I last saw her alive on May 25, 1937, death is saidto have occurred on the date stated above, at 9:00 p.m.The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Cerebral hemorrhage
hemiplegia (right)
hypertensionMarch 31

Contributory causes of importance not related to principal cause:

Hypostatic pneumoniaMay 4-1

Name of operation

no

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) Frank T. Anderson

M. D.

(Address) Revere, Mass.Date May 7 193721 PLACE OF BURIAL,
CREMATION OR REMOVAL Holy Cross Malden Mass.
(Cemetery) (City or town)

DATE OF BURIAL

May 29th193722 NAME OF
UNDERTAKERGeorge T. MerwinADDRESS 308 Beach St. Revere, Mass.

Received and filed

19

JUN 7 1937

(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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation 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*, *sodap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term *laborer*, when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>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.

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 132

2 FULL NAME

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)John B. Clemens
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran
specify WAR)(a) Residence. No. 41 Nahon St. St. 1 Ward, East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of Budget J. Reed
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlantic Works
10 Date deceased last worked at this occupation (month and year) April 1930 11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) East Boston (State or country) Mass

13 NAME OF FATHER Arthur Clemens

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Margaret Hughes

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) Edward Clemens (Son) 41 Nahon 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. Muldoon
(Signature of Agent of Board of Health for Area)
Health Officer 6/1/37
(Official Designation) (Date of Issue of Permit)18 DATE OF DEATH May. 30. 1937
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from May 10 1937, to May 30 1937
I last saw him alive on May 30 1937, 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:

Acute Pulmonary edema 5/29/37
Date of Onset IMPORTANTContributory causes of importance not related to principal cause:
Acute Cardiac Dehydration 5/29/37
Hypertrophic ProstateName of operation Prostatectomy Date of 5/30/37
What test confirmed diagnosis? Was there an autopsy? No20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Gross H. Schwartz M. D.
(Signed) 19 Avenue St Date 5/30/37
(Address)21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 2 193722 NAME OF UNDERTAKER Frederick J. Magrath
ADDRESS 64 Menden St. E. Boston

Received and filed JUN 7 1937 19

(Registrar)

Statement of occupation.—Pitise 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 at school, or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to 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.**

Firstingsh carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word mechanic, but give the exact occupation, as CARPENTER, MASON, PAINTER, etc. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, NOT the mode of dying. E. G., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name either morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of death, name those conditions which are important but 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.

Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

Chelsea

(City or town making return)

133

Registered No.

1 PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. U. S. Naval Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lucas Williams

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

World

(a) Residence. No. 297 Shirley

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 14 days

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE colored 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 51 Years 0 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. Janitor 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apartment Bldg. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) (State or country) North Carolina

13 NAME OF FATHER Lucas Williams

14 BIRTHPLACE OF FATHER (City) (State or country) North Carolina

15 MAIDEN NAME OF MOTHER cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) North Carolina

17 Informant Mary Williams (wife) (Address) 297 Shirley St. Winthrop

A TRUE COPY. Richard G. Tobac

ATTEST: (Registrar of city or town where death occurred)

DATE FILED May 10 19 37

18 DATE OF DEATH Mar 7, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Mar 24, 1937, to Mar 7, 1937, I last saw him alive on Mar 7, 1937, death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypertensive heart disease with coronary atherosclerosis and cardiac fibrillation. Unknown

Contributory causes of importance not related to principal cause:

Pneumonia 5/1/37
Lytic Aortitis Unknown
Acute conjunctivitis 3/17/37

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) J. Tobac M. D.

(Address) U. S. Hosp. Chelsea Date 3/7 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Cem. (Cemetery) (City or town)

DATE OF BURIAL Pinckney St. 1937

22 NAME OF UNDERTAKER Murphy & Son

ADDRESS 254 Beach St. Vero

Received and filed 19

(Registrar of City or Town where deceased resided)

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 4911

1 PLACE OF DEATH
SUFFOLK
(County)
BOSTON
(City or Town)

No. Carney Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James F O'Maley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 131

(a) Residence. No. 93 Cliff Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of Katherine I Dalton (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. Inspector 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. S S Cargo 10 Date deceased last worked at this occupation (month and year) Mar 1937 11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) E Boston Mass (State or country)

13 NAME OF FATHER Michael

14 BIRTHPLACE OF FATHER (City) So Boston (State or country)

15 MAIDEN NAME OF MOTHER Mary Doherty

16 BIRTHPLACE OF MOTHER (City) Boston (State or country)

17 Informant Bro- John O'Maley (Address) 79 Atlantic Ave Winthrop

A TRUE COPY ATTEST: [Signature] (Registrar of city or town where death occurred)

DATE FILED May 14 1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 12 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 18, 1937 to May 12, 1937. I last saw him alive on May 12, 1937, death is said to have occurred on the date stated above, at 12.10A.

The principal cause of death and related causes of importance in order of onset were as follows:

metastatic carcinoma of lungs and spinal vertebrae Date of onset May/36

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) F Ciampa M. D. (Address) Boston Date 5/12/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or town)

DATE OF BURIAL May 14 1937

UNDERTAKER A J O'Maley ADDRESS Winthrop

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. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-W

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Greater Boston Bickur Cholim Hosp.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 5260

BOSTON

(City or town making return)

2 FULL NAME

Joseph Levine

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran, specify WAR

135

(a) Residence. No. 50 Pearl Ave., 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

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

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Rachael Borosky

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 80

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Liquor Dealer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hollander & Co.

10 Date deceased last worked at this occupation (month and year)

1917

11 Total time (years) spent in this occupation

yrs.

12 BIRTHPLACE (City)

Russia

(State or country)

13 NAME OF FATHER

Isaac Levine

14 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

15 MAIDEN NAME OF MOTHER

Sarah - cannot be learned

16 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

17

Informant (Address)

Peter Levine (Son)

17 Temple St., Winthrop

A TRUE COPY

ATTEST:

Hilda Hedetom Quirk

(Registrar of city or town where death occurred)

DATE FILED

May 26, 1937

193

18 DATE OF DEATH

May

24

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

4/1

1937, to

5/23

1937

I last saw him alive on 5/23, 1937, death is said

to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Broncho-pneumonia

Date of onset

5/15/37

Contributory causes of importance not related to principal cause:

Hypertension

?

Chronic sclerotic myocarditis

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Richmond

M. D.

(Address) 271 Humboldt Ave.

Date 5/24 1937

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Agudotti Ochim, Woburn

(Cemetery)

(City or town)

DATE OF BURIAL

May 24, 1937

193

22 NAME OF UNDERTAKER

Manuel Stanetsky

ADDRESS

10 Washington St., Dor.

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. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Chelson

(City or town making return)

Registered No.

1 PLACE OF DEATH

Suffolk (County)

Chelson (City or Town)

No. Soldiers Home

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

150

2 FULL NAME

Francis Sheehan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

World

(a) Residence. No.

18 Brookfield Rd.

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
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

44

Years

2

Months

23

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lawyer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

East Boston

13 NAME OF FATHER

Daniel J.

14 BIRTHPLACE OF FATHER (City)

(State or country)

Boston

15 MAIDEN NAME OF MOTHER

Elizabeth A. Cody

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston

17

Informant (Address)

Hospital Records

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 27, 1937

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 25, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Apr. 8

1937

to May 25

1937

I last saw him alive on May 25, 1937, 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

Progressive muscular atrophy

1934

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

none

clinical

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)

Date

1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

City or town

DATE OF BURIAL

May 28

1937

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

(Registrar of City or Town where deceased resided)



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.

Form 11-16, No. 9080 F

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

Winthrop Community Hospital
Lincoln St.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 137

2 FULL NAME

Mary Walsh

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No.

41 Washington St. Winthrop

Ward.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widow

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 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.

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)

Brookline

(State or country)

Mass.

13 NAME OF FATHER

John Hurley

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Winfred Flaherty

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17 Informant John Hurley

Relation, if any (Brother)

(Address)

121 Calumet St. Roxbury

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) 6/8/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 8, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 15, 1937, to June 8, 1937

I last saw him alive on

June 7, 1937

death is said to have occurred on the date stated above, at 1:55 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Recurrent cardiac
arteriosclerosis
Coronary embolism

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? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Cleary, M. D.

(Address)

1605 Tremont St. Rox. Date 6/7/1937

21

Place of Burial, Cremation or Removal (City or Town)

Galvary Cemetery (West Rox.)

DATE OF BURIAL

June 10, 1937

19

22 NAME OF UNDERTAKER

J. P. Cleary & Son

ADDRESS

1605 Tremont St. Rox.

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 married, who were only employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—BRIKAVIVE 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, SOFT FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, 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 furnish after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . : GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 in the usual form for the removal of such body, has been so 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 **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septi- cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease 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

(City or town making return)

STANDARD
CERTIFICATE OF DEATHRegistered No. **136**

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **68 Johnson Ave.** St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Ella Fuller Parker**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. **68 Johnson Ave. Winthrop St.** Ward, (If nonresident, give city or town and state)Length of residence in city or town where death occurred **30 yrs.** mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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 **Charles A. Parker**

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 **89** 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. **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) **Provincetown**
(State or country) **Mass**13 NAME OF FATHER **James Fuller**14 BIRTHPLACE OF FATHER (City) **Not Known**
(State or country) **Mass**15 MAIDEN NAME OF MOTHER **Margret Atkins**16 BIRTHPLACE OF MOTHER (City) **Provincetown**
(State or country) **Mass.**17 Informant **Miss B.B. Parker** Relation, if any **Daughter**
(Address) **68 Johnson Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Child
 (Signature of Agent of Board of Health or other Health Officer)
 (Date of issue of Permit) **6/4/37**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 9 1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

January 10, 19**30**, to **June 9**, 19**37**I last saw him alive on **June 8**, 19**37**, death is saidto 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:

Acute Coronary Thrombosis Date of Onset **April 1937**

Contributory causes of importance not related to principal cause:

Enteritis **1930**
Sensibility **1935**Name of operation **none** Date of **June 9 1937**
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 **fast**
(Signed) **James B. Parker** M. D.
(Address) **68 Johnson Ave. Winthrop** Date **June 9 1937**21 PLACE OF CREMATION **Mt. Auburn Cambridge**
(Cemetery) (City or town)DATE OF BURIAL **June 11 1937**22 NAME OF UNDERTAKER **Richard B. White**
ADDRESS **147 Winthrop St. Winthrop Mass.**Received and filed **June 22 1937** 19

A TRUE COPY, ATTEST:

(Registrar)

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 11-16, No. 9080 F

PLACE OF DEATH

Suffolk
(County)
Stoughton
(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. *8378*

No. *158 Highland Ave* St. *Ward* { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth C Shea
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U.S. War Veteran specify WAR) *139*

(a) Residence. No. *158 Highland 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 years *1* months *1* days. How long in U.S., if of foreign birth *40* years *10* months *10* 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 *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. *Packer*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Candy*
10 Date deceased last worked at this occupation (month and year) *March 1936* 11 Total time (years) spent in this occupation *4*

12 BIRTHPLACE (City) (State or country) *Cardiff, Wales*

13 NAME OF FATHER *Patrick Shea*

14 BIRTHPLACE OF FATHER (City) (State or country) *South Wales*

15 MAIDEN NAME OF MOTHER *Margaret Aacey*

16 BIRTHPLACE OF MOTHER (City) (State or country) *South Wales*

17 Informant (Address) *Edna C. Patchell, 158 Highland 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) *June 13/37*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 13 1937*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *April 1936* to *June 13, 1937*

I last saw him alive on *June 12, 1937*, death is said to have occurred on the date stated above, at *7:50 p.m.*

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis *8-9 years*

Contributory causes of importance not related to principal cause:

Auricular Fibrillation
Coronary Thrombosis

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) *Edna C. Patchell* M. D. (Address) *158 Highland Ave* Date *June 13 1937*

21 Place of Burial, Cremation or Removal *Holy Cross Malden* (City or Town)

DATE OF BURIAL *June 16 1937*

22 NAME OF UNDERTAKER *J. C. Kirby Co.*

ADDRESS *Met. Funeral Ser.*

Received and filed *June 22 1937* 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 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—HOMER, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as STRIKER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, 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 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 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
Principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith attend the death of persons whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by illness when the same was contracted, the duration of his last illness, the date of his death.—GEN. LAWS, CHAP. 46, SEC. 7.

No undertaker or other person shall by any otherwise dispose of a human body in town, until he has received a permit from the board of 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 to another, than the receiving tomb from the board of health or its agent, or said board or the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by the preceding paragraph, 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 physician, as hereafter provided. If there is no attending physician, then as hereafter provided, shall upon application make the certificate required for the purpose, shall make such certificate. If such a permit for the removal of a human body, not previously obtained, from the removal of a human body, the commonwealth cannot be obtained early enough 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, as required by section ten of chapter forty-six, that 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 confer, 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 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 **unavoidably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resurfing, scalds, etc.), 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.**

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.

Form 11-36, No. 9080 F

201A

Suffolk (County)

Winthrop (City or Town)



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. 140

No. 225 River Rd. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gerard Boutin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U.S.
War Veteran
specify WAR)

(a) Residence. No. 225 River Rd. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U.S., if of foreign birth? 50 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced Ella Lavoie HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tower man
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.R.B. & L.R.R.
10 Date deceased last worked at this occupation (month and year) March 1937 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Napierville. (State or country) Canada

13 NAME OF FATHER Isaac Boutin

14 BIRTHPLACE OF FATHER (City) Napierville. (State or country) Canada

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Napierville. (State or country) Canada

17 Informant Mrs. Ella Boutin (wife) (Address) 225 River 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) 6/16/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 14 37 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/17, 1937, to 6/14, 1937.

I last saw him alive on 6/14, 1937, death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Dilatation of Heart 3/16/37

Contributory causes of importance not related to principal cause:

Chronic nephritis 1

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? None

If so, specify (Signed) James W. Kelly, M.D. (Address) Winthrop 11440 Date 6/16 1937

21 Holy Cross, Malden Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 17, 1937 19

22 NAME OF UNDERTAKER Richard C. Kelly Boston ADDRESS Metropolitan Funeral Service

Received and filed. 19

JUN 22 1937

(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 housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of 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 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 inquest, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 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 retinal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retinal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or 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.

141

STANDARD

CERTIFICATE OF DEATH

Registered No.

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

Lawrence J. Keleher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No.

202 Falcon St.

St., 1

Ward, East Boston

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

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)

Married

5a If married, widowed or divorced

HUSBAND of

Susan Sexton

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

65

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Ciler

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

East Bpton Ferry

10 Date deceased last worked at
this occupation (month and
year)

April 1925

11 Total time (years)
spent in this
occupation

25

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass

13 NAME OF
FATHER

Lawrence J. Keleher

14 BIRTHPLACE OF
FATHER (City)

Chuland

(State or country)

15 MAIDEN NAME
OF MOTHER

Margaret Barry

16 BIRTHPLACE OF
MOTHER (City)

Chuland

(State or country)

17

Informant

Susan Keleher (Wife)

(Address)

202 Falcon St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(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

17

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1, 1935, to June 17, 1937

I last saw her alive on June 17, 1937, 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:

Chronic Myocarditis

Date of Onset
IMPORTANT
1935

Contributory causes of importance not related to principal cause:

Chronic cystitis
Arteriosclerosis

1935

Name of operation Cystotomy Date of 6/15/37

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)

Fred O. Pegan

M. D.

(Address)

670 Beacon St

Date

6/17 1937

21

Place of Burial, Cremation or Removal

Holy Cross Malden

DATE OF BURIAL

June 19

1937

22 NAME OF
UNDERTAKER

Frederick J. Magrath

ADDRESS

64 Mundie St E. Boston

Received and filed

19

JUN 22 1937

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME, in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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 or registration a standard certificate of death, stating to the best of his knowledge, and belief the name of the deceased, his age, sex, race, date of birth, date of death, the duration of his last illness, when seen alive by the physician or officer and the cause of his death. . . . *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 and in the possession of the undertaker desiring to move 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; 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 **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 diseases **resulting from injury or infection related to occupation**, and the sudden death of a person **not disabled by recognized disease**, and those of persons **found dead**.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 112

1 PLACE OF DEATH

Suffolk

(County)

Wintthrop

(City or Town)

No. Wintthrop Community Hospital

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Jerome Green

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 100 Cliff 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 1 4 COLOR OR RACE White 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 49 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. Clothing Store 10 Date deceased last worked at JUNE this occupation (month and year) 1937 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER John F. Green

14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

15 MAIDEN NAME OF MOTHER Ellen M. Morris

16 BIRTHPLACE OF MOTHER (City) Milford Mass (State or country)

17 Informant Ellen M. Morris (Address) 100 Cliff Ave Wintthrop (Address) Relation, if any (mother)

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 19, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to June 19, 1937

I last saw him alive on June 19, 1937, 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:

	Date of Onset
1. Bronchial asthma	1912
2. Bronchiectasis	1917
3. Pulmonary emphysema	1922
(chronical)	

Contributory causes of importance not related to principal cause:

Name of operation Tonsillectomy Date of operation June 18, 1937 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 Syphilis w. infection (Signed) M. D. (Address) Wintthrop, Mass. Date June 18, 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL June 22, 1937

22 NAME OF UNDERTAKER Edwin A. Lane

ADDRESS 201 Broadway St. Boston

Received and filed June 22, 1937 19

JUN 22 1937

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *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 combination of diseases 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>	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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a 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 traumatism (including resulting asphyxia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following infection, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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. N E Baptist Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 6171

BOSTON

(City or town making return)

143

(If U. S.
War Veteran,
specify WAR)

2 FULL NAME William L Johnson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 27 Washington Ave

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

white

MARRIED

married

5a If married, widowed, or divorced

HUSBAND of Alice 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 74

Years

9

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.

milk distributor

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)

1932

11 Total time (years) spent in this occupation

15

12 BIRTHPLACE (City)

(State or country)

Canada

13 NAME OF FATHER

Hiram S Johnson

14 BIRTHPLACE OF FATHER (City)

(State or country)

Canada

15 MAIDEN NAME OF MOTHER

Deborah Ramsay

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Canada

17

Informant (Address)

Hospital records

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 26

1937

18 DATE OF DEATH

June

22

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 17

1937, to

June 22

1937

I last saw him alive on June 22, 1937, death is said

to have occurred on the date stated above, at 5.10 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary embolism with onset at
5 P M with subsequent death at 5.10
P M on 6/22/37

Contributory causes of importance not related to principal cause:

Benign pros. hypertrophy

Generalized arteriosclerosis

trans pros resection
sup. cystotomy

Date of 6/19/37

What test confirmed diagnosis? Benign pros. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J H Buskirk

M. D.

(Address) Boston

Date 6/22/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Hill Dover NH

(Cemetery)

(City or town)

DATE OF BURIAL

June 25

1937

22 NAME OF UNDERTAKER C R Bennison

ADDRESS

Winthrop

Received and filed

1937

(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. 2938-2



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

141

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 36 Bellevue Avenue

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2 FULL NAME Annie Louise Rymes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 36 Bellevue Avenue

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos.

days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 10 Months 24 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10 Date deceased last worked at this occupation (month and year) 1934 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Lawrence
(State or country) Massachusetts

13 NAME OF FATHER Albert J. Rymes

14 BIRTHPLACE OF FATHER (City) Stoughton
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Annie Clark

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant Mary E. Rymes (Relation, if any) Sister
(Address) 36 Bellevue Avenue 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) Health Officer (Date of Issue of Permit) 6/25/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 23 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 10, 1933 to June 23, 1937

I last saw her alive on June 22, 1937, death is said

to have occurred on the date stated above, at 12:06 AM

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Cerebral Hemorrhage June 15/37

Contributory causes of importance not related to principal cause:

Atherosclerosis 1935

Name of operation none Date of June 23, 1937
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Yes
(Signed) Joseph J. Phelan, M.D.
(Address) 362 S. Bailey St. Date June 24, 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Hope Boston Mass
(Cemetery) (City or town)

DATE OF BURIAL June 26, 1937

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 141 Winthrop St. Winthrop Mass.

Received and filed JUN 30 1937

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 *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*, *woodsmith*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	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 lot to other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or its insufficiency, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 of death made as above provided and in the possession of the undertaker desiring to make as above provided and in the possession of the undertaker removal provided, that such removal 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, through 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 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 **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 fully 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.

1

PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

2

FULL NAME

Goldie Rudensky
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a)

Residence. No.

150 Shore Drive
(Usual place of abode)

Ward

Winthrop
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

1

years

months

days.

How long in U.S., if of foreign birth

50

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

Widow

6a If married, widowed, or divorced

HUSBAND of

Samuel Rudensky
(Give maiden name of wife in full)

(or) WIFE of

Samuel Rudensky
(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.

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)

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

Russia

(State or country)

13 NAME OF FATHER

David Stewart

14 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

15 MAIDEN NAME OF MOTHER

Mildred Corns

16 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

17 Informant (Address)

Heber Halpern (Daughter)
150 Shore Drive, Winthrop

18 DATE OF DEATH

June 23 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 10 1935, to June 23 1937

last saw him alive on June 23 1937, death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary Thrombosis June 1937

Contributory causes of importance not related to principal cause:

Atherosclerosis 1934

Senility 1936

Name of operation

None

Date of

What test confirmed diagnosis

Clinical & Lab

Was there an autopsy?

No

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

21 (Signed)

22 (Address)

23 PLACE OF BURIAL, Crematorium or Removal (City or Town)

DATE OF BURIAL

June 25 1937

24 NAME OF UNDERTAKER

ADDRESS

10 West St. W.

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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

145

To be filed for burial permit with Board of Health or its Agent

100m 11 '36, No. 9080 F

100m 11 '36, No. 9080 F

RETURN OF CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to 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 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>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required 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 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 character of the disease, or as to the manner or cause of the death, (THE CENTENARY EDITIONS). 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 character of the disease, or as to the manner or cause of the death, (THE CENTENARY EDITIONS). shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known otherwise, and to the town clerk or registrar, if known, and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or, from the funeral is to be held, or from a 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) **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, electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation**, and the **sudden death of persons not disabled by recognized disease**, and those of persons found dead.

PHYSICIANS should state EXACTLY. Cause of death and statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dade
Precinct (County)
(Write name, not number)
or
Inc. Town
or
City

NON RESIDENT COPY

State File No. 176

City or Town No.

Registered No. 292

No. 30 miles W. of Miami St. Ward
Ward Winthrop Beach Mass
Place of residence (city or town where death occurred) Ward Winthrop Beach Mass
How long in U. S. of foreign birth?

2. FULL NAME Edgar Hay Whitney

(a) Residence: No. Winthrop Beach Club
(Usual name, address)

Ward Winthrop Beach Mass
(If independent, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. COLOR OR RACE W.
2. Single, married, widowed or divorced (write the words) Single
3. If married, widowed or divorced HUSBAND of (or) WIFE of
4. DATE OF BIRTH (month, day and year) Dec 29 - 1858
5. AGE 78 Years Months Days If LESS than 1 day, ... hrs. min.

6. DATE OF DEATH (month, day, and year) Jan 25 - 1937
7. I HEREBY CERTIFY, That I attended deceased from 1-25 1937 to 1-25 1937
I last saw him 1-25 1937, death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
accidental drop

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Inventor
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1-4-36
11. Total time (years) spent in this occupation 40

12. Contributory causes of importance (not related to principal cause)
13. Name of operation Date of
14. What test confirmed diagnosis? Was there an autopsy?
15. If death was due to natural causes (statement) fill in above the following:
Accident TRIP Date of injury 1-25-37
Where did injury occur?
Specify whether injury occurred in home, on highway, or in public place.

16. BIRTHPLACE (city or town) Dublin
(State or country) Irish
17. NAME Nathan Whitney
18. BIRTHPLACE (city or town) England
(State or country)
19. MAIDEN NAME Hay
20. BIRTHPLACE (city or town) England
(State or country)

21. Name of operation Date of
22. What test confirmed diagnosis? Was there an autopsy?
23. If death was due to natural causes (statement) fill in above the following:
Accident TRIP Date of injury 1-25-37
Where did injury occur?
Specify whether injury occurred in home, on highway, or in public place.

21. INFORMANT Marian J. Whitney
(Address) 708 San Esteban Court S.W.
22. BURIAL CREMATION, OR REMOVAL 1-26-37
Place St. Ann's Cemetery
23. UNDERTAKER W. L. Philbrick
(Address) Miami Fla.

24. Where did injury occur?
Specify whether injury occurred in home, on highway, or in public place.
25. Name of injury
26. Nature of injury
27. Was there an autopsy?
If so, specify
28. (Signature) W. L. Philbrick
29. (Signature) W. L. Philbrick

FILED 19 1937

30. (Signature) W. L. Philbrick

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that

... and by the action of chemical (drugs or poisons, etc.), or electrical agents, and deaths following abortion, but also deaths



JUN 11 1937 AM

PLACE OF DEATH

(County)

(City or Town)

No.

St.,

Ward

{ (If death occurred in a hospital or institution
give its NAME instead of street and number

Registered No.

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.

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

X

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

married, widowed, or divorced

AND of (Give maiden name of wife in full)

WIFE of (Husband's name in full)

STILLBORN, enter that fact here.

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
occupationBIRTHPLACE (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)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:

(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

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

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 (City or Town)

DATE OF BURIAL..... 19.....

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed..... 19.....

A TRUE COPY ATTEST:

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, 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, 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.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, send 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, denied 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 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 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 fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.**

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 100 Sargent St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 117

2 FULL NAME Joseph J. Davenex

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 100 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

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Male

White

Widowed

6a If married, widowed, or divorced

HUSBAND of

Margaret A. Dolan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE

75

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Plumbing Supplies

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City)

Winchester

(State or country)

Mass

13 NAME OF FATHER

Cannot be learned

14 BIRTHPLACE OF FATHER (City)

(State or country)

Cannot be learned

15 MAIDEN NAME OF MOTHER

Margaret A. Dolan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Cannot be learned

17

Relation, if any

Informant (Address)

Frederick Davenex (Son)
100 Sargent 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 for other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

June 15, 1937, to June 25, 1937

I last saw him alive on June 25, 1937, 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:

Heart Failure

Date of Onset

IMPORTANT

Contributory causes of importance not related to principal cause:

JUN 26 1937

(Registrar)

Statement of occupation.—*Place* 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 to account of the disease causing death, report the date and the cause of illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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. Do not give "distinction" in occupation, as CARPENTER, MECHANIC, and so on. Distinguish between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a ALTERN.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, not the mode of dying. *E. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
The principal cause of death and related causes of the important in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the cause of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No **undeleaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undeleaker 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 reformed and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 and in the possession of the undeleaker, destined 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 days of the date of such removal, and shall be reinterred therein after the removal of such body has been completed, as required by section ten of chapter forty-six, that 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. (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. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury any human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no health board, from the clerk of the town where the body is to be buried; and the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46, G. L. (TRECENTARY 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 diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** must investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from 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.

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Ward	
17 (County)		Suffolk		Ward	
17 (City or Town)		Roslindale		148	
No. 17		St. 17		Registered No. 148	
2 FULL NAME		Coras, Manton Pierce		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. 17		St. 17		(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 21 yrs. 6 mos. 8 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 (Give maiden name of wife in full)					
(or) WIFE of Clara E. MacDonald (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	67	Years	6	Months	8 Days
If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Salesman				
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Paper Dealer				
10 Date deceased last worked at this occupation (month and year)	6/23/37				
11 Total time (years) spent in this occupation	30				
12 BIRTHPLACE (City) (State or country)	Birmingham, Ala.				
13 NAME OF FATHER	George Pierce				
14 BIRTHPLACE OF FATHER (City) (State or country)	Unable to obtain				
15 MAIDEN NAME OF MOTHER	Catherine Scott				
16 BIRTHPLACE OF MOTHER (City) (State or country)	Unable to obtain				
17 Informant (Address)	820 A Pierce (Son) 67 Beacon St. Roslindale				
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)					
Health Officer 6/30/37					
(Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH	June 28 1937				
(Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from	March 24 1927, to June 28 1937				
I last saw him alive on June 28 1937, 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:					
Chronic myocarditis					Date of Onset
Acute myocarditis					Mar 1927
Contributory causes of importance not related to principal cause:					June 28 1937
Dilated heart					Jan. 1931
Name of operation none Date of					
What test confirmed diagnosis? Personal obs. Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No					
If so, specify (Signed) (Address) (Date)					
21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)					
DATE OF BURIAL 7/1/37 1937					
22 NAME OF UNDERTAKER C. A. Bennett					
ADDRESS					
Received and filed 19					
A TRUE COPY, ATTEST: JUN 30 1937 (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 or during his last illness, at the request of the family of the deceased, furnish for registration an authorized certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed cause of the disease of which he died, defined as required by section 9, where the name was ascertained, 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.*

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*, *steamboat engineer*, etc. Avoid the term "laborer" when a more precise designation of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	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 held, or from a 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.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

PLACE OF DEATH

Middlesex

(County)

Lexington

(City or Town)

No. Medical & Surgical Building
Metropolitan State Hospital

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 149

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cosgrove, Edmund L.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR.)

(a) Residence. No. 92 Cliff Ave.

St., Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 3 mos. 21 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 4 Months 28 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) Rockport (State or country) Mass.

13 NAME OF FATHER Michael Cosgrove

14 BIRTHPLACE OF FATHER (City) Not Given (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Myer

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant Met. State Hospital Records (Address) Waltham, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Salomon Gagnon

(Signature of Agent of Board of Health or other)

Sp. Ag't of Board of Health 2/19/37

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 19 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan. 30, 1937, to Feb. 19, 1937

I last saw him alive on Feb. 19, 1937, 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:

Lobar Pneumonia, Type undetermined 48 hr

Contributory causes of importance not related to principal cause:

Name of operation None Clinical & 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) Oscar J. Marcell (Address) Met. State Hospital Date 2/19/37 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem., Malden (Cemetery) (City or town)

DATE OF BURIAL Feb. 22, 1937

22 NAME OF UNDERTAKER John F. O'Maley ADDRESS 29 Atlantice Ave. Winthrop

Received and filed Feb. 23 1937 James J. Carroll

A TRUE COPY, ATTEST:

(Registrar)



JUL 26 1937 AM

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **150**

PLACE OF DEATH

Middlesex
(County)Lexington
(City or Town)No. Medical & Surgical Building,
Met. State HospitalWard { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Abraham Rosenberg

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 375 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 6 yrs. 3 mos. 24 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

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

30

Years

Unk

Months

Unk

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)Boston,
Mass.13 NAME OF
FATHER

Morris Rosenberg

14 BIRTHPLACE OF
FATHER (City)
(State or country)Not given
Russia15 MAIDEN NAME
OF MOTHER

Annie Cohen

16 BIRTHPLACE OF
MOTHER (City)
(State or country)Not given
Russia17
Informant
(Address)Records of Met. State Hospital
Waltham, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Solomon Gagnon

(Signature of Agent of Board of Health or other)

Sp. Ag't of Board of Health 4/5/37

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH

April

5

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
October 1, 1933 to April 5, 1937

I last saw him alive on April 5, 1937, death is said

to have occurred on the date stated above, at 9:24 A. M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Meningococcus Meningitis

4 days

Contributory causes of importance not related to principal cause:

Name of operation None

Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

William Corwin

M. D.

(Address) Met. State Hospital Date 4/5/1937

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Adath Israel, West Roxbury
(Cemetery) (City or town)

DATE OF BURIAL April 6 1937

22 NAME OF
UNDERTAKER Jacob H. Levine

ADDRESS 394 Washtington St., Dorchester

Received and filed

April 12 1937

James J. Carroll

A TRUE COPY, ATTEST:

(Registrar)

RECEIVED



JUL 26 1937 AM

CAUSE OF DEATH in plain terms, so 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. 36 North Avenue

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

151

2 FULL NAME Addie Alberta (Mitton) Noyes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 36 North 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

yrs. 3 mos.

days. How long in U. S., if of foreign birth?

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Divorced (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Warren Verrington Noyes)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 8 Months 14 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

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) Jan 1937 11 Total time (years) 35

12 BIRTHPLACE (City) Lincoln (State or country) Maine

13 NAME OF FATHER Abraham H. Mitton

14 BIRTHPLACE OF FATHER (City) Maine (State or country)

15 MAIDEN NAME OF MOTHER Emily Lee

16 BIRTHPLACE OF MOTHER (City) Lee (State or country) Maine

17 Informant William F. Noyes (son) (Address) 36 North 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

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

19 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on June 27, 1937, death is said

to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of sigmoid

Contributory causes of importance not related to principal cause:

Carcinoma of rectum one removed 15 yrs. the other two years

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) (Address) Date

21 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln Maine (City or town)

DATE OF BURIAL July 3, 1937

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed JUL 6 1937

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 may be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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*, *governess*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *Grocery store*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief electrical engineer*, *mining engineer*, *mechanical engineer*, etc. Avoid the term "laborer" 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, 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
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
Contributory causes of importance not related to principal cause:	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, directed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer, and the date of his death....

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 purpose, or is insufficient, a physician who is a 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. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter be furnished for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L.*

(*Continued on next page*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(c) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. This includes not only deaths caused directly by acts of physical trauma (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.

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. 152

1 PLACE OF DEATH *Winthrop* (City or Town)
No. *94* *94 Circuit Rd. Winthrop* St. *Winthrop* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Flora Ferrell*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *94 Circuit Rd. Winthrop Mass.* Ward, *Winthrop*
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *39* 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)

18 DATE OF DEATH *about July 5-6, 1937*
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of *Bennett B. Ferrell* (Give maiden name of wife in full)
(or) WIFE of *Bennett B. Ferrell* (Husband's name in full)

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.)

6 IF STILLBORN, enter that fact here.

7 AGE *71* Years *5* Months Days If less than 1 day Hours Minutes

Death of a person who had been found dead in home

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) *Brunswick* (State or country) *Quebec*

13 NAME OF FATHER *Royal L. Nevers*

14 BIRTHPLACE OF FATHER (City) *Sweden* (State or country) *Me.*

15 MAIDEN NAME OF MOTHER *Mary S. Bennet*

16 BIRTHPLACE OF MOTHER (City) *Sweden* (State or country) *Me.*

17 Informant *C.A. Nevers* (Address) *266 Bowdoin St. Winthrop*

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) *Raymond D. Heady* M. D. (Address) *266 Bowdoin St. Winthrop* Date *7/15/37*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop* (Cemetery) *Winthrop* (City or town)

DATE OF BURIAL *July 15 1937*

22 NAME OF UNDERTAKER *Richard W. White*

ADDRESS *147 Winthrop St. Winthrop Mass.*

Received and filed *19*

JUL 19 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 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.)*

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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.)*

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.)"

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)



Brookline 8/9/37
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston notifying 7/8/37
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 153

No. Station Hospital, Fort Banks, Winthrop, Mass St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ROBERT J. MERRICK

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 66 Chiswich Road
(Usual place of abode)

St., Ward, Brighton, Brookline, Massachusetts

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months 6 days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Married (Legal Separation) WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Mrs. E. M. Merrick (Maiden name unknown) (Give maiden name of wife in full) known (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 40 Years 5 Months 26 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Officer (Military) 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Captain, Cavalry United States Army 10 Date deceased last worked at this occupation (month and year) June 1937 11 Total time (years) spent in this occupation 21

12 BIRTHPLACE (City) Unknown (State or country) Ohio

13 NAME OF FATHER U

14 BIRTHPLACE OF FATHER (City) N (State or country) K

15 MAIDEN NAME OF MOTHER N O

16 BIRTHPLACE OF MOTHER (City) W N (State or country)

17 Informant Registrar, Station Hospital, Ft. Banks (Address) 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) 7/9/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 7th 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 1st, 1937, to July 7th, 1937

I last saw him alive on July 7th, 1937, death is said

to have occurred on the date stated above, at 11:22 PM

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage, old, moderate Date of Onset Oct. 1935 Epilepsy, grand mal, severe Jul. 1937

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify ROBERT E. THOMAS, Lt Col, M.C. M. D. (Signed) Fort Banks, Mass. Date 19

21 Cheyenne Wyoming (City or Town)

DATE OF BURIAL July 13 Or 14 1937

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed JUL 1 1937 19

A TRUE COPY ATTEST

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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. 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and under the name of the deceased, his supposed age, the disease of which he died, the cause as required by section one, where same was contracted, the duration of his last illness, from first seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury, or otherwise dispose of a body in a town, remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 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. (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.

hiswick Road is in Brighton not Brookline.
I would therefore advise you to send the
enclosed death certificate to the City Clerk,
in Boston.

Arthur J. Skinner

Town Clerk
Brookline, Mass.



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Rutland
(City or town making return)

Registered No. 106

PLACE OF DEATH

Worcester
(County)

Rutland
(City or Town)

No. Jewish Tuberculosis Hospital St.,

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lena Gasule
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 27 Trident St., Ward, Winthrop, Mass.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

18 DATE OF DEATH July 7, 1937
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Louis Gasule (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from October 18, 1936 to July 7, 1937
I last saw her alive on July 6, 1937, 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:

Pulmonary tuberculosis 1933

Contributory causes of importance not related to principal cause:

Diabetes mellitus

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 Leo Abramowitz
(Signed) Rutland, Mass. Date 7/7, 1937 M.D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Everett, Mass.
(Cemetery) (City or town)

DATE OF BURIAL July 7, 1937

22 NAME OF UNDERTAKER ADDRESS 10
Received and filed

(Registrar of City or Town where deceased resided)

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.
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 Bencovitz

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER Sherin, cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Louis Gasule (husband)
(Address)

A TRUE COPY.

ATTEST: Louis M. Hauff
(Registrar of city or town where death occurred)

DATE FILED July 7, 1937

19



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 2938-9

1 PLACE OF DEATH

2 FULL NAME

(a) Residence. No.

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

(Give maiden name of wife in full)

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

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 or 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. 155

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

8

1937

(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 1:30 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Principal Cause
Probably Chronic Myocarditis

Date of Onset

July 1936

Contributory causes of importance not related to principal cause:

Diabetes Mellitus
Arteriosclerosis

1927

1927

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 Raymond B. Parker

(Signed) M. D.

(Address) Winthrop Board of Health Date July 9 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL July 10 1937

19

22 NAME OF UNDERTAKER Charles P. Bemis

ADDRESS Winthrop - Mass.

Received and filed..... 19.....

A TRUE COPY, ATTEST:

JUL 19 1937

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 so 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 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, within 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. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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).*

Gen. Laws, Chap. 38, Sec. 1.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 1.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **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

(City or town making return)

156

Suffolk

(County)

Winthrop

(City or Town)

No. 49 Johnson Avenue

St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

2 FULL NAME Samantha E. Emery (Nicholson)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 49 Johnson Avenue

(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 (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Christopher L. Emery

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 92 Years 5 Months 1 Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

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)

1910

11 Total time (years)
spent in this
occupation 4212 BIRTHPLACE (City)
(State or country)Hornell
New York13 NAME OF
FATHER

Jonathan Nicholson

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Unknown

15 MAIDEN NAME
OF MOTHER

Martha Stevens

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Unknown

17 Informant Mrs. Fred Barkley (daughter)
(Address) 49 Johnson Avenue 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 July 9 1937
(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 3:30 A. M.

The principal cause of death and related causes of importance in order of onset
were as follows:Probable
acute myocardial infarction July 9 1937

Natural Cause

Contributory causes of importance not related to principal cause:

Probably chronic
myocarditis 1927Name 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 July 9 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Almond N. Y.
(Cemetery) (City or town)

DATE OF BURIAL July 12, 1937 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST:

JUL 19 1937 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 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 an attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 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 examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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—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, 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.

PHYSICIANS should state CAUSE OF DEATH
 tion should be carefully supplied. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very
 in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.
 important.

PLACE OF DEATH

Suffolk
(County)Mass.
(City or Town)

No. 16 Washington Ave.

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

4378

2 FULL NAME Sarah A. Gaffney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 Washington Ave.

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

12 years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

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)

Peter J. Gaffney

(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.

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)Total time (years)
month in this
occupation 30
October 1936

12 BIRTHPLACE (City)

East Boston,

(State or country)

Mass.

13 NAME OF
FATHER

John A. Marshall

14 BIRTHPLACE OF
FATHER (City)

East Boston

(State or country)

Mass.

15 MAIDEN NAME
OF MOTHER

Catherine Sheehan

16 BIRTHPLACE OF
MOTHER (City)

St. John

(State or country)

N. B.

17

Relation, if any

Informant
(Address)Peter J. Gaffney (husband)
16 Washington Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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.

4378

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.

War Veteran

(specify WAR)

157

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

11

(Day)

1937

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1, 1937, to July 11, 1937.

I last saw him alive on July 11, 1937, death is said

to have occurred on the date stated above, at 7:30 PM

The principal cause of death and related causes of importance in order of onset
were as follows:

Curious of pneumonia

Date of Onset
IMPORTANT

1937

Contributory causes of importance not related to principal cause:

Curious of pneumonia

1937

Name of operation none Date of

What test confirmed diagnosis? microscopy Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George J. Gaffney M. D.

(Address) 16 Washington Ave., Winthrop Date 7-15-37

21 Winthrop, Winthrop

Place of Burial, City or Town (City or Town)

DATE OF BURIAL July 13, 1937 19

22 NAME OF
UNDERTAKER

ADDRESS East Boston

Received and filed 19

JUL

(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 SPINNING, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not miss 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, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, above said, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required, by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 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 on 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.

...The shall, in all cases, certify the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a designation as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 (things or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation; the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Melrose

(City or town making return)

Registered No. 153

PLACE OF DEATH

Middlesex
(County)

Melrose

(City or Town)

No. Melrose Hospital

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred L. Witherell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 5 Sumit 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 14 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Laura Warner Witherell
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 7 Months 11 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard

10 Date deceased last worked at this occupation (month and year) 1937 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Lynn
(State or country) Mass.

13 NAME OF FATHER John H. Witherell

14 BIRTHPLACE OF FATHER (City) Nahant
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Alice E. Johnson

16 BIRTHPLACE OF MOTHER (City) Nahant
(State or country) Mass.17 Informant Mrs. Laura Witherell (wife)
Address 5 Sumit Ave., WinthropA TRUE COPY Raymond H. Greenlaw
ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 16, 1937

19.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 13, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 7/37, 19, to July 13/37, 19.

I last saw him alive on July 13/37, 19, death is said to have occurred on the date stated above, at 11:30 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Gastric Ulcer

Date of onset

Contributory causes of importance not related to principal cause:

Myocarditis

7/10/37

Renal Suppression

7/11/37

Name of operation Gastro-enterotomy Date of 7/9/37

What test confirmed diagnosis? Operative Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roscoe D. Perley

M. D.

(Address) Melrose, Mass.

Date 7/14/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL July 16, 1937 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS Winthrop, Mass.

Received and filed

JUL 16 1937

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

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 113 Revere St.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 159

2 FULL NAME Isabelle (McDougal) McDonald

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 113 Revere St

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Allan McDougal

(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.

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) 1936

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City)

(State or country)

Prince Edwards Island

13 NAME OF FATHER

----- McDougal

14 BIRTHPLACE OF FATHER (City)

(State or country)

Prince Edwards Island

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Prince Edwards Island

17

Informant (Address)

Mrs. Joseph Flannery (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. Levesque

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)



MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

July 15 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

July 7 1937, to July 15 1937.

I last saw him alive on July 15 1937, 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:

Date of Onset

Cerebral lesion 3

Contributory causes of importance not related to principal cause: Myocarditis 3

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 2

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. P. Flannery M. D. (Address) 7/10/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL July 16 1937 19

22 NAME OF UNDERTAKER John F. O'Keefe

ADDRESS Winthrop, Massachusetts.

Received and filed JUL 19 1937 19

A TRUE COPY, ATTEST: (Registrar)

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *homework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." 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 related to principal cause, name 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	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 forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall 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 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 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.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hos. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(Baby) Mercusio

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 67 Tuttle St. Revere 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

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)

8 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) Winthrop, Mass.
(State or country)

PARENTS

13 NAME OF FATHER

Chris Mercusio

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Julia F. Rio

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

17

Informant (Address)

Chris Mercusio (father)
67 Tuttle 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:

William D. Chidress
(Signature of Agent of Board of Health or other)

(Official Designation)

July 31/37
(Date of Issue of Permit)Received 8/9/37
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 160

(If U. S.

War Veteran

(specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

27

(Month)

1937

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 27, 1937, to July 27, 1937,

I last saw him alive on July 27, 1937; 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:

Still Born

Date of Onset

IMPORTANT

7-27-37

Contributory causes of importance not related to principal cause:

Name of operation

What test confirmed diagnosis? Cholecystectomy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Smith

(Address) 67 Revere St. Date 1/31 1937

21 St. Michael Cemetery Boston Mass

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 31 1937

22 NAME OF UNDERTAKER Charles Bruno & Son

ADDRESS 14 Boston Ave. Revere

Received and filed 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 for a family employed may be returned as at school or at home. For a woman whose only occupation was that of home housewife, write **HOUSEWORK** in answer to Question 8 and **OWN HOME** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as **BOWSEKEEPER—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, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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 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 retical, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 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. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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. 6543

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Boston Psychopathic Hosp. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ellen M.

Dane

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

161

(a) Residence. No.

1 Strandway

St.,

Ward, Pt Shirley 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)

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

Thomas I. Dane

(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.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Jan 1937

11 Total time (years)

spent in this

occupation 26

12 BIRTHPLACE (City)

(State or country) Ireland

13 NAME OF FATHER

Andrew Molloy

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)

Husband -

above

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 10 1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

7

1937

(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

Psychosis - alcoholism.

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)

C. J. O'Leary

M. D.

(Address)

Boston

Date 7/7/ 19 37

22 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Joseph's

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

July 9

19 37

23 NAME OF UNDERTAKER

R. C. Kirby

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **162**

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 Levi Edson**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)*Spanish American*(a) Residence. No. **32 Tafts Avenue**

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred **12** yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
----------------------	---------------------------------	---

(write the word)

5a If married, widowed, or divorced
HUSBAND of **Lillian Wells**

(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **61** Years **5** 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.	Automobile truck driver
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Croft Brewing Co
	10 Date deceased last worked at this occupation (month and year)	July 1935

11 Total time (years)
Spent in this occupation **5**12 BIRTHPLACE (City)
(State or country) **Wilbraham Massachusetts**13 NAME OF FATHER **Franklin W. Edson**14 BIRTHPLACE OF FATHER (City)
(State or country) **Unable to obtain**15 MAIDEN NAME OF MOTHER **Anna M. Cannon**16 BIRTHPLACE OF MOTHER (City)
(State or country) **Unable to obtain**17 **Lillian W. Edson** (Relation, if any)
Informant (Address) **32 Tafts Ave. Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **8/3/37**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **8** (Month) **1** (Day) **31** (Year)19 I HEREBY CERTIFY, That I attended deceased from **7/24** 19**35** to **8/1** 19**37**I last saw him alive on **8/1** 19**37**, death is said to have occurred on the date stated above, at **7:20** a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Peperated Gangrenous Appendicitis
*General Peritonitis*Date of Onset **7/24**

Contributory causes of importance not related to principal cause:

*Broncho Pneumonia*Name of operation *Appendectomy* Date of **7/24/37**
What test confirmed diagnosis? Was there an autopsy? **No**20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

(Signed) *Harry W. Edson* M. D.(Address) *Winthrop* Date **8/3** 19**37**21 PLACE OF BURIAL, CREMATION OR REMOVAL **Hope Worcester**

(Cemetery)

(City or town)

DATE OF BURIAL **August 3, 1937** 19**37**22 NAME OF UNDERTAKER **Charles R. Bennison**ADDRESS **Winthrop Mass**Received and filed **AUG 4 1937** 19**37**

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 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 whom they have given bedside care during a last illness, from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recent disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting asphyxia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, 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.

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 12-25 No. 6156F

2 FULL NAME *Julia Fino Mercurio*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *67 Tuttle* St., *3* Ward, *Revere*
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *23* years months days. How long in U.S., if of foreign birth? years months days.

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S. War Veteran specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX <i>Female</i> 4 COLOR OR RACE <i>White</i> 5 SINGLE MARRIED WIDOWED or DIVORCED <i>Married</i> (write the word) 6a If married, widowed, or divorced HUSBAND of <i>Christopher Mercurio</i> (Give maiden name of wife in full) (or) WIFE of <i>Christopher Mercurio</i> (Husband's name in full) 8 IF STILLBORN, enter that fact here. 7 AGE <i>33</i> Years Months Days If less than 1 day Hours Minutes 8 Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <i>Housewife at home</i> 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) <i>Jan 1 1937</i> 11 Total time (years) spent in this occupation <i>14 months</i> 12 BIRTHPLACE (City) <i>Boston</i> (State or country) <i>Mass.</i> 13 NAME OF FATHER <i>John Fino</i> 14 BIRTHPLACE OF FATHER (City) <i>Italy</i> (State or country) 15 MAIDEN NAME OF MOTHER <i>Caroline De Ambrosio</i> 16 BIRTHPLACE OF MOTHER (City) <i>Italy</i> (State or country) 17 Informant <i>Chris Mercurio (Husband)</i> Relation, if any (Address) <i>67 Tuttle St. Revere Mass.</i>	18 DATE OF DEATH <i>Aug 1 1937</i> (Month) (Day) (Year) 19 I HEREBY CERTIFY That I attended deceased from <i>July 26 1937</i> to <i>Aug 1 1937</i> I last saw <i>her</i> alive on <i>Aug 1 1937</i>, death is said to have occurred on the date stated above, at <i>11:45 a.m.</i> The principal cause of death and related causes of importance in order of onset were as follows: <i>Paralytic Strokes</i> Contributory causes of importance not related to principal cause: <i>Cerebral</i> Name of operation <i>Cerebral</i> Date of <i>7-27-37</i> What test confirmed diagnosis? <i>Autopsy</i> 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>N.L. metastasis</i> (Signed) <i>H. L. M. Steff</i> M. D. (Address) <i>62 Revere St.</i> Date <i>8-3 1937</i> 21 <i>Holy Cross Cemetery, Malden</i> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <i>August 3 1937</i> 22 NAME OF UNDERTAKER <i>Charles Bruno & Son</i> ADDRESS <i>14 Proctor Ave. Revere, Mass.</i> Received and filed <i>19</i>
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I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. B. Childs
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *8/13/37* (Date of Issue of Permit)

AUG 1 1937 (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 actually employed may be returned as at school, or at home. For a woman whose only occupation was that of housework, write "HOUSEWORK." In answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—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 STRIKER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second Cause Given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sex, 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 tomb, remove therefrom a human body which has or been buried, until he has received a permit from the board of 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 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 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 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 examiner shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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.

1. If the deceased was a resident of the Commonwealth of Massachusetts, the date of onset and exact statement of occupation are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36. No. 9080 F

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filled for burial permit
with Board of Health
or its Agent.

Registered No. Y378.

No. 61 Shirley St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME P. Austin Mac Cormack (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR) 164

(a) Residence. No. 61 Shirley St., Ward (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M. 4 COLOR OR RACE Wh 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

18 DATE OF DEATH August 2 1937 (Month) (Day) (Year)

6a If married, widowed or divorced HUSBAND of Florence M. Hadley (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY That I attended deceased from July 1, 1937, to August 2, 1937 last saw him alive on August 1, 1937, death is said to have occurred on the date stated above, at 4 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 40 Years Months Days If less than 1 day Hours Minutes

Date of Onset July 1937 IMPORTANT

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney, Accountant 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Bros Corp 10 Date deceased last worked at this occupation (month and year) July 1937 11 Total time (years) spent in this occupation 15 yrs

Contributory causes of importance not related to principal cause: Putacento Bacterial Endocarditis July 1937 Mitral stenosis 1930 Rheumatic heart disease 1930

12 BIRTHPLACE (City) East Boston (State or country) Mass

Name of operation none Date of What test confirmed diagnosis clinical Was there an autopsy No

13 NAME OF FATHER Alexander Mac Cormack

20 Was disease or injury in any way related to occupation of deceased? If so, specify fat

14 BIRTHPLACE OF FATHER (City) Salem (State or country) Cape Breton

(Signed) Paul G. Abrams M. D. (Address) 562 Shirley St Date Aug 3 1937

15 MAIDEN NAME OF MOTHER Elizabeth Curry

21 Dorchester, Dorchester Place of Burial, Cremation or Removal (City or Town)

16 BIRTHPLACE OF MOTHER (City) Sidney (State or country) Cape Breton

DATE OF BURIAL Aug 4 1937 19

17 Informant (Address) Mrs. Florence M. Hadley 61 Shirley St Dorchester

22 NAME OF UNDERTAKER P. O. Kirby ADDRESS 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) W. M. L. Sullivan (Official Designation) Health Officer (Date of Issue of Permit) 8/4/37

Received and filed Aug 4 1937 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 illness, if the deceased had retired from 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 to **QUESTION 9**. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL**, etc. For a person who had no occupation whatever write **NONE**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER, WEAVER**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **CARPENTER, PAINTER, MACHINIST**, etc. Distinguish carefully between **RETAIL MERCHANTS** and **WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Atrial fibrillation</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 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 medical unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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

165

Registered No.

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 Raymond H. Fitzmaurice
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 20 Coral Ave St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. days. How long in U. S., if of foreign birth? 44 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 August 2 - 1937
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Dorothy
(Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from August 2, 1937, to August 2, 1937.

(or) WIFE of Raymond H. Fitzmaurice
(Husband's name in full)

I last saw him alive on August 2, 1937, death is said

6 IF STILLBORN, enter that fact here.

to have occurred on the date stated above, at 6 P. M.

7 AGE 45 Years 7 Months 8 Days If less than 1 day
Hours 0 Minutes

The principal cause of death and related causes of importance in order of onset were as follows:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Raymond Inc.
10 Date deceased last worked at this occupation (month and year) July 1937 11 Total time (years) spent in this occupation 20

Gastro-Intestinal Hemorrhage 9 A. M. Aug-2-37

12 BIRTHPLACE (City) Nova Scotia
(State or country)

Contributory causes of importance not related to principal cause:

13 NAME OF FATHER James H. Fitzmaurice

Ulcer of Stomach ?

14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

Name of operation Ulcer of Stomach Date of Aug 2 1937

15 MAIDEN NAME OF MOTHER Ida E. Nickerson

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

20 Was disease or injury in any way related to occupation of deceased? No

17 Informant Mrs. Raymond H. Fitzmaurice
(Address) 20 Coral Ave., Winthrop, Mass.

(Signed) Edward J. Paunzen M. D.
(Address) 200 Washington Ave Date Aug 3 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodawn Everett
(Cemetery) (City or town)

DATE OF BURIAL August 6 1937 1937

22 NAME OF UNDERTAKER J. E. Henderson Co.

ADDRESS 517 Broadway Everett

Received and filed AUG 4 1937 1937

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/4/37

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith with endorsement it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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, and as such persons are not transferred to any hospital.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is required.
- (3) Medical Examiners will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engine*, etc. Avoid the term *laborer*, when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, 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 complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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>	1015
<i>Chronic interstitial nephritis</i>	1021
<i>Cerebral hemorrhage</i>	July 5, 1027
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

166

Suffolk

(County)

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Winthrop

(City or Town)

No. 31 Harbor View Avenue

St.:

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Peter William Fletcher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 31 Harbor View 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 28 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

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of Julia Beeley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 73

Years 6

Months 10

Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Sheet Metal Worker

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) Aug. 1, 1937

Total time (years)

Spent in this

occupation 50

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF
FATHER

Peter William Fletcher

14 BIRTHPLACE OF
FATHER (City)

(State or country)

England

15 MAIDEN NAME
OF MOTHER

Jane Irwin

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

17

Informant Mrs. Julia B. Fletcher wife

Relation, if any

(Address)

31 Harbor View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
furnished 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) 8/5/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, that I attended deceased from

8/1/37, 1937, to 8/2/37, 1937

I last saw him alive on 8/2/37, 1937, 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:

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

1937

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Woodlawn

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

August 5,

1937

22 NAME OF
UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop Mass

Received and filed

19

A TRUE COPY, ATTEST:

AUG 5

1937

(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 or during whose last illness, at the request of an undertaker or authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 **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 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, allowed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 be returned to the board of health, or its agent, for the purpose of making such removal, shall constitute a permit for such removal, provided, that when such body shall be returned to the town from which it was removed, a permit shall be returned to the town from which it was removed for the use of the board of health and such person, unless a permit be used for the removal of the body, shall be liable to be punished as a trespasser. If the death certificate contains such statement as is required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, or its agent, upon receipt of such statement and certificate, shall forthwith 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.*

(Mortuary Examiners.)

Mortuary examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health at its next

he has received a permit so to do, or if he died before or his appointment to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap.* 114, Sec. 46, *C. L.*, (175th 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) **Physical Examiners** will investigate and certify to all deaths respectively 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, thus including deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation very important, so that the 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*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the following words with *their* meanings: *civil*, *electrical*, *mechanical*, *metallurgical*, *sailmaking*, *surveying*, *textile*, etc. Avoid the term "laborer," which means more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carver*, *joiner*, *painter*, *machinist*, etc. Distinguish carefully between *tailor*, *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, 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
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atherosclerosis</i>	1919
<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.

CAUSE AND MANNER OF DEATH. See reverse side for extracts from the laws relative to the return of certificates 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.

Registered No. **2378**

167

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 156 Shirley St.

St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Dorothy Philenas Burditt
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 156 Shirley St. Winthrop Ward,
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 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 John H. Burditt (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 30 Years 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, day, year) July 1937
11 Total time (years) spent in this occupation 14

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER George T. Dealla

14 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass

15 MAIDEN NAME OF MOTHER Josephine M. Lean

16 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass

17 Informant (Address) 156 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)

HENRY F. RILEY
(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug - 2 - 1937
(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.)

Cirrhosis Liver
Chronic Prostatitis
Spontaneous Rupture Right Lung

Collapsed & died quickly in her bed

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) Mrs. J. Buckley, M. D.
(Address) Boston Aug 2 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) Holy Trinity
(City or town) Boston

DATE OF BURIAL Aug 5 1937

NAME OF UNDERTAKER R. O. Kirby
ADDRESS East Boston

Received and filed 19

AUG 9 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

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-12-34, No. 2938-g

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) 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. 168			
2	FULL NAME Mary Ella Flint (If deceased is a married, widowed or divorced woman, give also maiden name.)	{ (If U. S. War Veteran, specify WAR)			
(a)	Residence. No. 39 Irwin St. Winthrop (Usual place of abode) Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	(If nonresident, give city or town and state)			
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 86 Years 2 Months 12 Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10 Date deceased last worked at this occupation (month and year)					
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) (State or country) Cannan New York					
13 NAME OF FATHER Edwin S. Flint					
14 BIRTHPLACE OF FATHER (City) (State or country) Cannan New York					
15 MAIDEN NAME OF MOTHER Francis E. Bristol					
16 BIRTHPLACE OF MOTHER (City) (State or country) Cannan New York					
17 Informant Francis Flint (Sister) (Address) 39 Irwin St Winthrop Mass					
I HEREBY CERTIFY that a satisfactory standard certificate of death was furnished me BEFORE the burial or transit permit was issued: Wm. S. Childers (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 8/4/37					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August - 3 - 1937 (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.) Myocarditis Atherosclerosis Fractured Left Femur Died to have fallen accidentally in her home July - 29 - 1937					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop (Signed) Wm. S. Childers M. D. (Address) Boston Aug - 3 - 1937					
21 PLACE OF BURIAL CREMATION OR REMOVAL Pittsfield Pittsfield (Cemetery) (City or town)					
DATE OF BURIAL August 6 1937					
22 NAME OF UNDERTAKER Richard White ADDRESS 147 Winthrop St Winthrop Mass					
Received and filed AUG 5 1937 19 (Registrar)					

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or 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 reinter it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent foresaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the facts may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any is required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, it is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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.)

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also, deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

If 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.)"

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

tion should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



PLACE OF DEATH
1 {
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)
Registered No. 126
(If U. S. War Veteran, specify WAR) 169
2 FULL NAME Oscar Nathan Gardner
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 34 Ierman 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. 12 days. How long in U. S., if of foreign birth? 32 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)
5a If married, widowed, or divorced HUSBAND of Jeannette McLeod (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 62 Years 2 Months 2 Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting contractor
9 Industry or 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 July 1, 1937 11 Total time (years) spent in this occupation 30 yrs
12 BIRTHPLACE (City) (State or country) Nova Scotia
13 NAME OF FATHER Stuart Gardner
14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Hannah Patillo
16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia
17 Informant State San. Records. (Address) Rutland, Mass.

18 DATE OF DEATH August 4, 1937 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to August 4, 1937
I last saw him alive on August 4, 1937, death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Lung abscess About July 1, 1937
Contributory causes of importance not related to principal cause: None
Name of operation Date of What test confirmed diagnosis? X-ray Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Oscar - Oinsilver (Address) Rutland, Mass. Date 8/4 19 37
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop, Mass. (Cemetery) (City or town)
DATE OF BURIAL August 1937
22 NAME OF UNDERTAKER Charles B. Bennison
ADDRESS Winthrop, Mass.

A TRUE COPY.

ATTEST: Louis M. Hauff
(Registrar of city or town where death occurred)

DATE FILED August 4, 1937 19

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. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3185-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

Essex

(County)

Danvers

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 170

No. Danvers State Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George E. Lavoie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 125 Main

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 0 yrs. 0 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

(write the word)

divorced

5a If married, widowed, or divorced

HUSBAND of

Irene Guerin

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

47

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machinist

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

On boats

10 Date deceased last worked at this occupation (month and year)

11 Total time (years)

spent in this

occupation

Worked irregularly

12 BIRTHPLACE (City)

Boston

(State or country)

13 NAME OF FATHER

Lester Lavoie

14 BIRTHPLACE OF FATHER (City)

New Hampshire

(State or country)

15 MAIDEN NAME OF MOTHER

Rose G. Murphy

16 BIRTHPLACE OF MOTHER (City)

Maine

(State or country)

17

Informant (Address)

Mary E. Sheehan

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

8/16/37

19

18 DATE OF DEATH

August 4, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 28, 1937 to Aug. 4, 1937

I last saw him alive on Aug. 4, 1937 death is said

to have occurred on the date stated above, 6 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Bleeding gastro-jejunal ulcer

Date of onset

July 19

Contributory causes of importance not related to principal cause:

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)

Melvin Goodman

M. D.

(Address)

DSH

8/13/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Aug. 7, 1937

19

22 NAME OF UNDERTAKER

W. J. Cassidy.

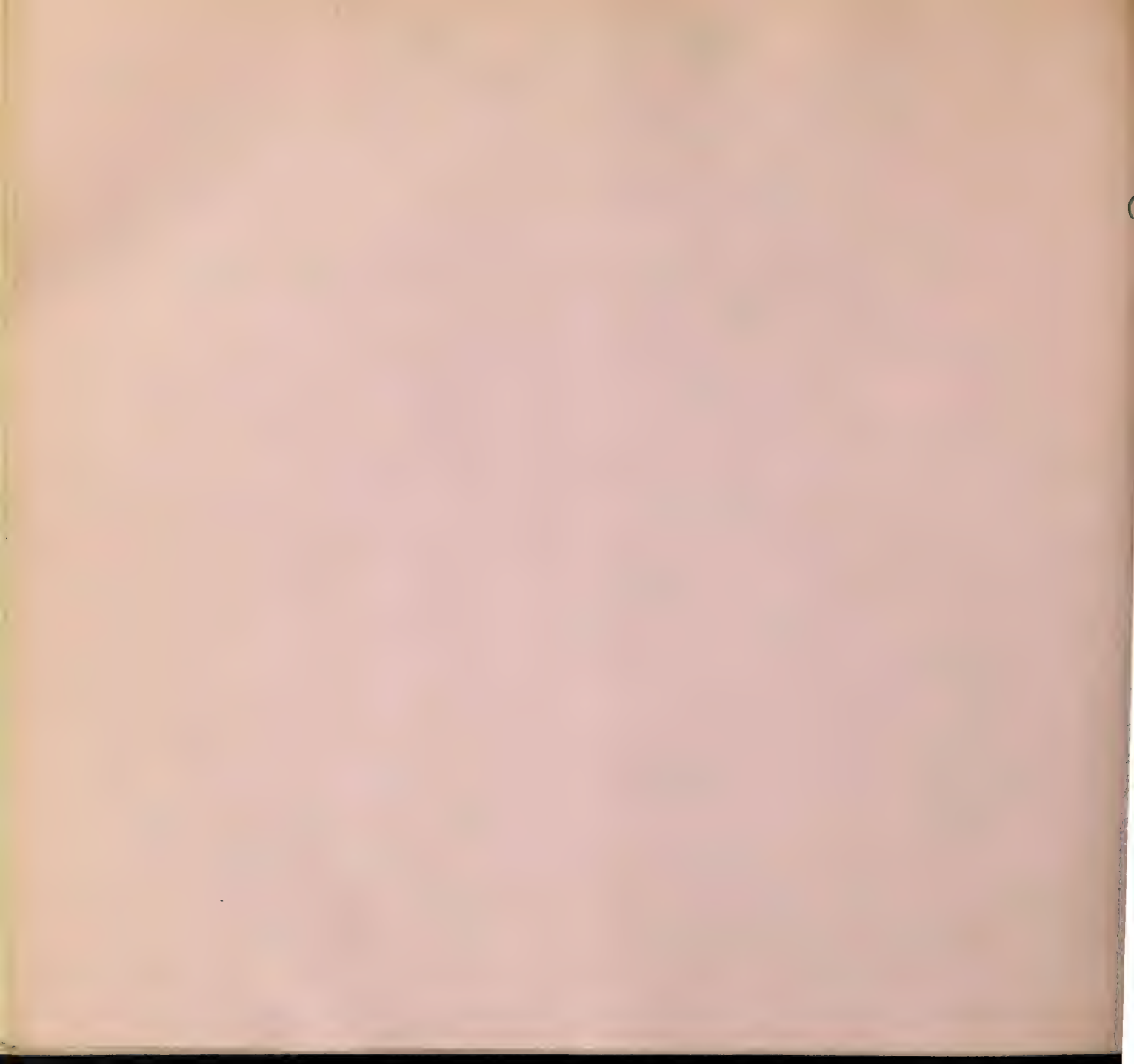
ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)



Information should be carefully supplied. If no information should be supplied, state "None". Exact statement of OCCUPATION 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

To be filed for burial permit
with Board of Health
or its Agent.

171

Registered No.

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Ft. Banks, Mass., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2 FULL NAME FRED R. FULLER
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) Spanish American

(a) Residence. No. Argonne Hotel 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 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 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 61 Years 9 Months 28 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. United States Army
10 Date deceased last worked at this occupation (month and year) May, 1928 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) 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, Station Hospital, Fort Banks, Mass. (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:

William D. Childers (Signature of Agent of Board of Health or other)
Agent (Official Designation) Aug 6/31 (Date of Issue of Permit)

18 DATE OF DEATH August 5th 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 22, 1937 to August 5, 1937.

I last saw him alive on August 5, 1937, death is said to have occurred on the date stated above, at 1:11 p. m. A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Pneumonia, broncho, acute, terminal, all lobes, both lungs, type undetermined. Date of Onset IMPORTANT Aug 1937

2. Liver, atrophic, cirrhosis of, severe, cause undetermined.

3. Arteriosclerosis, generalized, severe, senile. Contributory cause: Senility, secondary to No. 3.

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 John L. Crawford (Signed) JOHN L. CRAWFORD, Capt., U. S. M. D. (Address) Fort Banks, Mass. Date Aug. 5 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope (Cemetery) Boston (City or town)

DATE OF BURIAL August 7 1937

22 NAME OF UNDERTAKER (Address) 24 South St. Boston

Received and filed. AUG 9 1937 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to 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>	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 same cemetery, until he has received a permit from the board of health or its agent attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body 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 internment 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 of some disease unlinked to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease—related to any form of injury, have died without recent medical attendance; or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including falling, lightning), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

(City or town making return)

Registered No. 172

125

No. 5 Loring Road

SPX

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Edward Cartwright Rupert Bagley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR).....

(a) Residence. No. 5 Loring Road

..St.,.....Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred **14** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married
---------------	--------------------------	--

18 DATE OF DEATH August 8 1937
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Bessie Louise Colley
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7
AGE **62** Years Months Days If less than 1 day
Hours Minutes

19 I HEREBY CERTIFY That I attended deceased from
July 12, 1937, to August 8, 1937
 I last saw him alive on August 8, 1937, death is said
 to have occurred on the date stated above, at 6:35 P. m.

The principal cause of death and related causes of importance in order of onset were as follows: _____ Date of Onset _____

Case No.	Age	Sex	Site of Onset	Date of Onset
1	25	M	Left Arm	1950
2	30	F	Right Arm	1952
3	35	M	Left Arm	1955
4	40	F	Right Arm	1958
5	45	M	Left Arm	1960
6	50	F	Right Arm	1962
7	55	M	Left Arm	1965
8	60	F	Right Arm	1968
9	65	M	Left Arm	1970
10	70	F	Right Arm	1972
11	75	M	Left Arm	1975
12	80	F	Right Arm	1978
13	85	M	Left Arm	1980
14	90	F	Right Arm	1982
15	95	M	Left Arm	1985

OCCUPATION	kind of work done, as spinner	Prisons Commissioner
	sawyer, bookkeeper, etc.	
	9 Industry or business in which work was done, as silk mill	office. (Com. of Mass)
	saw mill, bank, etc.	
10 Date deceased last worked at this occupation (month and year)	July 1937	11 Total time (years) spent in this occupation 21

Cerebral Hemorrhage July 12, 1937
Cardiac Failure Aug. 3, 1937

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City).....East Boston.....
(State or country) Massachusetts

13 NAME OF FATHER Alexander B. Bagley

14 BIRTHPLACE OF FATHER (City)
(State or country) England

15 MAIDEN NAME
OF MOTHER Mary Jane Evans

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Wales**

17 Informant Mrs. Bessie L. Bagley wife
(Address) 5 Loring 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)

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 Arthur C. Murray
(Signed) Arthur C. Murray, M. D.
(Address) Wintthrop, Mass. Date 8/9 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL August 11, 1937 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed..... 19.....

A TRUE COPY, ATTEST:

(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 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*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>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.

RETURN OF DEATH INFORMATION.
A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one town to another, or from one receiving tomb to another, or from one 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 hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for town 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. 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. 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.

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 **supposable 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.

PLACE OF DEATH

Suffolk (County)
Northrop (City or Town)
 No. *Northrop Community Hosp* St. *1* Ward



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.

STANDARD

CERTIFICATE OF DEATH

Registered No. *2378*

2 FULL NAME

Margaret M. Donovan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U.S.
 War Veteran
 specify WAR)

173

(a) Residence. No.

174 Dunnington

St.

1

Ward

East Boston

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

62 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 *Single* (write the word)

5a If married, widowed, or divorced
 HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *62* Years 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)

July 1937

11 Total time (years)
 spent in this
 occupation

62

12 BIRTHPLACE (City)
 (State or country)

*East Boston
 Mass*

13 NAME OF
 FATHER

Timothy Donovan

14 BIRTHPLACE OF
 FATHER (City)
 (State or country)

*Lark
 Ireland*

15 MAIDEN NAME
 OF MOTHER

Margaret O'Brien

16 BIRTHPLACE OF
 MOTHER (City)
 (State or country)

*Cork
 Ireland*

17 Informant *Timothy Donovan (Bro.)* Relation, if any
 (Address) *174 Dunnington St. E.B.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug. 9 1937
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 1937, to *August 9* 1937I last saw her alive on *August 8* 1937, death is saidto have occurred on the date stated above, at *3.9* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT

Phlebitis of left leg *March 1937*
Acute nephritis *April 1937*
Diaphragmatic hernia *July 1937*
Necrosis of stomach

Contributory causes of importance not related to principal cause:

Name of operation *none* Date of
 What test confirmed diagnosis? *X-ray - February* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Charles Meloni* M.D.(Address) *305 Laurel St. E.B.* Date *Aug 9 1937*21 *Holy Cross, Malden*

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *August 11* 193722 NAME OF UNDERTAKER *Richard O'Keefe*ADDRESS *East Boston*Received and filed *19*

(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 CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as CARPENTER, PLOMBER, SMITH, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and 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, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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>Corbital hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 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 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. The funeral is to be held, or from a 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 septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

174

Registered No.....

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 Esther Fielding MacIntyre
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 18 Chester 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

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

(or) WIFE of (Give maiden name of wife in full)
Curtis W. MacIntyre
(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. 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) 1937 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Charles Fielding

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Mary Corrigan

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Curtis W. MacIntyre (husband) (Address) Palmyra, New York

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 Aug 9 11/37
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH 8/10/37
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from 8/9, 1937, to 8/10, 1937.

I last saw him alive on 8/10, 1937, 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:

Cerebral Hemorrhage 8/9/37
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) H. W. O'Leary, M. D. Date 8/10/37
(Address) Winthrop, Massachusetts

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Ann's New York
(Cemetery) (City or town)

DATE OF BURIAL August 13, 1937

22 NAME OF UNDERTAKER John F. O'Leary

ADDRESS Winthrop, Massachusetts

Received and filed AUG 13 1937

(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, make such certificate. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a 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 counterseign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician authorizing the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, as, heart failure, 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 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.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any criminal injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recent disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), electric or electrical agents, and deaths following abortion, but also deaths from diseases 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, every item of CAUSE OF DEATH in plain terms, so 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. 15 Pearl Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hazel G. (Babb) McAuliffe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 15 Pearl Ave

St. Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 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)

Nov. 1936

11 Total time (years) spent in this occupation 23

12 BIRTHPLACE (City) (State or country)

Rockland
Maine

13 NAME OF FATHER

Edward O. Babb

14 BIRTHPLACE OF FATHER (City) (State or country)

Rockland
Maine

15 MAIDEN NAME OF MOTHER

Alice P. Board

16 BIRTHPLACE OF MOTHER (City) (State or country)

Rockland
Maine

17

Informant (Address)

FRANK McAULIFFE

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 August 11 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov. 10 1936 to Aug. 11 1937

I last saw her alive on Aug. 10 1937, death is said to have occurred on the date stated above, at 6:00 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of right breast & operation therefore

Contributory causes of importance not related to principal cause:

Several Carcinomata 1937
Bronchial asthma 1935
Excess of heart 1937

Name of operation Excision of breast Date of operation 1937

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 Jacob Abrams M.D.

(Address) 362 Shirley St. Date Aug 12 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL (City or town)

DATE OF BURIAL AUG 13 1937

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS 11000 Tremont St.

Received and filed AUG 13 1937

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 ascertained. In this section for every person aged 10 years and over, make some entry in the following form, according to the occupation that has been given up or changed on account of the disease causing the disability, or the occupation prior to illness. If the deceased had retired from business, or had no 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 person engaged by the appropriate terms, as *housekeeper*—*practical*, *family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *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 *tailor*, *merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement 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, *Lawson, Chap. 40, Sec. 9.*

Gen. Laws, Chap. 46, Sec. 9.

[illegible]

(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 burnt, until the person or persons to whom he has received a permit so to do from the board of health or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 56, 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 **possibly due to injury**. These include not only deaths caused directly or indirectly by trauma (including falls, asphyxia, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY. WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

R-301

100m-12-34. No. 2038-e

Passaic *9/17/37*
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Waltham
(City or town making return)

Suffolk
(County)

Waltham
(City or Town)

1 PLACE OF DEATH
No. *25 Perkins* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Thelma Marguerite Clark*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *25 Ewing Place Passaic, N.J.* Ward, _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *X* yrs. *1* mos. *11* days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) <i>Single</i>
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 <i>29</i> 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. <i>School Teacher</i>	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>5th Grimmer</i>	
10 Date deceased last worked at this occupation (month and year) <i>Aug 15 1937</i>		11 Total time (years) spent in this occupation <i>18</i>
12 BIRTHPLACE (City) <i>Boston</i> (State or country) <i>Mass</i>		
PARENTS	13 NAME OF FATHER <i>Howard Clark</i>	
	14 BIRTHPLACE OF FATHER (City) <i>Cumtucket</i> (State or country) <i>me</i>	
	15 MAIDEN NAME OF MOTHER <i>Rosanna R. Irish</i>	
	16 BIRTHPLACE OF MOTHER (City) <i>Cumtucket</i> (State or country) <i>N.B.</i>	
17 Informant <i>Mr. Chas. Fisher</i> (Address) <i>23 P. Perkins St. Waltham, Mass.</i> Relation, if any <i>(Aunt)</i>		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Wm. S. Gulderson</i> (Signature of Agent of Board of Health or other) (Official Designation) <i>8/12/37</i> (Date of Issue of Permit)		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *August 11 1937*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *August 2 1937*, to *August 11 1937*.
I last saw her alive on *August 11 1937*, death is said to have occurred on the date stated above, at *2:55 P.M.*
The principal cause of death and related causes of importance in order of onset were as follows:
Rheumatic Heart Disease 1934
Post mortem anemia 1934

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) *Rosanna R. Irish*, M. D.
(Address) *Waltham, Mass.* Date *8/11 1937*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *East Port Hill*
(Cemetery) (City or town)

DATE OF BURIAL *August 13 1937*

22 NAME OF UNDERTAKER *C. R. B. Union*
ADDRESS *Waltham Mass*

Received and filed _____ 19_____
A TRUE COPY, ATTEST: *AUG 13 1937* (Registrar)

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw 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 more precise statement of 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, 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
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, 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.

A physician or registered hospital medical officer shall forth with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by Section 108, where same was contracted, the duration of his last illness when last seen alive, the physician or officer and the date of his death....

Act June 1906, Ch. 46, Sec. 9

seen alive by the physician.

Gen. Laws. Chab. 46, Sec. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body is procured and received by the clerk of the town to which the body is so removed, to be returned by him to the clerk of the town from which the body was removed, ten of the other forty-six of 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. This board of health, or its agent, upon receipt of such statement and certificate, shall forthwith with endorsement it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of this death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (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.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 by acts of chemical (drugs or poisons), thermal, or electrical agents, but also deaths from infection following abortion, the 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

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, report his illness, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL. HOUSEWORK, a woman whose only occupation was that of housewife, write HOUSEWORK in answer to Question 8 and own HOME in answer to 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. cotton mill, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required 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; and 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. If 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 **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. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

PLACE OF DEATH

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Official Designation)

(Date of Issue of Permit)

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.

178

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 17, 19, to, 19

I last saw him alive on, 19, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Still born
(full term)

Contributory causes of importance not related to principal cause:

Contraction

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date 8-19-1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

DATE OF BURIAL

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

AUG 30 1937

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTED
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement 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 conditions of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 the certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301A
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.

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 filled for burial permit
with Board of Health
or its Agent.

Registered No. 2378

No. 7 Beacon St. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William James Hersey
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR) 179

(a) Residence. No. 7 Beacon 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 7 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)
6a If married, widowed, or divorced HUSBAND of Laura N. Shea (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. Watchman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.A. Project
10 Date deceased last worked at this occupation (month and year) July 1937 11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) Lewiston, (State or country) Maine

13 NAME OF FATHER George E. Hersey

14 BIRTHPLACE OF FATHER (City) Lewiston, (State or country) Maine

15 MAIDEN NAME OF MOTHER Ida M. Parker

16 BIRTHPLACE OF MOTHER (City) Lewiston, (State or country) Maine

17 Informant Laura N. Hersey (wife) (Address) 7 Beacon 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. Childers
(Signature of Agent of Board of Health or other)
Agent- (Official Designation)
Aug 20/37 (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 1937 to 1937
I last saw him alive on 1937, 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:
Tuberculosis
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 1937

21 Winthrop, Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL August 21, 1937 19

22 NAME OF UNDERTAKER Richard Kirby ADDRESS East Boston

Received and filed AUG 23 1937 19 (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 CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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 disease, list the causes of death not related to principal cause, name other 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, 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 in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter 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 for the purpose 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 in writing. 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 such permit. The board of health, or its agent, upon receipt of such 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 and for the purpose of information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TEXTCENTENARY 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. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TEXTCENTENARY 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 and indirectly by trauma (including resulting septicæmia) and by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 180

2 FULL NAME

Julia Josephine Dunn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

345 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

1 yrs. 1 mos. 27

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John J. Dunn

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 56

Years

6

Months

23

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Ireland

13 NAME OF FATHER

Keron J. Shea

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Elizabeth McDonald

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Mary E. Sheehan

Relation, if any

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

8/27/37

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

August 21, 1937

(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)

Chr. myocarditis

Fracture of rt. femur

Septic parotitis

Died following fracture

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide?

yes

Date of Injury June 30 1937

Where did Injury occur?

Danvers State Hospital

Manner of Injury

Fell on floor

(City or town and State)

Nature of Injury

Fracture of femur

Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify

Cornelius J. Kiley

(Signed)

Peabody

Date 8/21/37 M.D.

(Address)

Date

22 Mt. St. Benedict, Bloomfield, Conn

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

8/23/37

19

23 NAME OF UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Received and filed

SEP 3 1937

19

(Registrar of City or Town where deceased resided)



CAUSE OF DEATH in plain terms, so 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. 181

2 FULL NAME Archibald Emmons Campbell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 63 Waldemar 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 15 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Mae Lillian Towle
(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 4 Months 26 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Travelling salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing supplies
10 Date deceased last worked at this occupation (month day year) Aug. 20, 1937 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Cambridge
(State or country) Massachusetts

13 NAME OF FATHER John Campbell

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Jennie (?) obtain maiden name)

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant (Address) Mae L. Campbell (wife)
63 Waldemar 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:

William D. Childers
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH Aug. 26 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1937, to Aug. 26, 1937.
I last saw him alive on Aug. 26, 1937, 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:

Contributory causes of importance not related to principal cause:
Name of operation Autopsy Date of 8/29/37
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) M. D.
(Address) Date 8/29/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Cambridge
(Cemetery) (City or town)

DATE OF BURIAL August 28 1937

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed. AUG 30 1937 19

A TRUE COPY, ATTEST:

(Registrar)

Further information is per agency of Sec. office. Cause of intestinal obstruction is War. Illness, left ungoverned, perine

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 and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 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 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 countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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. 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 traumata (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.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. DO NOT WRITE IN PENCIL OR 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 11-36 No. 9080 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. *182*

No. *42 Emerson Road* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

David E. E. E.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. *42 Emerson Road* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *1* years *6* months days. How long in U.S., if of foreign birth *56* 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* (write the word)

6a If married, widowed, or divorced HUSBAND of *Elizabeth E. E.* (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *63* Years *1* Months *9* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Prof. Retiree*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None & Character*
10 Date deceased last worked at this occupation (month and year) *1928* 11 Total time (years) spent in this occupation *30*

12 BIRTHPLACE (City) (State or country) *Ireland*

13 NAME OF FATHER *Richard E. E.*

14 BIRTHPLACE OF FATHER (City) (State or country) *Ireland*

15 MAIDEN NAME OF MOTHER *Miss M. Foughlin*

16 BIRTHPLACE OF MOTHER (City) (State or country) *Ireland*

17 Informant *Dr. E. E. E.* Relation, if any (Address) *Winthrop, Mass.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other Health Officer) *8/30/37*
(Date of Issue of Permit)

18 DATE OF DEATH *August 28 1937* (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *March 12 1937* to *Aug. 28 1937*

I last saw him alive on *August 25 1937*, death is said to have occurred on the date stated above, at *6:15 P.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

Hyper tension ?
Hyperinve heart disease *1937*
Angina pectoris *1937*

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) *Robert C. E. E.* M. D.
(Address) *Winthrop* Date *8/18/37*

21 *St. Paul's English mass*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Sept 31 1937*

22 NAME OF UNDERTAKER *W. E. E.*
ADDRESS *2657 ... St. & ...*

Received and filed *SEP 8 1937*

(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 faintly employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS, a person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, 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 reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 desisting 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 septicemia), and by the action of chemicals (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



(City or town making return)

Registered No. **183**

STANDARD
CERTIFICATE OF DEATH

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. **86 Beal**

St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Sarah Angelina (Shute) Thompson**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. **86 Beal**
(Usual place of abode)

St. Ward

(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

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Married**
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

Gamaliel Bartlett Thompson

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **82** Years **x** Months **10** 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, day, year) **Aug. 27, 1937** 11 Total time (years)
spent in this occupation **43**12 BIRTHPLACE (City) **East Boston**
(State or country) **Massachusetts**13 NAME OF FATHER **Michael Hosker Shute**14 BIRTHPLACE OF FATHER (City) **Unable to obtain**
(State or country)15 MAIDEN NAME OF MOTHER **Sarah (?) Unable to obtain**16 BIRTHPLACE OF MOTHER (City) **Unable to obtain**
(State or country)17 Informant **Gamaliel B. Thompson, husband**
(Address) **86 Beal St. Winthrop, Mass**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **8/31/37**18 DATE OF DEATH **August 29 1937**
(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 **4:45 A.M.**The principal cause of death and related causes of importance in order of onset
were as follows:

Date of Onset

Natural causes
Hemorrhage from gastric
intestinal tract**8/29/37**

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) **Charles R. Bennison** M. D.(Address) **Winthrop, Mass** Date **8/31/37**21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
(Cemetery) (City or town)DATE OF BURIAL **Aug. 31, 1937** 1922 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 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 *city engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." In a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter, painter, machinist, etc.* Distinguish carefully between *real mortars* and *wholesale merchants*. A person who sells goods should be called a *storeman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, 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.

Examples

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, either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Suffolk

(County)

Winthrop

(City or Town)

No. 54 Centre

St.:

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 184

2 FULL NAME Joseph Howard Jones

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 54 Centre

(Usual place of abode)

St. Ward,

(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? 51 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)

5a If married, widowed, or divorced, name of HUSBAND of Harriet Elizabeth Unsworth (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 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Master Mechanic 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) 1923 11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) Pembroke (State or country) South Wales

13 NAME OF FATHER A. M. L. L. L.

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant J. Leroy Jones Relation, if any (son) (Address) 29 Longfellow Rd Melrose Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 9/11/37

18 DATE OF DEATH August 31 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 10 1936 to August 31 1937 I last saw him alive on August 30 1937, death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis August 31/37

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1935 Hypertrophied Prostate 1932

Name of operation none Date of What test confirmed diagnosis? Lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Abrams M.D. (Address) 502 Shirley St. Date Aug 31 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Willimantic Conn (City or town)

DATE OF BURIAL Sept. 3, 1937

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass ADDRESS

Received and filed. 1937 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, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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., (Medical Examiners 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 purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 *civil engineer*, *mechanical engineer*, *marine engineer*, *stationary engineer*, etc. Avoid the term "laborer." 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 important 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>	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.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



SUFFOLK
(County)

BOSTON

(City or town making return)

BOSTON

(City or Town)

No. 39 Howland

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 6882

2 FULL NAME Frances Aissen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

185

(a) Residence. No. 52a 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Fem 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 Adolph Aissen (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Oct 1936 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Louis Silverman

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Gertrude Sedersky

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Husband- (Address) above

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 21 193 7

18 DATE OF DEATH July 18 193 7 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 25 1937, to July 17 1937.

I last saw her alive on July 17 1937, 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:

carcinoma of stomach Oct 1937
carcinomatosis, ribs, innominate bones, femur, liver and ? brain.

Contributory causes of importance not related to principal cause:

Hypostatic pneumonia 7/17/37

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 F F Henderson (Signed) Boston (Address) 7/19/ 193 7 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL International Workers (City or town) Everett

DATE OF BURIAL July 19 193 7

22 NAME OF UNDERTAKER B Schlossberg & Son (Address) Dorchester

Received and filed 19

(Registrar of City or Town where deceased resided)



tion should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385, r

SUFFOLK (County)		BOSTON (City or Town)		BOSTON (City or town making return)	
1 PLACE OF DEATH		No. Peter Bent Brigham Hospital-St. Ward {		Registered No. 7097	
2 FULL NAME Benjamin Sogoloff		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) 186	
(a) Residence. No. 310 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 Male		4 COLOR OR RACE white		5 SINGLE MARRIED WIDOWED or DIVORCED married	
(write the word)					
6a If married, widowed, or divorced HUSBAND of Esther Sandler					
(Give maiden name of wife in full)					
(or) WIFE of Max Sogoloff					
(Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 65 Years Months Days If less than 1 day Hours Minutes					
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. leather worker		10 Date deceased last worked at this occupation (month and year) Mar 1922			
11 Total time (years) spent in this occupation 5 yrs		12 BIRTHPLACE (City) Russia			
13 NAME OF FATHER Max Sogoloff		14 BIRTHPLACE OF FATHER (City) Russia			
15 MAIDEN NAME OF MOTHER unknown		16 BIRTHPLACE OF MOTHER (City) "			
17 Informant Sam Morris Sogoloff		18 DATE OF DEATH July 27 1937			
(Address) 10 Surfside Rd Lynn		19 I HEREBY CERTIFY, That I attended deceased from July 14 1937 to July 27 1937			
A TRUE COPY. Attest: [Signature]		I last saw him alive on July 27 1937 , death is said to have occurred on the date stated above, at 6.20P m.			
ATTEST: [Signature]		The principal cause of death and related causes of importance in order of onset were as follows:			
DATE FILED July 30 1937		Date of onset 5 mos			
(Registrar of city or town where death occurred)		Contributory causes of importance not related to principal cause:			
(Registrar of City or Town where deceased resided)		Name of operation resection stomach Date of 7/24/37			
Received and filed 19 37		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 W B Osgood			
21 PLACE OF BURIAL, CREMATION OR REMOVAL Maple Hill Peabody		(Signed) Boston Date 7/27/37			
22 NAME OF UNDERTAKER L. Hymanson		(Address) Boston Date 7/27/37			
ADDRESS Lynn		23 PLACE OF BURIAL, CREMATION OR REMOVAL Maple Hill Peabody			
DATE OF BURIAL July 28 1937		(Cemetery) (City or town)			
NAME OF UNDERTAKER L. Hymanson		DATE OF BURIAL July 28 1937			
ADDRESS Lynn		24 NAME OF UNDERTAKER L. Hymanson			
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ADDRESS Lynn		NAME OF UNDERTAKER L. Hymanson			
DATE OF BURIAL July 28 1937		ADDRESS Lynn			
NAME OF UNDERTAKER L. Hymanson		DATE OF BURIAL July 28 1937			
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DATE OF BURIAL July 28 1937		ADDRESS Lynn			
NAME OF UNDERTAKER L. Hymanson		DATE OF BURIAL July 28 1937			
ADDRESS Lynn		NAME OF UNDERTAKER L. Hymanson			
DATE OF BURIAL July 28 1937		ADDRESS Lynn			
NAME OF UNDERTAKER L. Hymanson					



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-g



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

SUFFOLK
(County)

BOSTON

(City or town making return)

BOSTON
(City or Town)

Registered No. 7139

No. Infants Hospital

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)

187

2 FULL NAME

Belson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

81 Shore Drive

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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE W
5 SINGLE MARRIED WIDOWED or DIVORCED
(write the word) S

18 DATE OF DEATH July 28 1937
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from July 28 1937, to July 28 1937.
I last saw her alive on July 28 1937, death is said to have occurred on the date stated above, at 11 P.m.

6 IF STILLBORN, enter that fact here.
7 AGE Years Months Days If less than 1 day 10 Hours Minutes

The principal cause of death and related causes of importance in order of onset were as follows:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as milk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

prematurity 7/28/37
bilateral atelectasis of lung 7/28/37

12 BIRTHPLACE (City) Everett Mass
(State or country)

Contributory causes of importance not related to principal cause:
respiratory failure 7/28/37

13 NAME OF FATHER Benjamin J Belson

Name of operation Date of

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

What test confirmed diagnosis? Was there an autopsy? yes

15 MAIDEN NAME OF MOTHER Blanche Landy

20 Was disease or injury in any way related to occupation of deceased? If so, specify.

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

(Signed) R T Moulton M. D.
(Address) Boston Date 7/28/1937

17 Informant Father- above
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Joseph Woburn
(Cemetery) (City or town)

A TRUE COPY.
ATTEST: Hilda Hedstrom
(Registrar of city or town where death occurred)

DATE OF BURIAL July 30 1937

DATE FILED Aug 2 1937

22 NAME OF UNDERTAKER M Stanetsky
ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

SUFFOLK

(County)

BOSTON

(City or Town)

STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7376

1 PLACE OF DEATH

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 John F Greene

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 134 Circuit 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	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)
Male	white	widowed	

5a If married, widowed, or divorced

HUSBAND of Elizabeth Doyle

(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. W P A

9 Industry or 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

Aug 1 1937 8 mos

12 BIRTHPLACE (City) Boston (State or country)

13 NAME OF FATHER Patrick J Greene

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary E McLaughlin

16 BIRTHPLACE OF MOTHER (City) Winchester Mass (State or country)

17 Informant Dau: Elizabeth Greene (Address) above

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Aug 10 1937

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 5 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 3 1937, to Aug 6 1937.

I last saw him alive on Aug 5 1937, death is said to have occurred on the date stated above, 11.25A m.

The principal cause of death and related causes of importance in order of onset were as follows:

paratyphoid B. fever
broncho pneumonia

Date of onset

1 wk
8/3/37

Contributory causes of importance not related to principal cause:

general arteriosclerosis 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? no

If so, specify.

(Signed) W B Osgood M. D.

(Address) Boston Date 8/5/ 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL Aug 9 1937

22 NAME OF UNDERTAKER W J Cashin

ADDRESS Boston

Received and filed 1937 1938

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

SUFFOLK
(County)

BOSTON
(City or Town)

No. Mass General Hospital

-3r.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Berton

Segal

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.
(Usual place of abode)

7 Thornton Pk

St.,

Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(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 18

Years 11

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

grocery

10 Date deceased last worked at this occupation (month and year)

Aug 1937

11 Total time (years) spent in this occupation. 1

12 BIRTHPLACE (City)
(State or country)

Winthrop Mass

13 NAME OF FATHER

Joseph Segal

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Ida Swartz

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant
(Address)

Uncle- Jacob Segal

21 Boston St Brookline

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Aug 20

1937

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. 7669

(If U. S.

War Veteran,

specify WAR)

189

Ward, Winthrop

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

August 17

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Drowning- presumably accidental.

Found under water in rear of Elks Home Winthrop where he had been bathing.

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury

19

Where did injury occur?

Winthrop Mass

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W J Briokley

M. D.

(Address)

Boston

Date

8/18/19 37

22 PLACE OF BURIAL, CREMATION OR REMOVAL

Adath Israel Wakefield

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 19

19 37

NAME OF

UNDERTAKER

B F Solomon

ADDRESS

Brookline

Received and filed

19

(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-d

1	PLACE OF DEATH	SUFFOLK (County)			The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (City or town making return)		
		BOSTON (City or Town)			STANDARD CERTIFICATE OF DEATH		Registered No. 7637		
		No. Peter Bent Brigham Hospital - 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) 190			
2 FULL NAME		Rubin Fisher (If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No.		52 Locust St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)							
Length of residence in city or town where death occurred		yrs.		mos.		days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)					
Male		white		MARRIED WIDOWED or DIVORCED married					
6a If married, widowed, or divorced HUSBAND of Elisabeth Himelfarb (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. shoe 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) Feb 1937 11 Total time (years) spent in this occupation 30								
12 BIRTHPLACE (City) (State or country) Russia									
PARENTS	13 NAME OF FATHER Israel Fisher								
	14 BIRTHPLACE OF FATHER (City) (State or country) Russia								
	15 MAIDEN NAME OF MOTHER Esther -								
	16 BIRTHPLACE OF MOTHER (City) (State or country) Russia								
17 Informant Wife - above (Address)									
A TRUE COPY Frank P. Conway Attest: Adda Medetom Dunk (Registrar of city or town where death occurred)									
DATE FILED Aug 19 193 7									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH August 17 193 7 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from Aug 2 193 7 , to Aug 17 193 7 , 1 last saw h. in alive on Aug 17 193 7 death is said to have occurred on the date stated above, at 10.15A									
The principal cause of death and related causes of importance in order of onset were as follows:									
generalized arteriosclerosis chronic myocarditis									yrs yrs
Contributory causes of importance not related to principal cause:									
broncho pneumonia									16 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? no									
If so, specify _____									
(Signed) W B Osgood M. D.									
(Address) Boston Date 8/17/1937									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Rumania Danvers (Cemetery) (City or town)									
DATE OF BURIAL Aug 18 193 7 103									
22 NAME OF UNDERTAKER B Schlossberg & Son									
ADDRESS Boston									
Received and filed _____ 19 _____									
(Registrar of City or Town where deceased resided)									

1891/37
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. 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 SACCO (STILLBORN)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 71 EUTAW ST. EAST 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 MARRIED WIDOWED or DIVORCED (write the word)
W — — — — —

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) WINTHROP MASS. (State or country)

PARENTS 13 NAME OF FATHER Carl Sacco (Address) 14 BIRTHPLACE OF FATHER (City) Italy (State or country) 15 MAIDEN NAME OF MOTHER Nellie Frongile 16 BIRTHPLACE OF MOTHER (City) Italy (State or country)

17 Informant Carl Sacco (Address) 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)
Health Officer (Date of Issue of Permit) 9/7/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 1 1937 (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:
Asphyxia neonatorum
Contributory causes of importance not related to principal cause: Obesity of mother.

Date of Onset IMPORTANT

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no If so, specify D. D. Patis (Signed) 7 Central Sq. (Address) 8/7 1937 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) 22 NAME OF UNDERTAKER 215 North St. Boston ADDRESS

Received and filed SEP 8 1937 (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*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *privat merchant* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, 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
<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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, or is insufficient, a physician who is a 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 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.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths suppressible due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 192

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 503A Shurley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Putnam (Taylor) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 503A Shurley St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Richard Putnam (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 3 Months 7 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) 1932
11 Total time (years) spent in this occupation 26

12 BIRTHPLACE (City) Cape Cod
(State or country) Mass.

13 NAME OF FATHER William Taylor

14 BIRTHPLACE OF FATHER (City) Cape Cod
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Cape Cod
(State or country) Mass.

17 Informant (Address) Grace L. Taylor (Relation, if any) Daughter
26 Mass St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 9/17/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 6 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural causes
Bedridden 3 yrs. preceding
fractured hip
Bronchopneumonia 8/30/37
Contributory causes of importance not related to principal cause:

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?

If so, specify

(Signed) W. R. Taylor (Address) 26 Mass St. Date 9/7/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL 1937

22 NAME OF UNDERTAKER C. B. Burrows

ADDRESS Winthrop Mass.

Received and filed 1937

A TRUE COPY, ATTEST:

(Registrar)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

Registered No. **193**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 255 Pleasant St
St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Jennie Francis Grant Witherell**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **255 Pleasant**
(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **14** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

8 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 **Henry Frank Witherell**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **75** 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. **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) **Rockland**
(State or country) **Maine**

13 NAME OF FATHER **Goodwin Grant**

14 BIRTHPLACE OF FATHER (City) **Maine**
(State or country)

15 MAIDEN NAME OF MOTHER **Emma Dill**

16 BIRTHPLACE OF MOTHER (City) **Maine**
(State or country)

17 Informant **Henry F Witherell** (Relation, if any)
(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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Sept. 7** 19**37**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **June 4**, 19**35**, to **Sept. 7**, 19**35**.
I last saw **her** alive on **Sept. 7**, 19**35**, 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:

Coronary thrombosis **Sept. 7, 1937**
atherosclerosis **1935**
chronic myocarditis **1934**
angina pectoris **Jan 4, 1935**

Contributory causes of importance not related to principal cause:

Date of Onset

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 **Sydney W. Dickinson, M.D.**
(Signed) **Courtney W. Dickinson**
(Address) **Winthrop, Mass.** Date **Sept 9** 19**37**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Woodlawn** **Everett** **Mass.**
(Cemetery) (City or town)

DATE OF BURIAL **September 10** 19**37**

22 NAME OF UNDERTAKER **Richard White**

ADDRESS **147 Winthrop St Winthrop**

Received and filed **SEP 13 1937** 19**37**

A TRUE COPY, ATTEST:

(Register)

Statement of occupation.—Precise statement of various pursuits 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*, *wood-chiseler*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease or complication which causes death, not the mode of dying, as heart failure, apoplexy, asphyxia, 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 causes of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required 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., (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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 205 Pauline

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

194

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 Clara Lincoln Newton nee Walker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 205 Pauline St.,

(Usual place of abode)

St.,

Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 32 years months days.

How long in U.S., if of foreign birth? 3 years months days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

6a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Joseph L. de Newton (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 7 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. none 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Quincy (State or country) Mass.

13 NAME OF FATHER Isaac Henry Walker

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Susan Hayden Walker

16 BIRTHPLACE OF MOTHER (City) Quincy (State or country) Mass.

17 Informant (Address) Mrs. Fredrick Strackewitz de Quincy, Wisconsin 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. Schilder (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 13 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 16 1934, to Sept 13 1937.

I last saw her alive on Sept 13 1937, 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:

Chronic myocarditis Oct 1934

Contributory causes of importance not related to principal cause:

Cerebral infarct Mar 3 1937

Name of operation none Date of What test confirmed diagnosis? Everard's Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Clara L. de Newton M. D.

(Address) Winthrop, Mass. Date Sept 14 1937

21 614 North Con. North Weymouth Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL September 15 1937

22 NAME OF UNDERTAKER F. C. Kellum

ADDRESS 300 Meridian St., E. Boston

Received and filed. SEP 16 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 gainfully employed may be returned as at school, or at home. For a workman whose only occupation was that of home housework, write a housework. For a person engaged in domestic service for wages, Question 9. For a person in 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 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.

last illness, at the request of an undertaker or other person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 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 he was engaged, such a record 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. (TRICENTENARY EDITION.)

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He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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

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- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

195

Suffolk

(County)

Winthrop

(City or Town)

No. 39 Grovers Avenue

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2 FULL NAME James Herbert Deering

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Grovers Avenue

(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 WIDOWED or DIVORCED Widowed
---------------	--------------------------	--

(write the word)

5a If married, widowed, or divorced

HUSBAND of Mary Jane 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 84 Years 7 Months 16 Days

If less than 1 day

Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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)	1927
	11 Total time (years) spent in this occupation	55

12 BIRTHPLACE (City) Portland
(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 Stanley Morton son-in-law
(Address) 280 Post Rd. Weston 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 September 14 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

January 10 1927, to Sept. 14/37

I last saw h. in alive on Sept. 12, 1937, death is said

to 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:

Date of Onset

Acute Corneal Thrombosis Sept. 14/37

Contributory causes of importance not related to principal cause:

Atherosclerosis 1935
Scurvy 1936

Name of operation none Date of What test confirmed diagnosis? Autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob C. Brown M. D.
(Address) 562 Shirley St. Boston 193721 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove Dorchester
(City or town)DATE OF BURIAL September 17 1937
(City or town)22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed. SEP 20 1937

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 *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to 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*, *surveyor*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1015
<i>Chronic interstitial nephritis</i>	1021
<i>Cerebral hemorrhage</i>	July 3, 1027
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 unprovable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical drugs or poisons, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PLACE OF DEATH

Suffolk
(County)
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. 196

No. 160 Groves

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Jennie Holzweiser
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 160 Groves Ave. 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 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)

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 77 Years. Months. Days. If less than 1 day Hours. Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or 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

Housework
at home

12 BIRTHPLACE (City) (State or country)

New York. N.Y.

13 NAME OF FATHER

Abraham Strauss

14 BIRTHPLACE OF FATHER (City) (State or country)

Germany

15 MAIDEN NAME OF MOTHER

Carolyn Rathchick

16 BIRTHPLACE OF MOTHER (City) (State or country)

Germany

17 Informant (Address)

Albert Holzweiser, Son
49 Riverside St. W. 1937

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)

(Official designation)

(Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 19 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from September 1, 1937, to September 19, 1937.

He last saw him alive on September 19, 1937, death is said

to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of Onset
IMPORTANT

Sept 14
1937

Contributory causes of importance not related to principal cause:

Atherosclerosis

1936

Name of operation none Date of operation
What test confirmed diagnosis? Autopsy Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Jacob Abrams M.D.

(Signed) 562 Stanley St. Date Sept 9, 1937

(Address) 562 Stanley St. Date Sept 9, 1937

21 Place of Burial, Cremation or Removal (City or Town)

Moses Mendelsohn, Gen. W.P.

DATE OF BURIAL Sept 20 1937

22 NAME OF UNDERTAKER

Maxine Stordy

ADDRESS 10 Ash St. W. 1937

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, return the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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, 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, 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 the undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the same from a town, which has not been buried until he has obtained a permit from the board of health or its agent appointed to issue such permits, 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. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an official inquest, 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, 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 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 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 register it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained after the 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 may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a 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 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.

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. Ocean near gro



1917
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. 194

PLACE (City or Town)
No. Ocean near gneiss cliff St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Barnes { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 189 W. Canton St. Boston St., Ward, { (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 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)

8 IF STILLBORN, enter that fact here.

7
AGE 78 Years 2 Months 3 Days If less than 1 day
.....Hours.....Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Butler*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Private home*

10 Date deceased last worked at this occupation (month and year) *April of 1942*

11 Total time (years) spent in this occupation. *3 1/2*

12 BIRTHPLACE (City) Northboro
(State or country) Mass.

13 NAME OF FATHER *Leonard Barnes*

14 BIRTHPLACE OF FATHER (City) Marlboro
(State or country) Mass.

ARE 15 MAIDEN NAME OF MOTHER *Zerviah F. Parmenter*

16 BIRTHPLACE OF MOTHER (City) U.S.A.
(State or country) Unknown

17 Informant Charles Barney
(Address) 2400 W. 1st St. Portland, Me.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept - 21 - 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Drowning
Suicidal

Found dead + floating in Ocean
at Bristol

(See reverse side for description for unknown person.)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Minneapolis

(Signed) W. J. Buckley M. D.

(Address) 324 Date 6-21-1932

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Howard St., Northboro*
(Cemetery) (City or town)
DATE OF BURIAL *Sept. 23.* 19*37*

22 NAME OF UNDERTAKER *Sumner W. Gage*
ADDRESS *15 Cotting Ave., Marlboro*

Received and filed 19.....

SEP 23 1963 (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 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.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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.)*

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).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

198

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)

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 620 Shirley Street

St., Ward {

2 FULL NAME Mary Bennett Ashcombe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 620 Shirley St

(Usual place of abode)

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? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John Ashcombe

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 94 Years. 9 Months. 11 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. Retired
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) New York
(State or country) New York

13 NAME OF FATHER Ruben Bennett

14 BIRTHPLACE OF FATHER (City) New York
(State or country) New York

15 MAIDEN NAME OF MOTHER Katherine Bates

16 BIRTHPLACE OF MOTHER (City) New York
(State or country) New York

17 Informant Mrs. W. Koerner (Address) 620 Shirley 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 September 22 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 4, 1937, to September 22, 1937
I last saw him alive on Sept. 22, 1937, death is said

to have occurred on the date stated above, at 9:10 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Chronic Interstitial Nephritis 1936

Contributory causes of importance not related to principal cause:

Atherosclerosis 1936

Uremia Sept. 1937

Name of operation none Date of
What test confirmed diagnosis? Biopsy & X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred C. Phares, M. D.

(Address) 362 E. 4th St. Date Sept. 22, 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cemetery, Chicago, Ill. (City or town)

DATE OF BURIAL September 26 1937

22 NAME OF UNDERTAKER

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 healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atherosclerosis</i>	Date of onset <i>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 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, or 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 verdict, as 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 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, C. 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, C. 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

Suffolk

(County)

Winthrop

(City or Town)

No. 146 Cottage Park Road

St.

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

199

2 FULL NAME William Simpson Key

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 146 Cottage Park Road St.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

44

yrs.

mos.

days.

How long in U. S., if of foreign birth?

47

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

(write the word)

Widowed

5a If married, widowed or divorced

HUSBAND of Rose Hannah Hopewell

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 88

Years 11

Months 1

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Clergyman

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year) 193411 Total time (years)
spent in this
occupation. 65

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF
FATHER

John Key

14 BIRTHPLACE OF
FATHER (City)

(State or country)

England

15 MAIDEN NAME
OF MOTHER

Amelia Simpson

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

17

Informant
(Address)

Rosetta Key

Relation, if any
(daughter)

146 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:

William B. Childress

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)Sept. 29/37
(Date of Issue of Permit)18 DATE OF
DEATH

Sept

27

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

May 10, 1933, to Sept 27, 1937.

I last saw him alive on Sept 27, 1937, death is said

to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance in order of onset
were as follows:

Date of Onset

Chronic myocarditis

May 1933

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis? Purified blood

Was there an autopsy?

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 Sept 28 1937

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

September 29, 1937

19

22 NAME OF
UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop Mass

Received and filed

19

A TRUE COPY, ATTEST:

OCT 6 1937

(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 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*, *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 *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>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 certifying as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 of each town, upon receipt of such statement and 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 and the physician certifying the cause of death shall therefor be deemed to have furnished 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., (Twentieth 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 far as may be, with the cause and manner of death....*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or, if there is no such board, the clerk of the town where the body is to be buried or the medical officer of the town, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Twentieth 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.

PLACE OF DEATH
1

SUFFOLK

(County)

BOSTON

(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7998

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 Walter E Jackson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

200

(a) Residence. No. 455 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced

HUSBAND of Carolyn Harmon

(Give maiden name or 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.

manager

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bowling Alleys

10 Date deceased last worked at this occupation (month and year) Aug 9 1937 11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) (State or country) Lawrence Mass

13 NAME OF FATHER John Jackson

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant Wife- above

A TRUE COPY. Philip Conway

ATTEST: Hilda Hedstrom Davis (Registrar of city or town where death occurred)

DATE FILED Sept 2 1937

18 DATE OF DEATH August 28 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Aug 12, 1937 to Aug 28, 1937.

I last saw him alive on Aug 28, 1937, death is said

to have occurred on the date stated above, at 9.55P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Obstructing prostate benign 1 1/2 yrs

Contributory causes of importance not related to principal cause:

broncho pneumonia 3 dys

Name of operation supr. cyst. 8/19/37 Date of

What test confirmed diagnosis? clin exam Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) G F Houser, M. D.

(Address) Boston Date 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (City or town)

DATE OF BURIAL Aug 31 1937

22 NAME OF UNDERTAKER J F O'Maley

ADDRESS Winthrop

Received and filed Oct 9, 1937 19

(Registrar of City or Town where deceased resided)



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.

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. 201

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. near 253 Shirley St. Winthrop St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Isaac Ostrowitz

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 253 Shirley St. Winthrop St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed or divorced HUSBAND of Leah Gold (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. Grocer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself 10 Date deceased last worked at this occupation (month and year) 1935 11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) Russia (State or country)

13 NAME OF FATHER Solomon Ostrowitz

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Linda-Carmichael

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant (Address) Leah Ostrowitz-Wife 253 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)

18 DATE OF DEATH Oct - 4 - 1937 (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 due to cord around neck

Found dead + hanging from a beam in his garage

Suicidal

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop (Signed) Dr. J. S. S. M. D.

(Address) Oct - 5 - 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Arboretum Cemetery (City or town)

DATE OF BURIAL Oct - 5 - 1937

22 NAME OF UNDERTAKER Haimel & Son

ADDRESS 104 Oak St. W. 4th

Received and filed

OCT 11 1937 (Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or, if there is no such board, from the clerk of the town where the body is; 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, as aforesaid; and from the clerk of the town where the body is buried. No such permit shall be issued until the same shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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.)*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include, but not only deaths caused directly or indirectly by traumatism (including resulting septimias), and by the action of chemical (drugs or poisons), thermal, 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.

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)

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATHRegistered No. **202**

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. **52 Atlantic** St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Isaac Clark Hall**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. **52 Atlantic** St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **82** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
 MARRIED
 WIDOWED
 or DIVORCED

5a If married, widowed, or divorced
 HUSBAND of **Alice Magee**
 (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 **9** Months **1** Days If less than 1 day
 Hours _____ Minutes _____

8 Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. **Commission merchant**
 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) **1913** 11 Total time (years)
 spent in this
 occupation **20**

12 BIRTHPLACE (City) **Boston**
 (State or country) **Massachusetts**

13 NAME OF FATHER **Isaac Clark Hall**

14 BIRTHPLACE OF FATHER (City) **Sandwich**
 (State or country) **Massachusetts**

15 MAIDEN NAME OF MOTHER **Susan Ryder**

16 BIRTHPLACE OF MOTHER (City) **Chatham**
 (State or country) **Massachusetts**

17 Informant **Alice M. Hall** (wife)
 (Address) **52 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. Childs
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **10/6/37** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct 4 1937**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb 15 1936, to **Oct 4 1937**.

I last saw him alive on **Oct 4 1937**, 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:

Chronic Myocarditis Feb 1936

Contributory causes of importance not related to principal cause:

Cancer of Bladder Feb 1936

Name of operation **None** Date of _____
 What test confirmed diagnosis? **Renal Biopsy** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **P. B. Parker** M. D.
 (Signed) (Address) **Winthrop Mass** Date **Oct 5 1937**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
 (Cemetery) (City or town)

DATE OF BURIAL **October 6, 1937** 19

22 NAME OF UNDERTAKER **Charles R. Bennison**
 ADDRESS **Winthrop Mass**

Received and filed **1937** 19

A TRUE COPY, ATTEST:

(Registrar)

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. 203

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 77 Parker St. St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Samuel E. Campbell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 77 Parker 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 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 46 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home

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) 1937 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) East Boston (State or country) Mass

13 NAME OF FATHER Frank C. Campbell

14 BIRTHPLACE OF FATHER (City) Framingham (State or country) N. S.

15 MAIDEN NAME OF MOTHER Ellen J. Good

16 BIRTHPLACE OF MOTHER (City) Barnstable (State or country) N. S.

17 Informant (Address) William D. Childress (Address) 33 Parker St. Relation, if any ()

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 4 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from September 5, 1937, to October 4, 1937. I last saw him alive on October 4, 1937, 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:

Mitral Stenosis

Date of Onset
IMPORTANT
1930

Contributory causes of importance not related to principal cause:

Cerebral Embolus

Sept. 20/37

Name of operation none Date of What test given clinical Was there an autopsy No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob A. Chavira M. D. (Address) 362 Parker St. Date 10/5/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)

DATE OF BURIAL Oct 7 1937 19

22 NAME OF UNDERTAKER John D. Malley ADDRESS Winthrop

Received and filed 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other Health Officer) (Official Designation) 10/16/37 (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 changed or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as that of *school*, or 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 ages, 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*, *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*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, 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 attend the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it to organize the selectmen for the purpose, shall upon application make the certificate required for the purpose, and sign the same. 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 complete it and transmit it to the 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 **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.

PLACE OF DEATH 1	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.	
	Winthrop (City or Town)				Registered No. 304	
No. 46 Sunnyside		St.,		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Mary Hodges Derry (If deceased is a married, widowed or divorced woman, give also maiden name.)						
(a) Residence. No. 46 Sunnyside Ave Winthrop St.,		Ward,		(If nonresident, give city or town and state)		
Length of residence in city or town where death occurred 1 yrs. 5 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.						
PERSONAL AND STATISTICAL PARTICULARS						
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED Widowed or WIDOWED or DIVORCED				
5a If married, widowed, or divorced HUSBAND of Charles Derry (Give maiden name of wife in full) (or) WIFE of Charles Derry (Husband's name in full)						
6 IF STILLBORN, enter that fact here						
7 AGE 78 Years 9 Months 29 Days	If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife					
	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 Foxbrough (State or country) Mass.						
13 NAME OF FATHER Daniel A. Hodges						
14 BIRTHPLACE OF FATHER (City) East Foxbrough (State or country) Mass.						
15 MAIDEN NAME OF MOTHER Elizberth Grover						
16 BIRTHPLACE OF MOTHER (City) Newton (State or country) Mass.						
17 Informant Mrs. Fred S. Cowdin (Daughter) (Address) 46 Sunnyside Ave. Winthrop Mass.						
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childs (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12-8-37 (Date of Issue of Permit)						
MEDICAL CERTIFICATE OF DEATH						
18 DATE OF DEATH Oct. 5 1937 (Month) (Day) (Year)						
19 I HEREBY CERTIFY, That I attended deceased from Oct 1 , 19 37 , to Oct 5 , 19 37 . I last saw him alive on Oct 5 , 19 37 , 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: Angina pectoris Oct 1 1937 Contributory causes of importance not related to principal cause: None Name of operation none Date of What test confirmed diagnosis? Physical exam Was there an autopsy? No						
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Raymond G. Derry , M. D. (Signed) Winthrop Mass Date Oct 7 1937 (Address)						
21 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Ridge Sharon Mass. (City or town) Sharon DATE OF BURIAL Oct. 8 1937 (City or town) Sharon						
22 NAME OF UNDERTAKER Richard W. White ADDRESS 147 Winthrop St. Winthrop						
Received and filed OCT 11 1937 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 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.*

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, *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 interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons **found dead.**

Suffolk

(County)

Winthrop

(City or Town)

No. 9 Faun Bar Ave.

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Todd.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 9 Faun Bar Ave. 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

40 yrs.

mos.

days. How long in U. S., if of foreign birth? 62 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED5a If married, widowed or divorced
HUSBAND of Elizabeth Crosby Todd

(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 I Months 5 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner, Superintendent
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill, Steamship Dock
saw mill, bank, etc.10 Date deceased last worked at
this occupation 1927
year) 11 Total time (years)
spent in this occupation 2512 BIRTHPLACE (City)
(State or country) England

13 NAME OF FATHER Not Known *---*Todd

14 BIRTHPLACE OF FATHER (City)
(State or country) England

15 MAIDEN NAME OF MOTHER Not Known

16 BIRTHPLACE OF MOTHER (City)
(State or country) England17 Informant Mr. William Knox
(Address) 9 Faun Bar. 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 DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 205

(If U. S.
War Veteran, None
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 6 1937
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
Oct 1 to Oct 6, 1937

I last saw him alive on Oct 2, 1937, death is said

to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Broncho Pneumonia 10/1/37

Contributory causes of importance not related to principal cause:

Arterio Sclerosis (Coronary) 1934

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify E. W. Knox
(Signed) so consent on Perm Date 10/7 1937 M. D.21 PLACE OF BURIAL
CREMATION Forest Hills Boston
(City or town)

DATE OF BURIAL Oct. 9 1937 19

22 NAME OF UNDERTAKER Richard F. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed OCT 11 1937 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, nor 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 cases should be given in the order of onset, so that in a group of three causes the principal 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 remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. While filling in this certificate, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Middlesex



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Waltham

(City or town making return)

PLACE OF DEATH

Waltham

(County)

(City or Town)

No. 23 Brigham St.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 440

2 FULL NAME

Mary Elizabeth Lucas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

14 Wardworth

St.,

Ward,

int. 100

(If U. S. War Veteran, specify WAR)

207

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 5 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 Newton Lucas (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 1 Months 4 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. self 10 Date deceased last worked at this occupation (month and year) May 1937 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Mallick (State or country) Mass.

13 NAME OF FATHER James Verneaux

14 BIRTHPLACE OF FATHER (City) Lancaster (State or country) England

15 MAIDEN NAME OF MOTHER Mary J. Hall

16 BIRTHPLACE OF MOTHER (City) Lancaster (State or country) England

17 Informant (Address) Charles E. Lucas (Relation, if any) Son 1 Carlton St., Newton

A TRUE COPY ATTEST: Richard Steele City Clerk (Registrar of city or town where death occurred)

DATE FILED Oct. 18, 1937 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 13, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to Oct. 13, 1937

I last saw her alive on Oct. 13, 1937 death is said to have occurred on the date stated about 10:50 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage 10/8/37 Arteriosclerosis ?

Contributory causes of importance not related to principal cause:

hypostatic Pulmonary congestion 10/12/37

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? O

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Solomon F. Scalco, M. D. (Address) Waltham, Mass. Date 10/13/37

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Oct. 15, 1937 19

22 NAME OF UNDERTAKER Mort W. Rich ADDRESS Waltham, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



OCT 20 1937 AM

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 206

No. 115 Circuit Road

St.:

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Albert Wyman Poor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 115 Circuit 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

22

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
Male4 COLOR OR RACE
White5 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED18 DATE OF
DEATH

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years x Months 1 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Granite dealer9 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) Sept. 1937 11 Total time (years)
spent in this occupation 5012 BIRTHPLACE (City) Chelsea
(State or country) Massachusetts

13 NAME OF FATHER Joseph Lincoln Poor

14 BIRTHPLACE OF FATHER (City) Robbington
(State or country) Maine

15 MAIDEN NAME OF MOTHER Harriet Wyman

16 BIRTHPLACE OF MOTHER (City) Calais
(State or country) Maine17 Informant Florence Poor (sister)
(Address) 115 Circuit Road Winthrop Mass19 I HEREBY CERTIFY That I attended deceased from
Sept. 25, 1937, to Oct. 14, 1937I last saw h. in alive on Oct. 14, 1937, death is said
to have occurred on the date stated above, at 2:30 p.m.The principal cause of death and related causes of importance in order of onset
were as follows:

Coronary Thrombosis 9/25/37

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)

(Address)

Date

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or town)

DATE OF BURIAL October 17

19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS

Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filled 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)

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 *splitter*, *welder*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" 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. A principal cause names the disease causing death. As related to the principal cause, 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 therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resuling 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.

Reading, November 11, 1937

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

219

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 Katherine May (Heath) Irish
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 115 Bancroft Ave St. Reading Mass
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of Elmer Blisworth Irish
(Give maiden name of wife in full)
(or) WIFE of Elmer Blisworth Irish
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years 11 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. 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. 1937 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Conway
(State or country) New Hampshire

PARENTS 13 NAME OF FATHER Jonathan W. Heath

14 BIRTHPLACE OF FATHER (City) Conway
(State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Catherine M. Burbank

16 BIRTHPLACE OF MOTHER (City) Jefferson
(State or country) New Hampshire

17 Informant Flora A. Woodman (daughter)
(Address) 115 Bancroft Ave. Reading Mass

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 14 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to Oct 14, 1937

I last saw her alive on Oct 14, 1937, death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<u>Pulmonary infection</u>	<u>1912</u> <u>25 Apr.</u>
<u>mitral Regurgitation</u>	<u>1912</u>
<u>Hypostatic Pneumonia</u>	<u>Oct. 11, 1937</u>
<u>chronic hemorrhage</u>	<u>Oct 13, 1937</u>
<u>Arteriosclerosis</u>	<u>1920</u>

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 Gydie W Robinson, M. D.
(Signed) Winthrop, Mass (Address) Date Oct 15 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL October 17, 1937

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/16/37 (Date of Issue of Permit)

Statement of occupation.—A true 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 occupation used 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Discriminate carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" 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. Discriminate carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement 3 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 either morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 or during his last illness, at the request of an undertaker or of any authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has obtained a permit from the board of health, or its agent, and he is authorized to issue such permits, or if there is no such board from the clerk of the town, or the person died: and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, and he is authorized to issue such permits, or if there is no such board, from the clerk of the town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall 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 be liable for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Revisory 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.

(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) **Accidental Deaths.** Examiners will investigate and certify to all deaths that are **not** due to natural causes, but are **impossibly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



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. **210**

1 PLACE OF DEATH
Suffolk (County)
Firthron (City or Town)
No. Firthron Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur George Joylan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 14 Court 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 MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced
HUSBAND of Alice L. Flynn (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. Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Library
10 Date deceased last worked at this occupation (month and year) 10-15-37 11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) Firthron (State or country) Massachusetts

13 NAME OF FATHER Stephen J. Joylan

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Catherine McAnally

16 BIRTHPLACE OF MOTHER (City) Prince Edward Island (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:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/18/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 10 15 37 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 10 15 1937, to 10 18 1937

I last saw him alive on 10 15 1937, 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:

Constant Heart Failure 10 15 37

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) (Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL 10 18 1937

22 NAME OF UNDERTAKER John F. O'Malley ADDRESS

Received and filed 10 18 1937

(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 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, *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith report the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a true and correct certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where some was contracted, the location of his last illness, when last seen alive by the physician, the location of his last illness, with last *Gen. Laws Chap. 46, Sec. 9*.

No undertaker or other person shall bury or otherwise dispose of a human body in a lot, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 to another, or from one place to another, or in the same cemetery, until he has received a permit from the board of health or its agent as aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as aforesaid provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, 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 declaring 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., (Terminatory 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., (Terminatory 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 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.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

211

Registered No.

 1 PLACE OF DEATH
 {
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 68 Johnson Avenue
 St. Ward {
(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Blanche B. Parker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 68 Johnson Ave Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX Female 4 COLOR OR RACE White 5 SINGLE Single
 MARRIED Single
 WIDOWED Single
 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 63 Years 6 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.Singer9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Opera10 Date deceased last worked at
this occupation (month and
year) 191411 Total time (years)
spent in this
occupation 2512 BIRTHPLACE (City) Provincetown
(State or country) Massachusetts13 NAME OF
FATHER Charles Parker14 BIRTHPLACE OF
FATHER (City) Oswego
(State or country) New York15 MAIDEN NAME
OF MOTHER Ella M. Fuller16 BIRTHPLACE OF
MOTHER (City) Provincetown
(State or country) Massachusetts17 Informant Katherine O'ragg (Relation, if any)
(Address) 120 Huntington Ave BostonI 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 18 1937
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July 15, 1937, to October 18, 1937
I last saw her alive on October 15, 1937, death is said
to have occurred on the date stated above, at 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 10/16/37

Contributory causes of importance not related to principal cause:

Anterior ischemic 1936Hypostatic Pneumonia 10/16/37Name of operation none Date of
What test confirmed diagnosis biopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Jacob Phagus M. D.
(Address) 602 Broadway Date 10/18/3721 PLACE OF BURIAL,
CREMATION OR REMOVAL at Auburn Cambridge
(Cemetery) (City or town)DATE OF BURIAL October 20 1937 1922 NAME OF
UNDERTAKER Richard W. WhiteADDRESS 147 Winthrop St. Winthrop MaReceived and filed OCT 20 1937 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 106, where same was contracted, the duration of 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 home housework, write *housework* in answer to Question 8 and *own home* in answer to 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

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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including respiration) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths 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.

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 11/9/37

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. **212**

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 James J. Hegerty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR) World

(a) Residence. No. 261 W. Second Street St. Ward South 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

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
or WIDOWED or DIVORCED

18 DATE OF DEATH October 18 1937
(Month) (Day) (Year)

6a If married, widowed or divorced
HUSBAND of Ann Cummins
(Give maiden name of wife in full)

19 I HEREBY CERTIFY That I attended deceased from
October 12, 1937 to October 18, 1937

(or) WIFE of
(Husband's name in full)

I last saw h. alive on October 18, 1937, death is said

6 IF STILLBORN, enter that fact here.

to have occurred on the date stated above, at 4 45 m.
The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE 44 Years Months Days If less than 1 day
Hours Minutes

Date of Onset
IMPORTANT
10/10/37

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, Stationery Engineer
sawyer, bookkeeper, etc.

Acute Bacterious
Appendicitis

9 Industry or business in which work was done, as silk mill, Long Island Hosp.
saw mill, bank, etc.

Contributory causes of importance not related to principal cause:
Peritonitis

10 Date deceased last worked at this occupation (month and year) 1 wk ago 11 Total time (years) spent in this occupation 6 yrs

Several septicaemia
appendicitis

12 BIRTHPLACE (City) Boston
(State or country) Mass

10/14/37

PARENTS

13 NAME OF FATHER Michael Hegerty

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

Name of operation Cholecystectomy Date of 10/12/37
What test confirmed diagnosis clinical Was there an autopsy No

15 MAIDEN NAME OF MOTHER (Unknown)

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

(Signed) Isabel O'Riarys M. D.
(Address) 362 Shirley St Date 10/18/37
Winthrop, Mass

17 Informant Mrs. Ann Hegerty (Life)
(Address) 261 W. Second St So. Boston

21 New Calvary Boston
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 20, 1937

22 NAME OF UNDERTAKER Thomas P. O'Donnell
ADDRESS 143 E. Broadway So. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Received and filed 10/26/37 19

(Signature of Agent of Board of Health or other)
M. M. D. Childress
(Official Designation) (Date of Issue of Permit) 10/18/37

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some of this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the reason for the change, and the occupation prior to the change, if different from the occupation prior to illness. If the deceased had retired from business prior to the occupation prior to retirement, children not 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.

Using such carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, MACHINIST, ELECTRICIAN, etc. Do not use the term "salesman" and "wholesale merchants." A person who sells goods should be called a SALESMAN and not a SALE.

Statement 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 cause of importance in order of onset were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



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. **213**

1 PLACE OF DEATH **Suffolk** (County)
Winthrop (City or Town)
No. **Winthrop Community Hospital St.** Ward **6** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Alice Booth Pfau**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. **40 Tewksbury St.** St. **1** Ward, **1**
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Married** (write the word)

5a If married, widowed, or divorced

HUSBAND of **John P. Pfau** (Give maiden name of wife in full)

(or) WIFE of **John P. Pfau** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **77** Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **Suffolk**
(State or country) **U. S.**

13 NAME OF FATHER **Booth**

14 BIRTHPLACE OF FATHER (City) **New York**
(State or country)

15 MAIDEN NAME OF MOTHER **Murphy**

16 BIRTHPLACE OF MOTHER (City) **New York**
(State or country)

17 Informant **John P. Pfau** Relation, if any **(husband)**
(Address) **40 Tewksbury St.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **10/20/37** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct 19 1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **July 12 1937** to **Oct 19 1937**
(Last saw him alive on **Oct 19 1937**, death is said to have occurred on the date stated above, at **6 P. M.**)

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Breast **Dec 1935**
Carcinoma of Uterus (metastatic) **July 1937**

Contributory causes of importance not related to principal cause:

Name of operation **none** Date of **no**
What test confirmed diagnosis? **X-ray + biopsy** Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Raynaud's Disease**
(Signed) **Winthrop Mass** M. D. **Oct 20 1937**
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Calvary Boston**
(Cemetery) (City or town)

DATE OF BURIAL **Oct 20 1937**

22 NAME OF UNDERTAKER **John H. O'Malley**
ADDRESS **100m-12-34 No. 2938-f**

Received and filed **19**

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*help*. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, 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 *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>Arteriosclerosis</i>		1913
..... <i>Chronic interstitial nephritis</i>		1921
..... <i>Cerebral hemorrhage</i>		July 5, 1927
..... Contributory causes of importance not related to principal cause:		
.....		
.....		
.....		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Review Notice 11/19/37

To be filed for burial permit with Board of Health or its Agent.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registered No. 214

PLACE OF DEATH

Suffolk (County)
Winthrop community
No. Winthrop Hospital St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas G. Pisano
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U.S. War Veteran, specify WAR)

(a) Residence. No. 374 River St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Marie G. Pisano (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. Storekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Market
10 Date deceased last worked at this occupation (month and year) 10/1/37 11 Total time (years) spent in this occupation 20 yrs

12 BIRTHPLACE (City) (State or country) Italy

13 NAME OF FATHER Nicholas Pisano

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) unknown

17 Informant Marie Pisano (Mother) (Address) 374 River St. River

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) 10/31/37 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 20 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Sept. 1937 to Oct. 20, 1937.
I last saw him alive on Oct. 20, 1937, death is said to 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:

Septicemia
Sangerens of right leg
Leg

Contributory causes of importance not related to principal cause:
Diabetes mellitus 12 yrs.
Arteriosclerosis and atherosclerosis 6 mos.
of right leg

Name of operation open drain of leg 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. Zollo (Address) 1353 River St. Mass. Date Oct. 21 1937 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Mortuary (City or town)

DATE OF BURIAL Oct 22 1937

22 NAME OF UNDERTAKER F. J. Zollo ADDRESS River

Received and filed OCT 26 1937 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 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*, *sock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail mechanics* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

.....
.....
.....
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 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 counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

A TRUE COPY. ATTEST:

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 direction for every person aged 10 years or over. If the occupation had been given up or changed before the occurrence of the disease causing death, report the occupation to illness. If the deceased had retired from business prior to the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, the request of an undertaker or other authorized person or of any member of the family, the deceased, furnish for registration, containing the certificate of death, stating the best of his knowledge and belief, the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same 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. 7.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, 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., (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 disease **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



(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. **216**

PLACE OF DEATH

No.

Winthrop Community Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Robert Tournabaker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No.

1048 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

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 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

6 Hours 25 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 Constantine Tournabaker

14 BIRTHPLACE OF FATHER (City) Greece (State or country)

15 MAIDEN NAME OF MOTHER Dena Kapeloe

16 BIRTHPLACE OF MOTHER (City) Greece (State or country)

17 Informant (Address) Constantine Tournabaker 104 Shirley 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

October 24 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Oct. 24, 1937 to Oct. 24, 1937

I last saw him alive on Oct. 24, 1937, death is said

to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Cerebral (intracranial) hemorrhage Oct. 24/37

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify E. J. Capone, etc.

(Signed) 390 Broadway, M. D. (Address) Longfellow Hotel Date 10/24 1937

21 Place of Burial, Cremation or Removal Winthrop Winthrop (City or Town)

DATE OF BURIAL Oct. 26 1937

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop, Mass.

Received and filed 19

A TRUE COPY

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be compared. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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, write DOMESTIC SERVICE in answer to Question 8 and PRIVATE HOME in answer to Question 9. For a person engaged in 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 occupation, as CARPENTER, ELECTRICIAN, and so on. Distinguish between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or 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
'The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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

217

Registered No.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 41 Marshall St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Watson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 41 Marshall St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 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
WIDOWED or DIVORCED

5a If married, widowed or divorced
HUSBAND of Margaret Wainland
(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 7 Months 21 Days
If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dyer (Retired)

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile Mill

10 Date deceased last worked at this occupation (month and year) Aug 1930
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Scotland
(State or country)

13 NAME OF FATHER Robert

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Ann Bruntor

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

17 Informant William Watson
(Address) Grafton, N. H.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
10/25/37 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 24, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1937, to Oct 24, 1937.
I last saw him alive on Oct 24, 1937, 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:

Acute nephritis Oct 17/37

Contributory causes of importance not related to principal cause:

Chronic myocarditis 1935

Name of operation none Date of What test confirmed diagnosis? leukemia Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker
(Signed) (Address) Winthrop, Mass Date Oct 25, 1937, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(City or town)

DATE OF BURIAL Oct 27, 1937

22 NAME OF UNDERTAKER Kenneth O. O'Brien

ADDRESS 97 Spring St., New Bedford, Indus.

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be retained and recorded, which shall be accompanied, in case of an original statement, 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 such a permit for the removal of a human body, 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, certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 *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, which the interset is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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), 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 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*, *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>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.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

218

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 88 Woodside

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME George Thompson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 88 Woodside

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of Mary J. Murphy
(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 4 Months 29 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hoisting
10 Date deceased last worked at this occupation (month and year) 1933 11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER John Thompson

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Kelly

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Flossie Smith (Daughter)
(Address) 88 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 or Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/27/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 25 1937
(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 4 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes Probably
Acute Myocardial Infarction

Date of Onset

Oct. 25
1937

Contributory causes of importance not related to principal cause:

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) M. D.

(Address) Winthrop, Bond Street Date Oct 26 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or town)

DATE OF BURIAL Oct. 27 1937

22 NAME OF UNDERTAKER Richard W. White
ADDRESS 147 Winthrop St. Winthrop

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 *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to 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

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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of 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 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** shall certify to such deaths only as those of persons who, though died without recent medical attendance, are related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (unconscious), thermal, or electrical and by the action of chemical (gases) or poisons, but also deaths from disease agents, and deaths 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.

PLACE OF DEATH

Suffolk
(County)Winthrop Mass.
(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 219

No. 40 Lincoln St. Winthrop Mass. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Wills
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 46 Seymour St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 years months days. How long in U.S., if of foreign birth? 30 years months days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced, give name of HUSBAND of (RITCHIE) 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 46 Years 11 Months 27 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Building
10 Date deceased last worked at this occupation (month and year) Oct 4 '37 11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) Scotland
(State or country)

13 NAME OF FATHER William Wills

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Not known

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

17 Informant Douglas Wills (Address) 46 Seymour Avenue 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 Childers
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Oct 19/31

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 28 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 28 1937, to Oct 28 1937, 1937.
I last saw him alive on Oct 28 1937, death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Lobar Pneumonia
Embo. corditis
Date of Onset 2. wk.

Contributory causes of importance not related to principal cause:

Grippe

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. Isaacson M. D.

(Address) 18 Huntington St. Boston Date 1.8.38 1937

21 Winthrop Cemetery Winthrop

Place of Burial, (Cremation or Removal) (City or Town)

DATE OF BURIAL October 30 1937 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St. Winthrop Mass.

Received and filed 1937 10

A TRUE COPY ATTEST

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MARINE ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more-precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, as, for example, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name, either morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
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.

with, after the death of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If 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 to the town to which it was removed and shall be returned to the town from which it was removed within thirty-six hours after such removal, and has a permit in the usual form for the removal of such body has been received as required by section ten of chapter forty-six, that 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 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. (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**, and those of persons **found dead**.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making a return)

220

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 77 Bowdoin

St.:

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Holmes Homer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 77 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 53

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

6a If married, widowed or divorced
HUSBAND of Mary Jane Westron
(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 x Months 13 Days
If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10 Date deceased last worked at this occupation (month and year) 1933
11 Total time (years) spent in this occupation 46

12 BIRTHPLACE (City) Brookline
(State or country) Massachusetts

13 NAME OF FATHER George Freeman Homer

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 Mrs. Mary J. Homer (wife)
(Address) 77 Bowdoin 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. Galdes
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 1933/37
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 28 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 25 1936, to Oct 28 1937.

I last saw him alive on Oct 28 1937, death is said

to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Oct 28/37

Contributory causes of importance not related to principal cause:

Chronic Nephritis Dec 25 1936
Hypertension Dec 25 1936

Name of operation none Date of What test confirmed diagnosis Chest 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) Permanent Bleeding M. D.
(Address) Winthrop Mass Date Oct 29 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL October 31, 1937 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed NOV 3 1937 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 *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; 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, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercenary 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., (Tercenary 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.



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. **221**

1 PLACE OF DEATH **Suffolk** (County)
Winthrop (City or Town)
No. **15 Court Road** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **John Allen Harrison**
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. **15 Court Road 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 **22** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Married** (write the word)

5a If married, widowed, or divorced
HUSBAND of **Barbara Moran Harrison**
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **24** Years **6** Months **22** 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. **Medical Collage**

10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12 BIRTHPLACE (City) **West Hartford**
(State or country) **Conn.**

13 NAME OF FATHER **John A. Harrison**

14 BIRTHPLACE OF FATHER (City) **Charlestown**
(State or country) **Mass.**

15 MAIDEN NAME OF MOTHER **Emma Cunningham**

16 BIRTHPLACE OF MOTHER (City) **Jefferson**
(State or country) **Me.**

17 Informant **John Harrison** (Father)
(Address) **15 Court 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. D. Childers
(Signature of Agent of Board of Health or other)

(Official Designation)

Oct. 29/37
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct - 28 - 1937**
(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.)
no poisoning
suicide

found dead in his home

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED **Winthrop**
(Signed) **John V. Spickard** M. D.
(Address) **15 Court Rd. Winthrop** Date **Oct. 29, 1937**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Wyoming Melrose**
(Cemetery) (City or town)

DATE OF BURIAL **Oct. 31 1937** 19

22 NAME OF UNDERTAKER **Richard W. 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

PLACE OF DEATH

1

Suffolk
(County)
Wintthrop
(City or Town)



noted 11/9/37
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.

222

STANDARD

CERTIFICATE OF DEATH

Registered No.

No.

Wintthrop Community Hospital
death occurred in a hospital or institution,
Ward (give its NAME instead of street and number)

2 FULL NAME

Joseph Edward Royanis Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a)

Residence. No.

740 Saratoga

St.,

Ward,

East Boston

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *49* years *7* months *7* days.

How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Mary E. Boyan

(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 *7* Months *7* Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sub Master

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Public Schools City of Boston

10 Date deceased last worked at this occupation (month and year)

Oct. 1937

11 Total time (years)

spent in this occupation *26*

12 BIRTHPLACE (City)

(State or country)

East Boston Mass.

13 NAME OF FATHER

Michael J. Kelly

14 BIRTHPLACE OF FATHER (City)

(State or country)

Portland Maine

15 MAIDEN NAME OF MOTHER

Mary E. Cathcart

16 BIRTHPLACE OF MOTHER (City)

(State or country)

East Boston Mass.

17

Informant (Address)

Mary E. Kelly (wife)
740 Saratoga St., E.B.

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:

W. M. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) *10/30/37*
(Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct. 29 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

*10/20**1937*to *10/29**1937*

I last saw him alive on

*10/29**1937*

death is said

to have occurred on the date stated above, at *10:20* p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cholecystitis
gangrenous

Date of Onset

IMPORTANT

10/20

Contributory causes of importance not related to principal cause:

*gangrenous**10/20*

Name of operation

Cholecystectomy

Date of

10/25/37

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

Hansen's disease

(Signed)

W. M. D. Childers

M. D.

(Address)

11 Wintthrop St.

Date

10/25/37

21

Place of Burial, Cremation or Removal

(City or Town)

Holy Cross Malden

DATE OF BURIAL

*November 2**1937*

22 NAME OF UNDERTAKER

M. J. Kelly

ADDRESS

11 Wintthrop St., East Boston

Received and filed

19

NOV 5 1937

(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, death, or retirement, report the occupation prior to illness. If the deceased had retired from business, report the occupation previous 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. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>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.

last, after the death of a person whom he has attended during his last illness, or other undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by the section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.

Gen. Laws, Chap. 46, Sec. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as 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 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 a removal shall constitute a permit for such removal, unless such a 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.—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.—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, and certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 scalding, septicemia), and by the action of chemical (drugs, poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

223

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 34 Trident Ave (rear) St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Lois Greenstein
(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 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 Single
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 3 Years 21 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. 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) Everett
(State or country) Mass

13 NAME OF FATHER Nathan Greenstein

14 BIRTHPLACE OF FATHER (City) Chelsea
(State or country)

15 MAIDEN NAME OF MOTHER Shirley Cohen

16 BIRTHPLACE OF MOTHER (City) Leeds, England
(State or country)

17 Informant Nathan Greenstein, father Relation, if any
(Address) 34 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. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 10/31/37
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 31 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....

I first saw deceased alive on 19....., 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:

Natural Cause Probable
Cerebral Heart Disease
Insufficient Circulation
Date of Onset July 9 1937
IMPORTANT

Contributory causes of importance not related to principal cause:

Calymon H. Greenstein July 21 1937

Name of operation No Date of
What test confirmed diagnosis? None Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond A. Carter M. D.
(Signed) (Address) 100m-12-'34. No. 2938-f Date Oct 31 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL United Burial Society - Melrose
(City or town)

DATE OF BURIAL October 31 1937

22 NAME OF UNDERTAKER Monis & Son

ADDRESS 151 Washington Ave. Chelsea

Received and filed 19.....

NOV 3 1937

(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, 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.

A physician or registered hospital medical officer shall follow with the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his 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 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 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 funeral is to be held, or from a 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 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.**

Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8484

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 17 Parley Ave

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ahrend

Pope

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

77 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

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

widowed

M

W

6a If married, widowed, or divorced

HUSBAND of

Susan L. Wonsen

(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 2 Months Days

If less than 1 day

Hours Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

accountant

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 1926

11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City)

(State or country)

New York NY

PARENTS

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Step-son Harry W Brown
Holliston Mass

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept 21

1937

18 DATE OF DEATH

Sept 17

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 11, 1937 to Sept 17, 1937

I last saw him alive on Sept 11, 1937, death is said

to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

angina pectoris

1930?

coronary sclerosis

1930?

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)

H B Jackson

M. D.

(Address)

Boston

Date 9/17/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Forest Hills

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

Sept 19

1937

22 NAME OF UNDERTAKER

R H White

ADDRESS

Winthrop

Received and filed

NOV 21 1937

19

(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass Gen Hosp

STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8553

(If death occurred in a hospital or institution,
give its NAME instead of street and number)(If U. S.
War Veteran,
specify WAR)

225

2 FULL NAME James Gray

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Hutchinson 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)
M	W		Marr

5a If married, widowed, or divorced
HUSBAND of Jane G Doig
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 39 Years 17 Days If less than 1 day
AGE Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Trucking
	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)	9/18/37
	11 Total time (years) spent in this occupation	5

12 BIRTHPLACE (City)
(State or country) Scotland

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 Thomas G Doig bro-in-law
(Address)

A TRUE COPY

ATTEST: *Phyllis P. Plouffe*
(Registrar of city or town where death occurred)

DATE FILED 9/22/37 193

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 20/37 193
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
9/19/37, 19 to 9/20/37, 193
I last saw him alive on 9/20/37, 19, death is said
to have occurred on the date stated above, at 8:23a m.

The principal cause of death and related causes of importance in order of onset were as follows:

peptic ulcer of stomach or duodenum with perforation and hemorrhage 10 yr 2 da

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M J Rhees, M. D.
(Address) Mass Gen Hosp Date 9/37 19321 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(City or town)
DATE OF BURIAL 9/23/37 19322 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop

Received and filed NOV 24 1937 19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-d

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 653 Walk Hill St- Home

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8714

2 FULL NAME

Mary Baxter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

10 Highland Av

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

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

George Baxter

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

81

6

7

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.

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)

/35

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

William Boyce

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Louise Garford

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Informant (Address)

Mrs N C Hayden dau.

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

9/29/37

DATE FILED

193

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept 24/37

193

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/1/37

19 to

9/24/37

193

I last saw him alive on 9/24/37, 1937, 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:

chronic myocarditis
arteriosclerosis

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)

G. H. Scott

M. D.

(Address)

Date 9/25 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

9/27/37

193

22 NAME OF UNDERTAKER

R H White

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)





The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8951

PLACE OF DEATH
1

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

Mary L McGlincey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

227

(a) Residence. No.

19 Charles

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

MEDICAL CERTIFICATE OF DEATH

3 SEX
F4 COLOR OR RACE
W5 SINGLE
MARRIED
WIDOWED
or DIVORCED
(write the word)
Marr

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John J McGlincey

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years 5 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.

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)

Nova Scotia

13 NAME OF FATHER

Alexander MacPherson

PARENTS

14 BIRTHPLACE OF FATHER (City) (State or country)

Scotland

15 MAIDEN NAME OF MOTHER

AnnaChrow

16 BIRTHPLACE OF MOTHER (City) (State or country)

Scotland

17

Informant (Address)

husband

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

10/7/37

193

18 DATE OF DEATH

Oct 3/37

193

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/23/37

19 to

10/3/37, 193

I last saw h er alive on 10/3/37, 19, death is said

to have occurred on the date stated above, at 12:05p.

The principal cause of death and related causes of importance in order of onset were as follows:

gen arteriosclerosis
with cardiac hypertrophy
pulmonary infarcts

Date of onset

yrs
das

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)

W B Osgood

(Address)

P Bent Brigham H.

Date 10/3

193 37

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

10/6/37

193

22 NAME OF UNDERTAKER

R H White

ADDRESS

Winthrop

Received and filed

OCT 24 1937

19

(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important.

50m-9-31, No. 3385-K

SUFFOLK (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (City or town making return)	
1 PLACE OF DEATH BOSTON (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 9012	
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 Alice A Gulick (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) 226			
(a) Residence. No. 158 Cliff Av		St.,		Ward, Winthrop	
(Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		yrs. mos. days		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX F	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Marr			
5a If married, widowed, or divorced					
HUSBAND of (Give maiden name of wife in full) Russell A Gulick					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 42 Years 9 Months 22 days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home				
	10 Date deceased last worked at this occupation (month and year) 9/37 11 Total time (years) spent in this occupation 25				
12 BIRTHPLACE (City) (State or country) New Brunswick N J					
PARENTS	13 NAME OF FATHER William Pennington				
	14 BIRTHPLACE OF FATHER (City) (State or country) ---				
	15 MAIDEN NAME OF MOTHER Alice Cronk				
16 BIRTHPLACE OF MOTHER (City) (State or country) ---					
17 Informant Russell A Gulick husband (Address)					
A TRUE COPY					
ATTEST: (Registrar of city or town where death occurred) 10/9/37					
DATE FILED 10/9/37 193					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Oct 6/37 193 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 9/23/37 to 10/6/37, 1933					
I last saw him alive on 10/6/37, 1933, death is said to have occurred on the date stated above, at 12:50am.					
The principal cause of death and related causes of importance in order of onset were as follows:					
brain tumor (suspect) 4 mos.					
circulatory collapse 12 hrs					
Contributory causes of importance not related to principal cause:					
cerebellar exploration 10/5/37					
Name of operation Date of 10/5/37					
What test confirmed diagnosis? Was there an autopsy? yes					
20 Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) W. B. Osgood, M. D.					
(Address) P Bent Brigham Hosp Date 10/6 1933 37					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Town Cem New Brunswick N J (Cemetery) (City or town)					
DATE OF BURIAL 10/9/37 193					
22 NAME OF UNDERTAKER C R Bennison					
ADDRESS Winthrop					
Received and filed NOV 24 1933 19					
(Registrar of City or Town where deceased resided)					

tumor-type unknown

PLACE OF DEATH

Suffolk
(County)Mentmore
(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 229

No. 104 Highland Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marion A Damon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 104 Highland 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 2 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Female White MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 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. 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) Danvers
(State or country) Mass

13 NAME OF FATHER William J. Damon

14 BIRTHPLACE OF FATHER (City) No Reading
(State or country) Mass

15 MAIDEN NAME OF MOTHER Caroline Henderson

16 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

17 Informant Frank C Damon (Address) East St Danvers 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 November 14/37
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 14 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 28, 1937, to November 14, 1937.

I last saw him alive on November 14, 1937, 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:

Chronic Myocarditis Years
Chronic Nephritis Years
Chronic Arthritis Years

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? N

20 Was disease or injury in any way related to occupation of deceased? Y

If so, specify
(Signed) Edward J. Branger M. D.
(Address) 200 Washington St Date Nov 14 1937

21 Place of Burial, Cremation or Removal Walnut Grove Danvers
(City or Town)
DATE OF BURIAL Nov 17 1937

22 NAME OF UNDERTAKER William H Crosby
ADDRESS 15 Cherry St Danvers

Received and filed Dec 7 1937

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 changed or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. For a woman whose only occupation was that of domestic service, write a household in answer to Question 6 and of domestic work in answer to Question 9. For a person engaged in the domestic service for wages, however, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOURS, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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 to do so from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried and the funeral is to be held, or from a 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 and indirectly by traumatic (including falling, slipping, etc.), physical agents, but also deaths resulting from disease, the sudden deaths of persons in infancy or in old age, and those of persons found dead.

Deaths resulting from disease, the sudden deaths of persons in infancy or in old age, and those of persons found dead, are not to be certified to by the attending physician, but by the medical examiner.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **230**

1 PLACE OF DEATH **Sufflok** (County)
Winthrop (City or Town)
No. **198 Cottage Park Road** **St.** Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Inez Clayton (Bennett) Dow** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. **198 Cottage Park Road** **St.** Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **30** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED OR DIVORCED **Married** (write the word)

5a If married, widowed, or divorced

HUSBAND of

Herbert Clayton Dow (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 **8** 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) **July 1937** 11 Total time (years) spent in this occupation **26**

12 BIRTHPLACE (City) **Provincetown**
(State or country) **Massachusetts**

13 NAME OF FATHER **Samuel Bennett**

14 BIRTHPLACE OF FATHER (City) **Provincetown**
(State or country) **Massachusetts**

15 MAIDEN NAME OF MOTHER **Irene Smith**

16 BIRTHPLACE OF MOTHER (City) **Provincetown**
(State or country) **Massachusetts**

17 Informant **Herbert C. Dow** (husband)
(Address) **198 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:

Wm. S. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/16/37** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov** **15** **1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **April 26**, 19**36**, to **Nov 15**, 19**37**.

I last saw him alive on **Nov 15**, 19**37**, death is said to have occurred on the date stated above, at **6:10 A. m.**

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis April 1926
Chronic Interstitial Nephritis April 1926

Contributory causes of importance not related to principal cause:

Hy. pertension 1929
Pneumonia June 1927

Name of operation **None** Date of
What test confirmed diagnosis? **Cosmoline** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **W. S. Childress** M. D.(Address) **Winthrop Mass** Date **Nov 16** 19**37**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop** **Winthrop**
(Cemetery) (City or town)

DATE OF BURIAL **November 17, 1937** 1922 NAME OF UNDERTAKER **Charles R. Bennison**ADDRESS **Winthrop Mass**Received and filed **DEC 7 1937** 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, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 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 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 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 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*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, steam engineer*, etc. Avoid the term "laborer," 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 causes of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a typical case the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



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. **231**

1 PLACE OF DEATH

Suffolk
(County)
Waltham
(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 Alida A. Mann Burke

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 105 Washington Ave. St. Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

6a If married, widowed, or divorced

HUSBAND of Thomas (Give maiden name of wife in full)

(or) WIFE of Thomas (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. Housewife
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Own Home
10 Date deceased last worked at
this occupation (month and
year) Nov 1936 11 Total time (years)
spent in this
occupation 40

12 BIRTHPLACE (City)
(State or country) Ireland

13 NAME OF
FATHER John

14 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland

15 MAIDEN NAME
OF MOTHER John

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland

17 Informant John (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. O'Connell
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/17/37 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH November 16 - 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
November 14, 1937, to November 14, 1937

I last saw her alive on November 15, 1937, death is said
to 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:

Acute Dilatation of Heart Date of Onset
IMPORTANT Nov 14 37

Acute Myocarditis

Contributory causes of importance not related to principal cause:

Name of operation No Date of No
What test confirmed diagnosis? O Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Edward J. Prager M. D.
(Address) 200 Washington St. Date Nov 16 1937

21 PLACE OF BURIAL,
CREMATION OR REMOVAL St. John's
(Cemetery) (City or town)

DATE OF BURIAL Nov 16 1937

22 NAME OF
UNDERTAKER John F. O'Malley

ADDRESS St. John's

Received and filed Nov 17 1937

(Registrar)

11/17/37 as required by State Dept.
whenever later as

(3) **Medial Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatic trauma (including resulting septicemia), thermal, or electrical, and by the action of chemical (drugs or poisons), but also deaths from disease agents, and deaths following abortion, but also deaths from disease 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



(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. **232**

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)

No. **Wintthrop Community Hosp.** Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Babe W illett**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. **188 Court Rd Wintthrop** Ward, **St.**
(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 **Single** (write the word)

5a If married, widowed, or divorced HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here. **Stillborn**

7 AGE _____ Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **Wintthrop**
(State or country) **Mass.**

PARENTS

13 NAME OF FATHER **James W illett**

14 BIRTHPLACE OF FATHER (City) **Ton**
(State or country) **Mass.**

15 MAIDEN NAME OF MOTHER **Elice**

16 BIRTHPLACE OF MOTHER (City) **Boston**
(State or country) **Mass.**

17 Informant (Address) **Wintthrop Hosp. 3000 Broadway** Relation, if any **Simon St. Wintthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other Health Officer) **11/22/37**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 21 1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____, death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

still-born (9 mos) **Nov 21/37**

Contributory causes of importance not related to principal cause:

Prolapsed cord. **Nov 21/37**

Name of operation **none** Date of _____
What test confirmed diagnosis **physical & laboratory** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Jacob Abrams M.D.** M. D.

(Signed) **562 Stanley St** Date **Nov 22/37**

(Address) **Wintthrop**

21 **Warden Cemetery**

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **November 23** 19 **37**

22 NAME OF UNDERTAKER **Barbara M. Lawrence**

ADDRESS **424 Broadway**

Received and filed _____ 19 _____

A TRUE COPY ATTEST

(Registrar)

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 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 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 the clerk, upon receipt of such statement, shall forward the permit to the agent, upon which it and thereon the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 traumaticism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be ascertained. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed or account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business or occupation prior to retirement. Children not officially employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework. In answer to Question 8 and own home in answer to 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	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.

Boston notified 12/8/37

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. 233

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 Ruby E. Calhoun

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 602 Bennington St. E. B. 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 45 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

6a If married, widowed, or divorced

HUSBAND of George M. Calhoun (Give maiden name of wife in full)(or) WIFE of George M. Calhoun (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours MinutesOCCUPATION 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) 10-37 11 Total time (years) spent in this occupation 4312 BIRTHPLACE (City) Laconia New Hamp. (State or country)PARENTS 13 NAME OF FATHER Henry Simmons14 BIRTHPLACE OF FATHER (City) Canada (State or country)15 MAIDEN NAME OF MOTHER Unknown Unknown16 BIRTHPLACE OF MOTHER (City) Canada (State or country)17 Informant George M. Calhoun Relation, if any SON
(Address) 602 Bennington St. E. B. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE this final or burial permit was issued:

Wm. D. Childress
Health Officer (Signature of Agent of Board of Health and other)
Official Designation (Date of Issue of Permit) 11/26/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 23 1937
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Nov 11, 1937I last saw her alive on 11/23, 1937; death is saidto 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:

Cerebral HemorrhageDate of Onset
IMPORTANT11/19/37

Contributory causes of importance not related to principal cause:

Hypertension
Chor. Myocarditis1935
1935Name of operation 2 Date of 2
What test confirmed diagnosis? 2 Was there an autopsy? 220 Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) Fred O. Regan M. D.
(Address) 670 Saratoga St. E. B. Date 11/24 193721 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov 26, 193722 NAME OF UNDERTAKER Charles H. Treanor
ADDRESS 539 Saratoga St. E. B.Received and filed 11/26/37 1937

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, 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 (say, asphyxia) appears 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, prepare and sign a certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposition as to the cause of death, the date, time, and place of death, and the place where same was contracted, the duration of 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 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 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 receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or place in which the body of 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 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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

231

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 23 Atlantic

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Luella Bean Tompkins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

23 Atlantic

{ (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 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William B Tompkins (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. 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) Ret 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

13 NAME OF FATHER Year Bean

14 BIRTHPLACE OF FATHER (City) Maine (State or country)

15 MAIDEN NAME OF MOTHER Ananola Homans

16 BIRTHPLACE OF MOTHER (City) Massachusetts (State or country)

17 Informant Mrs Ella Vazquez (Address) 23 Atlantic 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) 11/27/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 23 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 1937 to Nov 23 1937, death is said to have occurred on the date stated above, at 3:12 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Contributory causes of importance not related to principal cause: Cerebral 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) C. J. ... M. D.

(Address) ... Date 4/16 1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop winthrop (Cemetery) (City or town)

DATE OF BURIAL Nov. 27 1937 19

22 NAME OF UNDERTAKER Richard B. White ADDRESS 147 Winthrop St. Winthrop

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. *Children not gainfully employed may be returned as at school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—help, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term *laborer* when more precise statements of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *real mechanics* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement 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 important cause related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 date, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death.... *Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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-12-34. No. 2038-g

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. **235**

(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)
yrs. mos. days.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. **29** **Freeman St.**
(Usual place of abode)

Ward

Length of residence in city or town where death occurred **20** yrs. **X** mos. **X** 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** (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **75** Years **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. **Consent-Worker** 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Construction work** 10 Date deceased last worked at this occupation (month and year) **Nov 25/37** 11 Total time (years) spent in this occupation **30**

12 BIRTHPLACE (City) **Mount Carmel** (State or country) **Conn**

13 NAME OF FATHER **Patrick Norton**

14 BIRTHPLACE OF FATHER (City) **England** (State or country)

15 MAIDEN NAME OF MOTHER **Ann Walsh**

16 BIRTHPLACE OF MOTHER (City) **Ireland** (State or country)

17 Informant **Garrett E. Conway** (Address) **61 N. Washington St. Bridgeport Conn**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Wm. D. Childress
Health Officer (Date of Issue of Permit) **11/29/37**

18 DATE OF DEATH **Nov. 26, 1937** (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.)

Received wound of chest - apparently suicidal - said wound seen found in house

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? **Wethersfield** (City)

(Signature) **Angelina J. Hedy** M. D. (Address) **11/27/37**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Wethersfield** (Cemetery) (City or town)

DATE OF BURIAL **Nov-29 1937** 19

22 NAME OF UNDERTAKER **C R Lemmon**

ADDRESS **Wethersfield**

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

DESCRIPTION (for unknown person)

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.)"

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

Reading notified 12/8/37
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

236

No. Station Hospital, Fort Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME THOMAS L. FREELS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

(specify WAR) War

(a) Residence. No. 563 Summer Street

(Usual place of abode)

St. Ward, Reading, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred Unknown 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 (write the word) MARRIED Widowed or DIVORCED Unknown

6a If married, widowed, or divorced

HUSBAND of Unknown (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 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. Retired Soldier
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. US Army Ret Tech Sgt

10 Date deceased last worked at this occupation (month and year) Not working 11 Total time (years) spent in this occupation -

12 BIRTHPLACE (City) Unknown Roane County (State or country) Tenn. - Tenn. -

13 NAME OF FATHER Unknown Isaac W. Freels

14 BIRTHPLACE OF FATHER (City) Unknown Camel County (State or country) Unknown Tennessee

15 MAIDEN NAME OF MOTHER Unknown Nathild Pickel

16 BIRTHPLACE OF MOTHER (City) Unknown Roane County (State or country) Unknown Tennessee

17 MRS. Mattie Burns Relation, if any Informant (Address) Lenor City Tenn sister

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 26 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 9 1937, to Nov 26 1937.

I last saw him alive on Nov 26 1937, death is said

to have occurred on the date stated above, at 2:47 PM

The principal cause of death and related causes of importance in order of onset were as follows:

1. Cerebral hemorrhage, acute, severe secondary to No. 2. 11/7/37
2. Arteriosclerosis, generalized, severe, chronic, severe, cause undetermined. Unknown

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

(Signed) ROBERT E. THOMAS, LT COL MC M. D.
(Address) Fort Banks, Mass. Date 11/26/1937

21 Lenor City Tennessee

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov 29 1937

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other official)
(Official Designation)
(Date of Issue of Permit) 11/27/37

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 above-said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such 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 **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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 "employed," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, asbena, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Antepleurisy</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

CAUSE OF DEATH in plain terms, so 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. 237

1 PLACE OF DEATH
(County)
(City or Town)
No. St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME
(If 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 4 COLOR OR RACE 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days If less than 1 day
Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country)

13 NAME OF FATHER
Belle Chamber

14 BIRTHPLACE OF FATHER (City)
(State or country)

15 MAIDEN NAME OF MOTHER
Irene

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:

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 11/30/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 29 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 18, 1937, to Nov. 28, 1937.

I last saw him alive on November 28, 1937, death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Breast 8 mos.

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. Dranger, M. D.
(Address) 202 Washington Ave Date 11-29-1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER
ADDRESS
John A. O'Malley

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, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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).*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, boiler machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement 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>Arieteleorosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. **238**

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 **Fred Eugene Drew** (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**. (If nonresident, give city or town and state)
Length of residence in city or town where death occurred **40** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Married** (write the word)

5a If married, widowed, or divorced HUSBAND of **Nellie Elizabeth Knowlton** (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 **9** Months **23** Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, **Photograph supplies** sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, **Store** saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) **March 1937** Total time (years) spent in this occupation **30**

12 BIRTHPLACE (City) **Boston** (State or country) **Massachusetts**

13 NAME OF FATHER **James M. Drew**

14 BIRTHPLACE OF FATHER (City) **Orino** (State or country) **Maine**

15 MAIDEN NAME OF MOTHER **Julia A. Bailey**

16 BIRTHPLACE OF MOTHER (City) **Dover** (State or country) **New Hampshire**

17 Informant **Nellie E. Drew** (Address) **106 Bellevue Ave. Winthrop Mass** Relation, if any **(wife)**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other Health Officer) **12/3/37** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **11** (Month) **30** (Day) **37** (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Sept. 1937** to **Nov 30, 1937**

I last saw him alive on **Nov 30, 1937**, death is said to have occurred on the date stated above, at **11:45 p.m.**

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of eye

Name of operation **Carcinoma of eye** Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **Yes** (Signed) **Wm. D. Childers** M. D. (Address) **Winthrop Mass** Date **12/3/37**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop** (Cemetery) (City or town)

DATE OF BURIAL **December 3, 1937**

22 NAME OF UNDERTAKER **Charles R. Bennison** ADDRESS **Winthrop Mass**

Received and filed **12/3/37**

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 *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*or* *maid*, *family cook*—*or* *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 *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, 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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit and certificate, shall forthwith countermand it and transmit it to the clerk of the state, for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk of the registrar may require. — *Chap. 114, Sec. 45, G. L., (Interim 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 far as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 1.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including 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.

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-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)

2 FULL NAME

DonaldSinger

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

28 Beech 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

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MWMARRIED
WIDOWED
or DIVORCEDsingle

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

9Years 1

Months

Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

school

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Nov 1 1937

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF FATHER

Reuben Singer

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Minna Davis

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Mass

17

Informant (Address)

Father-as above

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov 131937

BOSTON

(City or town making return)

Registered No. 10008

(If U. S.

War Veteran,
specify WAR)239

18 DATE OF DEATH

Nov
(Month)10
(Day)1937
(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Nov 7, 19 37 toNov 10, 19 37I last saw him alive on Nov 10, 19 37 death is saidto have occurred on the date stated above, at 6.25A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

peritonitisruptured appendix

Contributory causes of importance not related to principal cause:

Name of operation appendectomy Date of 11/7/37What test confirmed diagnosis? Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

C Zaurabeff

M. D.

(Address)

BostonDate 11/10/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Pride of Jacob W Rox

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 111937

22 NAME OF UNDERTAKER

J H Levine

ADDRESS

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. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3185-7

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

SUFFOLK

(County)

BOSTON

(City or Town)

BOSTON

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 10593

No. Boston Lying In Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Heiland

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(U. S.
War Veteran,
specify WAR)

240

(a) Residence. No. 15 Charles 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

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days If less than 1 day 6 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) Boston
(State or country)

13 NAME OF FATHER Harold Heiland

14 BIRTHPLACE OF FATHER (City) Addy
(State or country) Washington

15 MAIDEN NAME OF MOTHER Minnie Riggs

16 BIRTHPLACE OF MOTHER (City) Swansboro
(State or country) N C17 Informant Hosp Rec
(Address)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED

193

18 DATE OF DEATH November 27/37 193
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/27/37, 19, to 11/27/37, 193.

I last saw him alive on 11/27/37, 19, death is said to have occurred on the date stated above, at 7:40P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Prematurity

Contributory causes of importance not related to principal cause:

Name of operation 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) DEReid M. D.

(Address) 171 Bay State Rd Date 11/27/37

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's
(Cemetery) (City or town)

DATE OF BURIAL Dec 2/37 193

22 NAME OF UNDERTAKER G M Linehan

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)



tion should be 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.

241

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 203 Shore Drive

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Jane Nunes-Van

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 203 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

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

widowed

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

67

Years

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)

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. Chedres

(Signature of Agent of Board of Health or other)

Agent

Dec. 2/37

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Dec

(Month)

1

(Day)

1937

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1, 1937, to Dec 1, 1937

I last saw him alive on Dec 1, 1937, death is said

to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance in order of onset
were as follows:

Coronary Thrombosis

Date of Onset
IMPORTANT

June 1

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date 12/1, 1937

21 Place of Burial, (Cremation or Removal) (City or Town)

DATE OF BURIAL

22 NAME OF

UNDERAKER

ADDRESS

Received and filed

(Registrar)

GOVERNING THE COMMONWEALTH OF MASSACHUSETTS

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.

A prisoner.
CLERK.

diseases.

Example

The principal cause of death and related cases of importance in order of onset were as follows:

	Date of Onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

example happens to be the second cause given.

GOVERNING THE COMMONWEALTH OF MASSACHUSETTS

GEN. LAWS, CHAP. 46, SEC. 9.

known; otherwise a description as full as may be known, and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The attainment of the purpose of these laws can be in the observance of the following rules of practice:

illness from disease unrelated to any form of injury.

unrelated to any form of injury, have died without recent medical

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 11-16 No 9080 F

1 { PLACE OF DEATH
 Suffolk (County)
 Wintthrop (City or Town)
 No. 16 Cross St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 242

2 FULL NAME Benjamin Gewirtz
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 16 Cross St., Ward, Wintthrop
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 22 years months days. How long in U.S., if of foreign birth? 50 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)
 6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Rozsine Rosenzweig
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 11-36 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Jacob Gewirtz

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Henry Gewirtz (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the final or transit permit was issued:

Wm. S. Childress
 (Signature of Agent of Board of Health or other)
 Health Officer 12/3/37
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 3 1937
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936 to Dec 3, 1937

I last saw him alive on Dec 2, 1937., death is said to have occurred on the date stated above, at 2.05 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pul. Emphysema
 Myocarditis
 Date of Onset IMPORTANT Nov 1936

Contributory causes of importance not related to principal cause:

Cardiac Asthma Dec 1-27

Name of operation No 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 Light J. Stanley, M. D.
 (Address) Peru, Mass. Date Dec 3, 1937

21 Place of Burial, Cremation or Removal (City or Town) Wintthrop

DATE OF BURIAL 1937

22 NAME OF UNDERTAKER

ADDRESS

Received and filed 1937

(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 hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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, while 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease 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 person changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write "housework." For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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.

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 11-16, No. 9080 F

PLACE OF DEATH

Suffolk
(County)Wentworth
(City or Town)

No. 291 River Road

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 243

2 FULL NAME

James Farrell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 291 River Road

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

Male

White

MARRIED

Widowed

or DIVORCED

Married

6a If married, widowed or divorced

HUSBAND of

Bridget Kearney

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

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.

Inspector Sanitary Dept

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

City of Boston Police

10 Date deceased last worked at this occupation (month and year)

11 Total time (years)

spent in this

occupation. 12 yrs

12 BIRTHPLACE (City)

(State or country)

Baltimore

Md

13 NAME OF FATHER

James Farrell

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Roach

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17 Informant (Address)

Bridget Farrell (Wife)
291 River Rd Brooklyn 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:

W. M. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran

(specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec 4

1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 1, 1937, to December 3, 1937, 1937

I last saw him alive on December 3, 1937, death is said

to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT

Chronic Endocarditis

years

Chronic Nephritis

years

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. Trauman

M. D.

(Address) 200 Washington St. Date 12-4-37

21 Holy Hood Brooklyn Mass

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec 7 1937

22 NAME OF UNDERTAKER John H. Lacy

ADDRESS 27 Howard St Brooklyn Mass

Received and filed Dec. 13, 1937

(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 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 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 septi-cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease 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, 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, 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.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Quincy
(City or town making return)

Registered No. 827

PLACE OF DEATH

Norfolk
(County)

Quincy
(City or Town)

No. Quincy City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hugh J. Luntor, Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 244

(a) Residence. No. 155 Woodside St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 3 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED 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 0 Year 0 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. 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) Quincy (State or country) Mass.

13 NAME OF FATHER Hugh J. Luntor

14 BIRTHPLACE OF FATHER (City) Quincy (State or country) Mass.

15 MAIDEN NAME OF MOTHER Florence Harney

16 BIRTHPLACE OF MOTHER (City) Quincy (State or country) Mass.

17 Informant Hugh J. Luntor (Address) 155 Woodside St., Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 8 19 37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 6, 1937 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 4 1937 to Dec. 6 1937. I last saw him alive on Dec. 6 1937, death is said to have occurred on the date stated above, at 37 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Conjunctive disease of the newborn

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Path. Exam. Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) J. Edward Knowlton M. D.

(Address) Quincy, Mass. Date 19

21 PLACE OF BURIAL CREMATION OR REMOVAL Hall Cemetery-Quincy (Cemetery) (City or town)

DATE OF BURIAL Dec. 7 1937

22 NAME OF UNDERTAKER Charles E. Stone ADDRESS Quincy, Mass.

Received and filed Dec. 8 1937

(Registrar of City or Town where deceased resided)

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. **245**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. *40 Bowdoin St.* St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *William J. Crowley* { (If U. S. War Veteran specify WAR)

(a) Residence. No. *40 Bowdoin* 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 *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Widowed*
MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced HUSBAND of *Ann L. O' Bourke*
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *76* Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Waiter*
10 Date deceased last worked at this occupation (month and year) *1930* 11 Total time (years) spent in this occupation *35*

12 BIRTHPLACE (City) *Portland, Maine*
(State or country)

13 NAME OF FATHER *Cornelius Crowley*

14 BIRTHPLACE OF FATHER (City) *Unknown*
(State or country)

15 MAIDEN NAME OF MOTHER *Mary Baldwin*

16 BIRTHPLACE OF MOTHER (City) *Portland, Maine*
(State or country)

17 Informant *Joseph Murphy* (Address) *40 Bowdoin St. Winthrop*
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent (Official Designation) *Dec. 8/37* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Dec 7 1937*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I *new* attended deceased from *new* 19....., to....., 19.....
I *new* saw him alive on....., 19.....; death is said to have occurred on the date stated above, at *10:45 Am.*

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes
Chronic myocarditis *Nov 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 *gunshot wound*
(Signed) *Wm. J. Board of Health* M. D. Date *Dec 8 1937*
(Address)

21 *Holy Cross* *Malden*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *Dec 9 1937*

22 NAME OF UNDERTAKER *William P. Treanor*
ADDRESS *559 Saratoga St. E. B.*

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, SOAF FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" 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, etc. As principal cause name the disease causing death. As related causes, name after morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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 any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best 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 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. (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 may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **inappropiably due to injury**. These include not only deaths caused directly and indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **sudden deaths of persons not disabled by recognized disease**, and the **sudden deaths of persons not disabled by recognized disease**, and those **causes found dead**.

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. **246**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. **579** Coral Ave St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **William Meyerhoff**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **579** Coral 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 **8** 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 **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Married**
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced **Hora Sachs**
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **62** Years Months Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired - salesman**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **newspaper**
10 Date deceased last worked at this occupation (month and year) **1932** 11 Total time (years) spent in this occupation **20 yrs**

12 BIRTHPLACE (City) **London**
(State or country) **England**

18 NAME OF FATHER **Nathan Meyerhoff**

14 BIRTHPLACE OF FATHER (City) **Germany**
(State or country)

15 MAIDEN NAME OF MOTHER **Johanna (unknown)**

16 BIRTHPLACE OF MOTHER **Germany**
(State or country)

17 Informant **Frank Meyerhoff** Relation, if any **son**
(Address) **8 Haysing St. Roxbury**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm. E. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **12/19/37** (Date of Issue of Permit)

18 DATE OF DEATH **December 8, 1937**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **Dec. 6, 1937, to Dec. 8, 1937**
I last saw him alive on **Dec. 8, 1937**, death is said to have occurred on the date stated above, at **9:40 P.M.**

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Coronary Thrombosis	1931
Hypertension	1930
Angina Pectoris	1930
Art. Sclerosis	1930

Contributory causes of importance not related to principal cause:

Name of operation **None** Date of **None**
What test confirmed diagnosis? **Exp** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **Charles Scherman, M. D.**

(Signed) **Charles Scherman, M. D.**
(Address) **26 Shaw St. New York** Date **Dec. 8, 1937**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Abnass Zedek-Edham**
(Cemetery) (City or town)

DATE OF BURIAL **December 9, 1937**

22 NAME OF UNDERTAKER **Morris L. Ford**

ADDRESS **151 Washington Ave. Chelsea**

Received and filed **19**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—prior to death*, *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*, *electrical engineer*, *stationary engine*, 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*, *joiner*, *machinist*, etc. Distinguish carefully between *relatives* 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, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset
Arteriosclerosis		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 forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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 only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease resulting from injury or infection, related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

tion should be carefully supplied. Age should be stated EXACTLY. INSTRUCTIONS 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.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filled for burial per
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 247

No. 25 Sea Foam Ave. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sophie Berman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 25 Sea Foam 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 10 years months days. How long in U.S., if of foreign birth 24 years months days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female White 4 COLOR OR RACE 5 SINGLE MARRIED MARRIED
(write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Leona Berman (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Leo Feldman

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Selma Edelstein

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Selma Berman (Daughter)
25 Sea Foam 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) (Date of Issue of Permit) 12/10/37
(Official Designation) (Registrar)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 9, 1937
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from Dec. 5, 1937, to Dec. 9, 1937
I last saw her alive on Dec. 9, 1937, death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage 1937
Essential Hypertension 1930
Hypertensive Heart Disease 1934
Right Hemiplegia 1937
Contributory causes of importance not related to principal cause:

Name of operation No 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) Charles Liberman, M. D.
(Address) 25 Wane Wane Ave Date Dec 11, 1937

21 Place of Burial, Cremation or Removal (City or Town) Woburn Green's Ch. Bn. W. Rep.
DATE OF BURIAL Dec 10th 1937

22 NAME OF UNDERTAKER Emanuel S. Sautsky
ADDRESS 46 Mass St. Boston

Received and filed DEC 10 1937 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, 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

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, the period as required by section 114, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

GEN. LAWS, Chap. 46, Sec. 9.

No undertaker or other person shall remove or otherwise dispose of a human body in a town, unless he has received a permit from which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, from one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body was buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a physician, as hereafter provided, if there is no attending physician, 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 any other necessary information which can be obtained as to the 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 death of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6.
..... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

248

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
95 Fremont
No. St. Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Addie Augusta (Gove) Dunham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 95 Fremont St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 51 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) Widow

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Albert Bartlett Dunham
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years 8 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. 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. 1937 11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

13 NAME OF FATHER James Andrew Gove

14 BIRTHPLACE OF FATHER (City) Lubec
(State or country) Maine

15 MAIDEN NAME OF MOTHER Adeline Ramsdell Cogins

16 BIRTHPLACE OF MOTHER (City) Lubec
(State or country) Maine

17 Informant Walter W. Gove (brother)
(Address) 95 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)

(Official Designation)

(Date of Issue of Permit) Dec. 11/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 10 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec. 6, 1937, to Dec. 10, 1937
I last saw her alive on Dec. 10, 1937, 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:

Coronary Thrombosis Aug. 9, 1937

Contributory causes of importance not related to principal cause:

Hyper tension
Chronic myocarditis
Arterio Sclerosis 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? No

If so, specify

(Signed) E. E. Bennett, M. D.
(Address) 290 Summer St. E. Boston Date Dec. 10 1937

21 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Dec. 13, 1937 19

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 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 comprehensively if and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (where necessary) to 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 traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as that of home household, write *Housework* in answer to Question 8 and *own home* in answer to 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 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 order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Portland Me, notified 1/11/38

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.SUFFOLK
(County)WINTHROP
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 249

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 ESTHER ANN JOHNSON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Home 140 High

St. Ward South Portland Me
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 years 0 months 0 days.

How long in U.S., if of foreign birth? 0 years 0 months 0 days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed or DIVORCED Infant

6a If married, widowed, or divorced HUSBAND of Infant
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here. STILL BORN

7 AGE 0 Years 0 Months 0 Days If less than 1 day 0 Hours 0 Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Station Hospital,
(State or country) Fort Banks, Mass.13 NAME OF Nils Oscar Yelmer Johnson
FATHER14 BIRTHPLACE OF Woburn, Mass.
FATHER (City)
(State or country)15 MAIDEN NAME Leola Vivian Sutter
OF MOTHER16 BIRTHPLACE OF Kingman, Mo.
MOTHER (City)
(State or country)17 Informant Registrar, Sta Hosp Ft Banks, Mass.
(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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH Dec 10 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. Stillborn Dec 10 37
alive on 7:10PM 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:

Violent insertion of umbilical
cord with hemorrhage. (Stillborn) Date of Onset IMPORTANTContributory causes of importance not related to principal cause:
NoneName of operation None No Date of No
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 Dec 10 37
(Signed) Capt. M.C. Fort Banks, Mass.
(Address) Date 1921 Place of Burial, Cremation or Removal. Dec 13 1937
(City or Town)

DATE OF BURIAL Dec 13 1937

22 NAME OF UNDERTAKER Father, Thomas Coe & Co.

ADDRESS Ft Banks, Williams, Me

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 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 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. (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. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 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 spiccermia), and by the action of chemical (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 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 housework, write a housework. In answer to Question 8 and own home in answer to Question 9. For persons engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. E. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

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.

PLACE OF DEATH

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Married* (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 *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. *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)
 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Galway*
 (State or country) *Ireland*

13 NAME OF FATHER *Andrew Connelly*

14 BIRTHPLACE OF FATHER (City) *Ireland*
 (State or country)

15 MAIDEN NAME OF MOTHER *Catherine Burke*

16 BIRTHPLACE OF MOTHER (City) *Ireland*
 (State or country)

17 *Sarah J. Nester* Relation, if any *Widow*
 (Address) *51 Bowdoin St. South*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

2978(If U.S.
War Veteran
specify WAR)*250*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Dec 11 1937*
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Nov 11*, 1937, to *Dec 11*, 1937.

I last saw him alive on *Dec 11*, 1937, 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:

Chronic Myocarditis

Date of Onset

IMPORTANT

7.1937

Contributory causes of importance not related to principal cause:

Chronic Induration

Name of operation *none* Date of *none*
 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) *George Lynne Gates*, M. D.(Address) *Free St.* Date *Dec 19*

21 *Southrop. Southrop*
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Dec 15 1937*

22 NAME OF UNDERTAKER *P. C. Kirby*

ADDRESS *East Boston*Received and filed *DEC 15 1937* 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, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by law, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall remove, or otherwise dispose of a human body in a town, or deliver therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 of other, than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent as aforesaid or until the clerk of the town where the body is buried has said or such permit shall be issued until these shall have been delivered to such board, agent or clerk; as the case may be. Any person who is guilty of violating the facts required by law to be returned, and recorded, which shall be accomplished in case of an official informant, by a satisfactory certificate of the attending physician. If any, as provided by law, or in lieu thereof a certificate as hereafter required. If there is no attending physician, as hereafter required, his certificate cannot be obtained until he, for sufficient reason, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required 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 cemetery to another within the commonwealth cannot be obtained even to another for the purpose, the certificate of death made as above, provided and in the possession of the undertaker designated, shall constitute a permit for the removal of such body, provided 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, as required by section ten of chapter forty-six, that 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. (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 (including, but also deaths from disease resulting from injury, or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 36. No. 9080 F

PLACE OF DEATH

Suffolk
(County)
Northrop
(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. 251

1 No. 42 Ocean Ave, St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter William Campbell { (If U.S. War Veteran specify WAR)

(a) Residence. No. 42 Ocean Ave, St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 years + months + days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

8 SEX M. 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Widower (write the word)

6a If married, widowed, or divorced HUSBAND of Jennie Schrad (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 X Months 26 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired Manager

9 Industry or business in which work was done, as saw mill, bank, etc. Fishing and Hatter's Shop

10 Date deceased last worked at this occupation (month and year) 1/1/35 11 Total time (years) spent in this occupation 35 yrs

12 BIRTHPLACE (City) Marlboro, Mass (State or country)

13 NAME OF FATHER William B. Campbell

14 BIRTHPLACE OF FATHER (City) Scotland (State or country)

15 MAIDEN NAME OF MOTHER Mary Goss

16 BIRTHPLACE OF MOTHER (City) Scotland (State or country)

17 Mary Campbell (Information) (Address) 67 Bowdoin Ave, Northrop, Mass (Relation, if any) Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 12/13/37

18 DATE OF DEATH December 12 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 12, 1937, to December 12, 1937.

I last saw him alive on December 12, 1937, death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary Thrombosis 1937

Contributory causes of importance not related to principal cause: Aneurysm Rupture Acute dilatation of heart 1936 Dec 12/37

Name of operation none Date of What test confirmed diagnosis Surgery Lab Was there an autopsy No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jack Shaug M. D. (Address) 562 Maple St Date Dec 12 1937

21 Place of Burial, Cremation or Removal Duxbury Duxbury Mass (City or Town)

DATE OF BURIAL Dec 16 1937

22 NAME OF UNDERTAKER J. J. Ward (Address) 37 Maple St, Northrop, Mass

Received and filed (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—[Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.]

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement 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.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 above said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician; if any as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such 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 **unavoidably due to injury**. These include not only to deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of poisons (including 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**.

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-K

Suffolk

(County)

Chelsea

(City or Town)

No. U.S. Naval Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Chelsea

(City or town making return)

Registered No. 252

2 FULL NAME Joseph Alphonse Rousseau

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) World

(a) Residence. No. 25 Taylor

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. 29

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

(write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED

Married

6a If married, widowed, or divorced

Adeline Goldrick

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

0

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.

Sgt. QMC

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)

May 1937

11 Total time (years) spent in this occupation

26

12 BIRTHPLACE (City)

(State or country)

Cohoes,

New York

13 NAME OF FATHER

Joseph Alphonse Rousseau

14 BIRTHPLACE OF FATHER (City)

(State or country)

Cannot be learned

15 MAIDEN NAME OF MOTHER

" " "

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Canada

17

Informant (Address)

Mrs. Adeline Rousseau wife

25 Taylore St., Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec. 15,

19

37

18 DATE OF DEATH

December 14, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 37 to Dec. 14, 37

I last saw him alive on Dec. 14, 1937, death is said to have occurred on the date stated above, at 2:50 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Malignant hypertension

Hypertensive heart disease

Contributory causes of importance not related to principal cause:

Pulmonary infarction 5 days

Arteriosclerosis of kidneys

Name of operation none

Date of

What test confirmed diagnosis? clinical & Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) I. J. Norman, Lt. (MC) USN M.D.

(Address) USN Hosp., Chelsea, Mass. Date 12/14/1937

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem., Winthrop, Mass.

Dec. 16, (Cemetery)

(City or town) 37

DATE OF BURIAL

19

22 NAME OF UNDERTAKER John P. O'Malley

Atlantic St., Winthrop, Mass.

ADDRESS

Received and filed

19

(Registrar of City or Town where deceased resided)



Age should be stated exactly. If uncertain should state APPROXIMATE. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.



Notified 11/8/38
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. 253

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 36 Beal

St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN ROBERT CARMELIA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 65 Alley
(Usual place of abode)

St., Ward Lynn
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months 49 days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED 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 49 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) Lynn (State or country) Mass U. S.

13 NAME OF FATHER Angelo Carmelia

14 BIRTHPLACE OF FATHER (City) Lynn (State or country) Mass U. S.

15 MAIDEN NAME OF MOTHER The in Quindan

16 BIRTHPLACE OF MOTHER (City) Stoneham (State or country) Mass U. S.

17 Informant Angelo Carmelia's father (Address)

18 DATE OF DEATH December 16, 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/14, 1937, to 12/16, 1937

I last saw him alive on 12/14, 1937, death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchopneumonia 12/15/37

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 Arthur C. Murray, M. D. (Signed) (Address) Winthrop, Mass Date 12/16, 1937

21 Pine Grove Lynn (City or Town) DATE OF BURIAL December 16, 1937

22 NAME OF UNDERTAKER A. J. Leand ADDRESS Lynn

Received and filed 1937

(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, 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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose. If death has resulted from violence, the medical examiner shall make and sign such certificate, and permit for the removal of human body not previously intended, from one town to another within the commonwealth cannot be obtained early enough for the purpose the certificate of death made as aforesaid and in the possession of the undertaker desiring 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 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 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, nor the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name carrier, morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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.

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.

STANDARD
CERTIFICATE OF DEATH

Registered No. 254

PLACE OF DEATH

1

No. 210 Wendell Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael J. Grimo { (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 210 Wendell 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 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 (write the word)
Married Widowed or Divorced

6a If married, widowed, or divorced
HUSBAND of Ann
(Give maiden name of wife in full)

(or) WIFE of Michael J. Grimo
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 57 59 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer
10 Date deceased last worked at this occupation (month and year) 6 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Patrick Grimo

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Johanna Leahy

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant John F. O'Malley Relation, if any Wife
(Address) 210

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) 12/18/37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December-17 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November-1, 1936 to December-16, 1937
I last saw him alive on December-16, 1937, 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:

Melanotic Sarcoma - Date of Onset 1935
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Laparotomy Date of Dec 17
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 Edwards M. D.
(Signed) 200 Washington Ave. Date Dec 17 1937
(Address)

21 Place of Burial, Cremation or Removal (City or Town) 210

DATE OF BURIAL Dec 21 19 37

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS 210

Received and filed Dec 21 19 37

(Registrar)

margin of sarcoma, as per request from State Dept., right foot

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, from one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent, attested and signed by the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required. The attending physician, if death be caused by violence, the medical examiner shall make such certificate. If such certificate, after the removal of a human body not previously interred, from one town or other 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 **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. E. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes name any 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.

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)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 11136

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 Mary McCarthy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 166 Woodside Avenue St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED married
-----------------	--------------------------	--

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Patrick McCarthy
(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.	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)	12/16

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Owen McCarthy

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER --- Driscoll

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Husband
(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

12/21/37

19-3

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 17/37 193
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/16/37, 19 to 12/17/37, 19 3

I last saw him alive on 12/17/37, 19, death is said to have occurred on the date stated above, at 1:35p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of stomach 6/37
perforated viscus with generalized peritonitis 12/16

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) W B Osgood Hosp Date 12/17, M. D. 19 3
(Address)21 PLACE OF BURIAL, Holy Cross-Malden
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Dec 20/37 19 3

22 NAME OF UNDERTAKER J F O'Maley Winthrop
ADDRESS

Received and filed 19

(Registrar of City or Town where deceased resided)



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.

PLACE OF DEATH

1

Suffolk
(County)
Dorchester
(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. 2378

No. 56 Shore Drive St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary E. Hayward

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR) 256

(a) Residence. No.

56 Shore Drive

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of Charles V. Hayward (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Budget ?

16 BIRTHPLACE OF MOTHER Boston (State or country) Mass

17 Informant Mrs. Fred D. Hatfield, daughter (Address) 20 Norwiche 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. S. Childress (Signature of Agent of Board of Health or other Health Officer) 12/23/37 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 21 1937 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to Dec 21, 1937

I last saw him alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 6:15 P.M. The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Artery Infection of the heart
Contributory causes of importance not related to principal cause:
Influenza 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? If so, specify (Signed) C. J. McKenney, M. D. (Address) 1111 Huntington Ave. Date 12/23/37

21 Place of Burial, Cremation or Removal (City or Town) Holy Cross, Malden DATE OF BURIAL Dec 24 1937

NAME OF UNDERTAKER Boston ADDRESS Metropolitan Funeral Home

Received and filed 19

DEC 28 1937

(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 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 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**, and 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 faithfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. E. G., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Corbital hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



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. 252

(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)

PLACE OF DEATH
Saffolk
(County)
Winthrop
(City or Town)
No. 15 Belcher St.

2 FULL NAME. Sarah Ann Morse

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Belcher 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 (write the word) MARRIED WIDOWED Widowed or DIVORCED
-----------------	--------------------------	--

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George J Norse
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 89 3 23 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.	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 spent

11 Total time (years)
spent in this
occupation.....

12 BIRTHPLACE (City) New Cornwall
(State or country) Novia Scotia

13 NAME OF FATHER Hugie William Caldwell

14 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Novia Scotia

15 MAIDEN NAME OF MOTHER Caroline C Hallimore

16 BIRTHPLACE OF MOTHER (City) New Cornwall
(State or country) Nova Scotia

17 **Nora Norse** (Daughter)
Informant.....
(Address) **15 Belcher St Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec - 24 - 1937
(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).

follows. (If an injury was involved, state fully.)
Hypoclastic P. 1000
Rt. 7000
5000

fell accidentally on floor
home Dec-1-1937

(See reverse side for description for unknown person.)

20 IN WHAT CITY OR TOWN
WAS INJURY SUSTAINED?

(Signed) Wm. J. Sichel , M. D.

(Address) 312 - 1st St. Date 5-28-1906

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Lynn Mass
(Cemetery) (City or town)

DATE OF BURIAL December 27 1937 19

22 NAME OF UNDERTAKER *Richard B White*
ADDRESS *147 Winthrop St Winthrop Mass*

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 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).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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).*

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

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Henry Fox

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

165 Bowdoin

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

Yrs.

Mos.

4 days.

How long in U. S., if of foreign birth?

Yrs.

Mos.

Days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

widowed

5a If married, widowed, or divorced

HUSBAND

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.

Cannot be learned

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Dewbury, England

PARENTS

13 NAME OF FATHER

Cannot be learned

14 BIRTHPLACE OF FATHER (City)

(State or country)

Cannot be learned

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Cannot be learned

17

Informant (Address)

Mary K. McPhillips

DGH

A TRUE COPY.

ATTEST:

(Register of City or town where death occurred)

DATE FILED

1/3/38

19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 258

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec. 26, 1937

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 22, 1937 Dec. 26, 1937

I last saw him alive on Dec. 26, 1937 death is said

to have occurred on the date stated about 1:57P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chr. diffuse nephritis 4 years

Coronary arteriosclerosis 4 years

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Melvin Goodman M. D.

(Address) DGH Date 12/31/37

21 PLACE OF BURIAL, CREMATION or other (Cemetery) (City or town)

DATE OF BURIAL 12/26/37 19

22 NAME OF UNDERTAKER C. R. Bannison

ADDRESS Winthrop

Received and filed 19



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should 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.

10m 11-16, No. 9080 F

1

PLACE OF DEATH

SUFFOLK (County)
BOSTON (City or Town)



Full Notice 18738
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. **259**

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 Charles A. Melvin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) World

(a) Residence. No. 53 Main St. Ward Full, Main
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 years 0 months 0 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 Married (write the word)

6a If married, widowed, or divorced HUSBAND of Isabell C. Melvin
(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 2 Months 15 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st Sgt. 10 Retired US Army
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Mindova (State or country) Chio

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) (State or country)

17 Informant Registrar, Boston 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. Chabot (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/21/37 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 27 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from NOVEMBER 10, 1937 to December 27, 1937.
I last saw him alive on December 27, 1937 death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

typhoiditis, chronic, severe type
and cause while criminal, doctor, 1937

Date of Onset
IMPORTANT

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

(Signed) Wm. D. Chabot M. D.
(Address) Date 1937

21 Hall Village Cem Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec 29 1937

22 NAME OF UNDERTAKER George H. Downing
ADDRESS Hingham, Mass

Received and filed DEC 28 1937

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 RETURN OF CERTIFICATES OF DEATH

After the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by law, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

GEN. LAWS, CHAP. 46, SEC. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 is 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 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 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.**

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. 250

1 PLACE OF DEATH
Supplek (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 John J. Shannon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 73 Moore St. East Boston 1 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? 50 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX MALE 4 COLOR OR RACE WHITE 5 SINGLE MARRIED (write the word) MARRIED
WIDOWED
OR DIVORCED

18 DATE OF DEATH Dec - 27 - 1937
(Month) (Day) (Year)

5a If married, widowed, or divorced CATHERINE MCGOVERN
HUSBAND of (Give maiden name of wife in full)

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.)

(or) WIFE of (Husband's name in full)

Multiple injuries including
fractured ribs; fractured spine
fractures of both lower legs

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years Months Days If less than 1 day
Hours Minutes

Said to have been injured by an
auto at E. Boston Dec - 24 - 1937

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. MOVER
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. FURNITURE
10 Date deceased last worked at
this occupation (month and
year) DEC 1937 11 Total time (years)
spent in this occupation 30

Pedestrian

12 BIRTHPLACE (City)
(State or country) CO. CAVAN
IRELAND

13 NAME OF FATHER JOHN SHANNON

(See reverse side for description for unknown person)

14 BIRTHPLACE OF FATHER (City)
(State or country) CO. CAVAN
IRELAND

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? East Boston
(Signed) J. J. Buckley, M. D.
(Address) Boston Date 27 1937

16 MAIDEN NAME OF MOTHER MARY DOLAN

18 BIRTHPLACE OF MOTHER (City)
(State or country) CO. CAVAN
IRELAND

21 PLACE OF BURIAL, CREMATION OR REMOVAL HOLY CROSS, MALDEN
(Cemetery) (City or town)

17 Informant MRS. CATHERINE SHANNON WIFE
(Address) 73 MOORE ST. E. B.

DATE OF BURIAL DECEMBER 29, 1937

22 NAME OF UNDERTAKER M. J. Kelly
ADDRESS 11 MERIDIAN ST., E. BOSTON

Received and filed DEC 27 1937 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
Health Officer (Signature of Agent of Board of Health or other)
12/28/37 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If 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.)*

DESCRIPTION (for unknown person)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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.)*

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.)"

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

