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No. 76339





PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 125 Pleasant

St.,

Ward

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

Registered No. 1

2 FULL NAME George Smith Dolloff

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

(a) Residence. No. 125 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 13 years 9 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)

Married

6a If married, widowed, or divorced

HUSBAND of

Ellen Rushman

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

8 IF STILLBORN, enter that fact here.

7

70

Years

7

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.

Superintendent

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

Factory

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

Dec. 1938

11 Total time (years)

spent in this occupation. 50

12 BIRTHPLACE (City)

Boston

(State or country)

Massachusetts

13 NAME OF FATHER

Abner Dolloff

14 BIRTHPLACE OF FATHER (City)

Exeter

(State or country)

New Hampshire

15 MAIDEN NAME OF MOTHER

Emeline Cogswell

16 BIRTHPLACE OF MOTHER (City)

Nova Scotia

(State or country)

17

Informant

Mrs. Ellen R. Dolloff wife

(Address)

125 Pleasant St Winthrop Mass

Relation, if any

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

(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

January 1 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from December 31, 1938, to January 1, 1939

I last saw him alive on January 1, 1939, 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 Coronary Thrombosis

Date of Onset

IMPORTANT

12/31/38

Contributory causes of importance not related to principal cause:

Angina Pectoris

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?

If so, specify

(Signed) Jacob Abraham, M.D.

(Address) 562 Shirley St Date Jan 1 1939

21 Puritan Lawn I Peabody Mass

Place of Burial, Creation or Removal (City or town)

DATE OF BURIAL January 4

1939

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

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

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.

2

Registered No.

1 PLACE OF DEATH
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)

2 FULL NAME Harry Edgar Sawtell

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

(a) Residence. No. 290 Bowdoin

(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 26 yrs. 7 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
HUSBAND of Cora Pearson
(Give maiden name of wife in full)

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

8 IF STILLBORN, enter that fact here.

7 AGE 66 Years 3 Months 28 Days If less than 1 day
Hours.....Minutes

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

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) Jan. 1938 11 Total time (years) spent in this occupation.....

12 BIRTHPLACE (City) Keene
(State or country) New Hampshire

13 NAME OF FATHER Albert Henry Sawtell

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

15 MAIDEN NAME OF MOTHER Abbie Ann McClanathan

16 BIRTHPLACE OF MOTHER Weston
(State or country) Vermont

17 Informant Mrs. Cora P. Sawtell wife
(Address) 290 Bowdoin St Winthrop Mass

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

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 3 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 2 1939, to Jan 3 1939.
I last saw him alive on Jan 3 1939, 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:

Angina pectoris

Date of Onset
(IMPORTANT)

Jan 3 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis Observation Was there an autopsy? No

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

If so, specify

(Signed) James B. Carter M. D.

(Address) Winthrop Mass Date Jan 4 1939

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

DATE OF BURIAL January 6 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed..... JAN 9 1939

(Registrar)

A RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or from its agent, unless he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a written statement containing the facts required by law to be original in form, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate sufficient for the purpose. If there is no attending physician, or if, for the purpose, his 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, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate desiring to make such removal shall constitute a permit for such removal. It is provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit certificate, shall forthwith accompany it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter obtain as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tentative Edition).*

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

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

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

RULES OF PRACTICE

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 117 Locust



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. 3
(If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

(If U. S.
War Veteran
specify WAR)

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

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 Married (write the word)

5a If married, widowed, or divorced
HUSBAND of Angelina Divita
(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. Builder

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

10 Date deceased last worked at this occupation (month and year) 1933 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) (State or country) Italy

13 NAME OF FATHER Pasquale Maddolini

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

15 MAIDEN NAME OF MOTHER Angelina Grasso

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

17 Informant Mrs. Angelina Maddolini wife (Address) 117 Locust St Winthrop Mass Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/9/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 7, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Jan. 7, 1939.

I last saw him alive on Jan. 7, 1939, 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 IMPORTANT
Chronic Myocarditis	1934
Generalized arteriosclerosis	1934
Nephrosclerosis	1936
Hypertension	1936
Contributory causes of importance not related to principal cause:	
Hypostatic pneumonia	Jan. 1, 1939

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) Charles R. Bennison, M. D. (Address) Winthrop, Mass. Date Jan. 8, 1939

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL January 9, 1939

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed 19

JAN 9 1939

(Registrar)

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

50m-11-36. No. 9080-g

Suffolk

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

Chelsea

4

Chelsea (County)

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

U.S. Naval Hospital

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

Charles Edgar Brooks

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

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

(a) Residence. No. 94 Terrace 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 M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced, name of HUSBAND of Edna Mack (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 4 Months 0 Days If less than 1 day Hours Minutes

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

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

10 Date deceased last worked at this occupation (month and year) 1937 11 Total time (years) spent in this occupation 18

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

13 NAME OF FATHER Charles C.

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

15 MAIDEN NAME OF MOTHER cannot be learned

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

17 Edna M. Brooks (Name) 94 Terrace Ave. Winthrop, Mass. (Address)

A TRUE COPY.

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

DATE FILED Jan. 9, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 7, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1938 to Jan. 7, 1939. I last saw him alive on Jan. 7, 1939, death is said to have occurred on the date stated above, at 11.48 A.M.

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

Generalized carcinomatosis unknown

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 F. A. Latham, Lieut. (MC) USN (Signed) (Address) USN H. sp. Chelsea Date 1/7 19 39

21 Winthrop, Mass. (City or Town) DATE OF BURIAL Jan. 10, 1939

22 NAME OF UNDERTAKER Richard Kirby Bennington St., East Boston ADDRESS

Received and filed 19



FEB-8 1939 AM

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-12-13-4. No. 2938-g

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH (County) <u>Suffolk</u> (City or Town) <u>Winthrop</u> No. <u>164 Woodside Ave. Winthrop</u> Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		2 FULL NAME <u>Drusilla Atcherley</u> (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. <u>164 Woodside Ave. St.</u> Ward, <u>Winthrop</u> (Usual place of abode) Length of residence in city or town where death occurred <u>5</u> yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	
3 SEX <u>Female</u> 4 COLOR OR RACE <u>White</u> 5 SINGLE (write the word) <u>Widow</u> MARRIED WIDOWED or DIVORCED 5a If married, widowed, or divorced HUSBAND of <u>John Atcherley</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		18 DATE OF DEATH <u>Jan. 5, 1939</u> (Month) (Day) (Year)	
6 IF STILLBORN, enter that fact here. 7 AGE <u>86</u> Years <u>7</u> Months <u>14</u> Days If less than 1 day Hours _____ Minutes _____		19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <u>Spontaneous Pneumonia</u> <u>fractured left hip - said</u> <u>to have fallen at home</u> <u>Oct 1/1/39</u> <u>38</u>	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____		(See reverse side for description for unknown person)	
12 BIRTHPLACE (City) <u>Wolochampton</u> (State or country) <u>England</u>		20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? <u>Winthrop</u> (Signed) <u>Dr. Med. Council</u> M. D. (Address) <u>309 Knight St. Providence, R.I.</u> Date <u>1/8/39</u> 19<u>39</u>	
13 NAME OF FATHER <u>Joseph Grestorex</u> 14 BIRTHPLACE OF FATHER (City) <u>England</u> (State or country) 15 MAIDEN NAME OF MOTHER <u>Martha Black</u> 16 BIRTHPLACE OF MOTHER (City) <u>England</u> (State or country)		21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>North Burial Providence, R.I.</u> (Cemetery) (City or town) DATE OF BURIAL <u>Jan. 11, 1939</u> 19<u>39</u>	
17 Informant <u>Rogland C. Atcherley (son)</u> (Address) <u>Providence, R.I.</u>		22 NAME OF UNDERTAKER <u>Living E. Prindle</u> <u>Providence, R.I.</u> ADDRESS <u>309 Knight St. Providence, R.I.</u>	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>James A. ...</u> (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) <u>1/9/39</u> <u>7251</u>		Received and filed _____ 19____ <u>Jan 20 1939</u> (Registrar)	

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

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

Registered No. 5

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

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

(If nonresident, give city or town and state)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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. 6156E

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

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. **6**

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

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

(a) Residence. No. *154 Circuit Rd.* St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *David French*
(Husband's name in full)

6 IF STILLBORN, enter that fact here. *March 15, 1941*

7 AGE *97* Years *9* Months *22* Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *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) *Somerset*
(State or country) *N. H.*

13 NAME OF FATHER *Ziba L. Story*

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

15 MAIDEN NAME OF MOTHER *Esther C. Huntington*

16 BIRTHPLACE OF MOTHER (City) *Unity*
(State or country) *N. H.*

17 Informant *Mrs. Margaret Story* Relation, if any
(Address) *154 Circuit 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:

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

Agent *Jan. 11, 1939*
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH *January 10th* 19*39*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *December 10th*, 19*38*, to *January 10th*, 19*39*

I last saw him alive on *January 9th*, 19*39*, death is said to have occurred on the date stated above, at *12:35* p.m.

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

Cancer of the right femoral Date of Onset *1936*

Contributory causes of importance not related to principal cause:

Chronic myocardial degeneration 1916
Hypertensive Pneumonia (Jan 9th) 1939

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 *Blunt Force Gun Wound*

(Signed) *1810 Beech Street*, M. D. Date *Jan 10, 1939*
(Address) *Brooklyn, Mass.*

21 *Killam Cemetery Washington N. H.*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Jan 13* 19*39*

22 NAME OF UNDERTAKER *Philip J. Woodbury*
Hillboro, N. H.

ADDRESS *Hillboro, N. H.*

Received and filed *JAN 20 1939* 19*39*

A TRUE COPY ATTEST: *JAN 11 1939* (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 been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave to another, from one cemetery to another, or from one tomb to other than the receiving tomb from the board of health or its agent, or from the clerk of the town where the body is being removed, without a permit issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be written and recorded, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate of a medical practitioner, 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; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERRENTZMANN EDITION.)

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

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERRENTZMANN 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 displaced by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits, by towns, make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not regularly employed may be returned as AT HOME, or AT WORK. For a woman whose only occupation was that of housework, write HOUSEWORK in answer to Question 8 and give HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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

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

Example

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

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

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

100m 11-36 No. 9080-F

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. 90 Washington Avenue



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

STANDARD

CERTIFICATE OF DEATH

Registered No. 7

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

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

2 FULL NAME Ellen Louise (Davis) Hayward

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

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

(a) Residence. No. 90 Washington Avenue

(Usual place of abode)

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 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 George Nahum Hayward
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years x Months 17 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) 1933 11 Total time (years) spent in this occupation 50

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

13 NAME OF FATHER Frederick Hiram Davis

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

15 MAIDEN NAME OF MOTHER Seriza Veronica Younglove

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

17 Informant Florence M. Joel (sister)
(Address) 93 Highland Ave. Fitchburg 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) 1/18/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 17 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from December 27, 1938, to January 17, 1939

I last saw her alive on January 17, 1939, 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:

Acute Coronary Thrombosis 1/17/39

Contributory causes of importance not related to principal cause:
Hypostatic Pneumonia 1/16/39
Angina Pectoris 12/27/38

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

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

If so, specify (Signed) Joseph A. Bunn M. D.
(Address) 562 Shirley St. Waltham Mass Date 1/15/39

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL January 19 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JAN 22 1939 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 this section, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such officer, until he has received a permit from 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, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 may 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 sooner obtained hereunder. If the removal of such body has been sooner as required by section ten of chapter forty-six, that a retical, served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TRENTEENTH EDITION.)

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of occupation.—Precise statement of occupation is

very important, so that the relative 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 naturally employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when 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 with which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

Contributory causes of importance not related to principal cause:

.....
.....
.....
.....
.....

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

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



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.

PLACE OF DEATH

1 { Suffolk
(County)
Wentworth
(City or Town)
No. 9 Floyd St.

St. Ward {

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

2 FULL NAME Eta Geraldine Harrison

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

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

(a) Residence. No. 9 Floyd St. Wentworth 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)

6a If married, widowed or divorced

HUSBAND of Gordon S. Harrison
(or) WIFE of Eta Geraldine Harrison
(Husband's name in full)

6b 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.

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

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

13 NAME OF FATHER James F. Wolff

14 BIRTHPLACE OF FATHER (City) Valcartier Can.
(State or country)

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) Ottawa Can.
(State or country)

17 Informant Gerald Harrison Son
(Address) 70 Edgemoor Rd. Belmont

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan - 17 - 1939
(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.)

Lobar Pneumonia.
Senility

found collapsed on his floor
Jan - 11 - 1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED
(Signed) W. F. Brickley M. D.
(Address) Boston Date 1-17-1939

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

DATE OF BURIAL Jan 19/39

22 NAME OF UNDERTAKER J. S. Edgemoor
ADDRESS Boston

Received and filed JAN 20 1939

(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)

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

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.

000m 11-36. No. 9080-F

PLACE OF DEATH

SUFFOLK
(County)

WINTHROP
(City or Town)

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

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

(a) Residence. No. 881 Walnut St. Ward, Fall River, 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 4 days. -- How long in U.S., if of foreign birth? -- years -- months -- days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 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 20 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. CCC
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC
10 Date deceased last worked at this occupation (month and year) Jan. 16, 1939 11 Total time (years) spent in this occupation ?

12 BIRTHPLACE (City) Unknown (State or country)

13 NAME OF FATHER Unknown

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

15 MAIDEN NAME OF MOTHER Unknown

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

17 Informant Registrar Sta Hosp Ft Banks, Mass. (Address) Relation, if any

HEREBY CERTIFY that a satisfactory standard 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. 9

(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 January 21 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1939, to Jan. 21, 1939

I last saw him alive on Jan. 20, 1939, death is said to have occurred on the date stated above, at 4:55am.

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

Tuberculosis, pulmonary, acute, miliary, right lung, chronic, active, left lung.

Date of Onset
IMPORTANT

Unknown

Contributory causes of importance not related to principal cause:

Pulmonary hemorrhage. Jan 16/39

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 Charles W. Sale
(Signed) Charles W. Sale, Lt. Col. M. D.
(Address) Fort Banks, Mass. Date Jan 21, 1939

21 Place of Burial, Burial or Removal (City or town)

DATE OF BURIAL Jan 21 1939

22 NAME OF UNDERTAKER James H. H. H.

ADDRESS 178 Winter St. Fall River

Received and filed JAN 21 1939

(Registrar)

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 this section one, where same was ascertained, the duration of his last illness, when last seen alive, ascertained, the physician or officer and the date of his death. . . . GEN. LAWS, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or move therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of other, 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 of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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, if any, as required by law. 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 cemetery to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless it was re-interred in the usual form. If the removal of such body has been so interred 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 recital shall appear upon the permit. The board of health, or its agent appointed to issue 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 to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the clerk, undertaker or, as to the manner or cause of the death, which the medical examiner may require. . . .

CHAP. 114, SEC. 45, G. L. (TRACED 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 known; otherwise a description as full as may be, with the cause and manner of death. . . . GEN. LAWS, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed 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, burial ground in which the interment is made. . . .

CHAP. 114, SEC. 46, G. L. (TRACED EDITION.)

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** physician will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form 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 **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septic, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had 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 last illness, report the occupation prior to retirement. (Children not a woman whose only occupation was that of home housework, write Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as 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, STATOGRAPHER, etc. Avoid the term "laborer." Then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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 first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

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

2 FULL NAME
No. 20 Sea Foam Ave. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
Jacob Levine { (If U. S. War Veteran specify WAR)

(a) Residence. No. 20 - Sea Foam 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 18 years — months — days. How long in U. S., if of foreign birth? 52 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)

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

6 IF STILLBORN, enter that fact here.

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

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor - for himself 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) 1-20-39 11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Isaac Levine 14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Cannot be learned 16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Mrs. Irving Schwartz, Daughters 20 - Sea Foam St., Winthrop, Mass. Relation, if any

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 21, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 1938 to Jan 21, 1939. I last saw him alive on Jan 21, 1939, death is said to have occurred on the date stated above, at 6:30 P.M. The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage 1/19/39
Hypertension
Bronchio Pneumonia 1/19/39
Contributory causes of importance not related to principal cause:
Arteriosclerosis
Arteriosclerosis of the heart 1933

Name of operation none Date of operation Jan. 1939
What test confirmed diagnosis? none Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles Liberman, M. D.
(Signed) (Address) 20 - Sea Foam St., Winthrop, Mass. Date 1/21/39

21 Place of Burial, Cremation or Removal Beth Jacob Cem. Winthrop, Mass. (City or Town)
DATE OF BURIAL Jan 22, 1939

22 NAME OF UNDERTAKER Irving (Storinsky)
ADDRESS 10 - Sea Foam St., Winthrop, Mass.

Received and filed JAN 24 1939 (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) (Date of Issue of Permit) 1/21/39

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and belief the name of the deceased, his supposition as to the disease of which he died, defined as required by the 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.—If the person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, and he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or the clerk of the town where the human body and remove it from a town, person shall exhumate another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original intent, by a satisfactory certificate of the attending physician. If, and as provided by law, or in lieu thereof a certificate as hereinbefore required. If there is no attending physician, or if, for sufficient cause, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously secured, 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 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 the necessary information which can be obtained as to the deceased or as to the manner or cause of the death, which the clerk or registrar may require. —CHAP. 114, Sec. 45, G. L. (TERRENTREMARY EDITIONS).

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. 36, Sec. 6.

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

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

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting scalds, or electrical accidents, and deaths following abortion, but also deaths from disease 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 on every person aged 10 years or over. If the occupation had been changed up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, 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>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 first, second, or third position. The principal cause may appear in either 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.

7-301A
100m 1246 No. 989 E. 2nd Cert
7/1/39
corrected copy mailed to Malden

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.

11

PLACE OF DEATH

(County) *Wentworth*
(City or Town) *Wentworth*



STANDARD
CERTIFICATE OF DEATH

Registered No.

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

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

(a) Residence. No. *104 Main* St. *Malden* Ward. *Malden*
(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 *23*

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

18 DATE OF DEATH *January 25 1939*
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from *Jan 23*, 19*37*, to *Jan 23*, 19*39*.
I last saw him alive on *Jan 23*, 19*37*, death is said to have occurred on the date stated above, at *5 A.M.*

6 IF STILLBORN, enter that fact here. *Stillborn*
7 AGE Years *5* 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. *Stillborn*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Stillborn*
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.....

Extremes of cold
Stillborn

Contributory causes of importance not related to principal cause:

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

13 NAME OF FATHER *Alfred Fusi*

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

15 MAIDEN NAME OF MOTHER *Olivia Coscia*

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

17 Informant (Address) *Alfred Fusi*
104 Main St Malden
Relation, if any *Father*

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) *Charles Allen* M. D.
(Address) *22 Essex St Malden* Date *1/26/39*

21 Place of Burial, Cremation or Removal (City or Town) *St. Michael Cemetery Malden*
DATE OF BURIAL *Jan 28* 19*39*

22 NAME OF UNDERTAKER *John Caracchio*
ADDRESS *700 Broadway Malden*

Received and filed *1/28/39* 19*39*

FEB 3

(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
(Official Designation) (Date of Issue of Permit) *1/28/39*

RETURN OF CERTIFICATES OF DEATH.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinbefore provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a 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 or the funeral is to be held, or from a 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 **unsuspectably 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 healthfulness of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given but not changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write "housework" in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL,** etc. For a person who had no occupation whatever write **NONE.**

To be complete, an occupation return must state:

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

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

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

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

Statement of 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 may in the above example happens to be the second cause given.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m. 9-37. No. 1859-1.

2
PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 38 Reade St

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

2 FULL NAME Daniel J. Buckley

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

(a) Residence. No. 38 Reade St
(Usual place of abode)

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

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

PERSONAL AND STATISTICAL PARTICULARS

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 Shea Buckley (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days If less than 1 day Hours Minutes

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

10 Date deceased last worked at this occupation (month and year) Sept 1932 11 Total time (years) spent in this occupation 32

12 BIRTHPLACE (City) Ireland (State or country)

13 NAME OF FATHER Michael Buckley

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

15 MAIDEN NAME OF MOTHER Ellen Sweeney

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

17 Informant Catherine Buckley (Wife) (Address) 38 Reade St

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

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 12

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 26 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 26 1939 to Jan 26 1939 I last saw him alive on Jan 25 1939, death is said to have occurred on the date stated above, at 8:30 a.m.

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

Date of Onset
IMPORTANT

hypertension
hypertensive pneumonia 1/25

Contributory causes of importance not related to principal cause:

arterio sclerosis

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? L If so, specify

(Signed) J. J. Mahoney M. D. (Address) 126 1939

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

DATE OF BURIAL Jan 28 1939 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed FEB 3 1939 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

To be complete, an occupation return must state:

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

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

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY 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 combination which causes death, not the mode of dying, i. e., heart failure, asphyxia, assema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

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

Undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be 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, 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 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 aforesaid, and in the possession of the undertaker, shall be provided, and removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 care of the funeral is to be held, or from a person appointed to have the care of the cemetery, before the body is removed to the place where it 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 unrelated to any form of injury, though disabled by recognized disease attendance or whose physician is absent from home when the certificate of death is needed, as from home when the

(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 septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

Norfolk

Quincy (County)



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

Quincy

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 48

PLACE OF DEATH

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 Axel J. Poterson

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

(a) Residence. No. 20 Bellevue Avenue 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 Oscar Olson (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 7 Months 1 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. Ship Chandler Store
10 Date deceased last worked at this occupation (month and year) 1924 11 Total time (years) spent in this occupation 5

12 BIRTHPLACE (City) (State or country) Sweden

13 NAME OF FATHER Andrew P. Peterson

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

15 MAIDEN NAME OF MOTHER Cannot be learned

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

17 Informant Mrs. Irene Peterson Daughter (Address) Waldemar Ave., Winthrop, Mass.

A TRUE COPY.

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

DATE FILED Jan. 27 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 26, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1939 to Jan. 26, 1939 I last saw him alive on Jan. 25, 1939, death is said to have occurred on the date stated above at 10:10 A. M.

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

Hypertensive heart disease 1-1-39
Uraemia

Contributory causes of importance not related to principal cause:

Myocarditis
Chronic nephritis

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Francis R. Burke M. D.

(Address) Quincy, Mass. Date 1-26-39

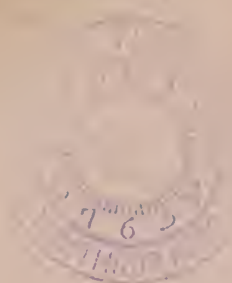
21 PLACE OF BURIAL CREMATION OR REMOVAL Winthrop, Mass. (Cemetery) (City or town)

DATE OF BURIAL Jan. 28 1939

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

Received and filed 19

(Registrar of City or Town where deceased resided)



FEB - 11 1900 AM

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. 11

No. Winthrop Community Hospital death occurred in a hospital or institution,
(Give its NAME instead of street and number)

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

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 124 Everett 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 Single (write the word)

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

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

6 IF STILLBORN, enter that fact here. Stillborn

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

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

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

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

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

13 NAME OF FATHER Gaetano Presutti

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

15 MAIDEN NAME OF MOTHER Elvira Turco

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

17 Informant Gaetano Presutti (father) (Address) 124 Everett 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) 1/31/39

18 DATE OF DEATH Jan 27 28, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from Jan 28, 1939, to Jan 28, 1939. I last saw him alive on Jan 28, 1939, death is said to have occurred on the date stated above, at 11:20 a.m. The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT

Stillborn Jan 27/1939

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. Kelly M. D. (Address) 482 Union St. Boston Date 1/30/1939

21 St. Michaels Boston Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Feb 1, 1939

22 NAME OF FUNERAL DIRECTOR J. J. Kelly

ADDRESS 11 Meridian St. E. B.

Received and filed.....1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered legal medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required 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 **human body or other person** shall bury or otherwise dispose of a **human body** or remove therefrom a **human body** which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, and the statement so completed, in case of an original instrument, by a satisfactory certificate, in case of a copy, and the statement so required by law or from the attending physician, if any, as required. If there is no attending physician, or if no sufficient reason, his certificate cannot be obtained early on, as hereinbefore provided. If there is no attending physician, or if no sufficient reason, or, if insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examination shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such 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 six, of the United States served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the necessary information shall be entitled as to the application of the necessary information to the clerk of the town, if deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—**CHAP. 114, Sec. 45, O. L. (1887, c. 102, § 10.)**

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

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners.** Will include and certify to all deaths **apparently due to injury.** These include deaths resulting directly or indirectly by traumatism (including results of poisoning), and by the action of chemical (drugs or poisons), or electrical agents, and deaths following abortion. But not deaths from disease 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.—*Police statement of occupation* is very important, as it shows the relative healthfulness of various pursuits and the person's own habits. Make some entry in this section for every adult case in your own family. If the occupation has been given, the 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 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 engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word mechanic, but give the exact occupation, as CARPENTER, FLETCHER, MACHINIST, etc. Do not call a person who sells goods should be called a salesman and not a dealer.

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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-12-'34. No. 2938-g

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 143 Sewall Ave Winthrop St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

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

Registered No. 15

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

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

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

(a) Residence. No. 143 Sewall Ave Winthrop St. Ward,

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 36 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Shipper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Howe & French
10 Date deceased last worked at this occupation (month and year) Jan. 27 1939 11 Total time (years) spent in this occupation 6 mos

12 BIRTHPLACE (City) Yarmouth (State or country) N.S.

13 NAME OF FATHER Theodore Doucette

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

15 MAIDEN NAME OF MOTHER Cannot Be Learned

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

17 Informant Emily Doucette (Address) 143 Sewall 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) 1/30/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 28 - 1939 (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.)

Oedema of Brain & of Lungs
alcoholism

Found collapsed in his home

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) John F. Buckley, M. D. (Address) B. St. Date - 29 - 1939

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

DATE OF BURIAL Jan 31 1939 19

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

Received and filed 19

FEB 3 1939

(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 **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.)"

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.

1

PLACE OF DEATH

Suffolk
(County)
Shutthrop
(City or Town)

No.

Shutthrop Community

Ward

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

2 FULL NAME

Male La Conte

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

(a) Residence. No.

338 Saratoga

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

6 SINGLE

MARRIED

(write the word)

*male**Shut**WIDOWED**Single*

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

Stillborn

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

None

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

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Shutthrop, Mass

13 NAME OF FATHER

Dominic La Conte

14 BIRTHPLACE OF FATHER (City)

(State or country)

Boston, Mass

15 MAIDEN NAME OF MOTHER

Marie Interbolato

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston, Mass

17

Informant (Address)

Dominic La Conte, Father, 238 Saratoga St. 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:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

27/30/39
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

16

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

(If U. S.
War Veteran
specify WAR)

St.

Ward

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 29, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

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

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

to have occurred on the date stated above, at 11 A.M.

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

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....., 19.....

21 Place of Burial, (cremation or Removal) (City or Town)

St. Michael's, Boston

DATE OF BURIAL

Jan 31, 1939

22 NAME OF UNDERTAKER

P. Kirby

ADDRESS

Boston

Received and filed.....

1939.....19.....

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is

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

To be complete, an occupation return must state:

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

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

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

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

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

Example

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

Date of Onset*Arteriosclerosis*

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 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 hereinbefore provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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 his place, where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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

(3) **Medical Examiners** will investigate and certify to all deaths **supposed to be due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of elemental (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 death of persons not disabled by recognized disease, and those of persons found dead.

PLACE OF DEATH

Luffell
(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. *17*

No. *49 Beal St.* St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. *49 Beal St.* St., Ward, *Winthrop* (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *fr* 4 COLOR OR RACE *W* 5 SINGLE ☒ MARRIED ☐ WIDOWED ☐ or DIVORCED (write the word)

18 DATE OF DEATH *January 31, 1939* (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 *August 1938* to *Jan 31, 1939*

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

I last saw her alive on *Jan 30, 1939*, death is said to have occurred on the date stated above, at *3 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 *19* Years Months Days If less than 1 day Hours Minutes

Date of Onset **IMPORTANT**

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

Rheumatic Heart Disease Indefinite
Mitral Stenosis and Regurgitation 1933 ±
Adhesive Pericarditis 1935 ±

Contributory causes of importance not related to principal cause:

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

Name of operation *None* Date of operation

13 NAME OF FATHER *Chester McCarthy*

What test confirmed diagnosis *Clinical Chemistry* No

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

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

15 MAIDEN NAME OF MOTHER *Elizabeth McDonald*

(Signed) *Phoebe Gandy* M. D.

16 BIRTHPLACE OF MOTHER (City) *New Glasgow* (State or country) *Nova Scotia*

(Address) *12 Bay State Rd, Boston* Date *Jan 31, 1939*

17 Informant *Chester McCarthy* (Address) *(Father)* Relation

21 *Winthrop Cemetery* *Winthrop* (City or Town)

DATE OF BURIAL *Feb 6, 1939*

22 NAME OF UNDERTAKER *Kirby Bros* *Maurice Kirby*

ADDRESS *178 Huntington St E Boston*

Received and filed *1938* 19

FEB 3 1938

(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) *2/3/39* (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

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

To be complete, an occupation return must state:

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, the 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 combination of diseases, which causes death, nor the mode of dying, e. g., by falling, by asphyxia, by pneumonia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if they related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove it from a human body which has not been buried, until he has received a permit from the board of health or its agent, appointed to issue such permits, or if there is no such board, the clerk of the town where the person died; and no undertaker or other person shall 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 these shall have been delivered to such board, agent or clerk; and these may be 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 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-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or place 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 **suspectably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

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

5m-12-34. No. 2938-g

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 338 Revere St.



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

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

Registered No. 18

2 FULL NAME Lillian J. Myers
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 338 Revere St. Winthrop St., Ward {
 (Usual place of abode)
 Length of residence in city or town where death occurred / yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 19 Years 19 Months 19 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) Dec 24/38 11 Total time (years) spent in this occupation 1

12 BIRTHPLACE (City) (State or country) Massachusetts

13 NAME OF FATHER Everett M. Myers

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

15 MAIDEN NAME OF MOTHER Bertha Peacock

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

17 Informant non Lily Shalinsky Aunt (Address) 127 W. 1st St. Winthrop

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

ADRIAN E. CHAMPTON
 (Official Designation)

(Date of Issue of Permit)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 31 - 1939 (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.)

Illuminating Gas Poisoning

Successful Found dead in a gas filled room

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop (Signed) J. B. Buckley, M. D. (Address) Boston 31 - 1 - 1939

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

DATE OF BURIAL Feb 3 1939

22 NAME OF UNDERTAKER H. P. Davis

ADDRESS 197 W. 1st St. Winthrop

Received and filed 19

FEB 6 1939 (Registrar)

FEB - 2 1939
 BOSTON HEALTH DEPT.

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

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

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

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. 33, 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.

30m-11-36. No. 9080-g

PLACE OF DEATH		SUFFOLK (County) BOSTON		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (City or town making return)	
1	PL	City or Town	St.	Ward	Registered No.		
No.		Mildred M Barry		St.		Ward	
2 FULL NAME		Mildred M Barry		St.		Ward	
(If deceased is a married, widowed or divorced woman, give also maiden name.)		44 Road		St.		Ward	
(a) Residence. No.		St.		Ward		Winthrop	
(Usual place of abode)		St.		Ward		Winthrop	
Length of residence in city 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)		18 DATE OF DEATH	Jan 3/39		
F	W	MARRIED		(Month)	(Day)	(Year)	
5a If married, widowed, or divorced		Married		19 I HEREBY CERTIFY. That I attended deceased from			
HUSBAND of		Joseph Barry		12/31/38 to 1/3/39			
(or) WIFE of		(Husband's name in full)		I last saw him alive on 1/3/39, 19, death is said			
6 IF STILLBORN, enter that fact here.				to have occurred on the date stated above at 7:50p			
7 AGE	34	If less than 1 day		The principal cause of death and related causes of importance in order of onset were as follows:			
Years	Months	Days		Date of onset			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		housewife		lobar pneumonia type 3			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		at home		neutropenia			
10 Date deceased last worked in this occupation (month and year)		1/3/38		Contributory causes of importance not related to principal cause:			
11 Total time (years) spent in this occupation		3		normal delivery			
12 BIRTHPLACE (City) (State or country)		Lynn		Date of onset			
13 NAME OF FATHER		Martin Hines		Name of operation			
14 BIRTHPLACE OF FATHER (City) (State or country)		Ireland		transfusion			
15 MAIDEN NAME OF MOTHER		Mary McManus		Date of 1/2/39			
16 BIRTHPLACE OF MOTHER (City) (State or country)		Ireland		What test confirmed diagnosis? Was there an autopsy?			
17 Informant (Address)		husband		20 Was disease or injury in any way related to occupation of deceased?			
A TRUE COPY.		James A. Burke		If so, specify			
ATTEST:		(Registrar of city or town where death occurred)		(Signed) A. A. Horner M. D.			
DATE FILED		19		(Address) 319 Longwood Ave Date 1/3/39			
				21 Place of Burial, Cremation or Removal (City or Town)			
				DATE OF BURIAL 1/7/39 19			
				22 NAME OF UNDERTAKER G. J. Wall			
				ADDRESS Lynn			
				1/6/39			
				Received and filed 19			
				(Registrar of City or Town where deceased resided)			



MAR-D1933 AM

1

PLACE OF DEATH

(SUFFOLK
County)
BOSTON

(City or Town)



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. 215

No. Boston City Hosp

St.,

Ward

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

2 FULL NAME Mary Bartlett

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

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

20

(a) Residence. No. 431 Winthrop

St.,

Ward,

(If new resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

6a If married, widowed, or divorced

Divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Gerald F. Bartlett

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.

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)

13 NAME OF FATHER

Boston

14 BIRTHPLACE OF FATHER (City)

Peter F Dolan

(State or country)

Boston

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

Louise Thomas

(State or country)

Boston

17

Informant (Address)

Mrs L Sherrin

Mother

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Month 6/39

(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)

ac general peritonitis following ovarian abscess-following abortion-said to have been self induced

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,
Suicide or
Homicide?

Date of Injury

9/28/38

19

Where did Injury occur?

Boston

Manner of Injury

Nature of Injury

laparotomy with exteriorization of sigmoid 12/28/38

Was there an autopsy?

21 Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

T. Leary
Boston

Date

1/6/39

M. D.

19

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

Holy Cross Malden

DATE OF BURIAL

1/9/39

19

23 NAME OF UNDERTAKER

ADDRESS

R C Kirby Boston

Received and filed

1/10/39

19

(Registrar of City or Town where deceased resided)



MAR-9 1039 AM

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

50m-11-36. No. 9080-g



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

BOSTON

(City or town making return)

242

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Baptist Hosp

Robert B Hyslop

St., Ward

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

Registered No.

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

21

2 FULL NAME

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

Winthrop

(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
M

4 COLOR OR RACE
W

5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced Mary Chisholm

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 64

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. 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) 12/38 11 Total time (years) 40 spent in this occupation

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

13 NAME OF FATHER George Hyslop

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

15 MAIDEN NAME OF MOTHER Mary Smith

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

17 Hosp Records

Relation, if any

Informant (Address)

A TRUE COPY.

ATTEST: James G. Burke (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 7/39

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I attended deceased from 12/10/38 to 1/7/39

I last saw him alive on 1/7/39 at 11.15p, 19, death is said to have occurred on the date stated above, at 11.15p.

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

perforated duodenal ulcer 12/10/38
pulm. embolus 1/8/39

Contributory causes of importance not related to principal cause:

post opr pulm. atelectasis

Name of operation repair of ulcer 12/10/38

What test confirmed diagnosis? Was there an autopsy?

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

If so, specify C R Souders

(Signed) 605 Comm Ave 1/8/39, M. D.

(Address) Date 19

21 Winthrop-Winthrop

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

DATE OF BURIAL 1/10/39 19

22 NAME OF UNDERTAKER Winthrop

ADDRESS

Received and filed 1/11/39 19

(Registrar of City or Town where deceased resided)



MAR-9 1939 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. **Boston City Hosp**

St.,

Ward {

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

Registered No. **196**

2 FULL NAME

Walter Terry

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

(a) Residence. No.

(Usual place of abode)

138 Bowdoin

St.,

Ward, **Winthrop**

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

M

W

Married

5a If married, widowed, or divorced

HUSBAND of

Mary Gavin
(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

1

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.

motorman

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

B E R Y

11 Total time (years) spent in this occupation

30

12 BIRTHPLACE (City)

(State or country)

1/39

Chelsea

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

Samuel Terry

Nova Scotia

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Elizabeth Hurburt

Nova Scotia

17

Informant (Address)

Relation, if any

wife

A TRUE COPY.

ATTEST:

James A. Burke
(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 8/39

(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)

**core, hemorrhage - treated for hypertensive
admitted in coma died in 4 hours**

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

Was there an autopsy?

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

If so, specify

(Signed)

(Address)

T. Leary

Date

19

Boston

1/8/39

22

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Winthrop-Winthrop

19

23 NAME OF UNDERTAKER

ADDRESS

R H White

Winthrop

Received and filed

1/10/39

19

(Registrar of City or Town where deceased resided)



MAR - 16 1939 AM

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

50m-11-36, No. 9080-g



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

BOSTON

(City or town making return)

426 23

Registered No.

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Mass General Hospt

St., Ward

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

Robert Bean

2 FULL NAME

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

(If U. S. War Veteran, state 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

M

4 COLOR OR RACE

Colored

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced Blanche Smith

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE

65

9

10

If less than 1 day

Years Months Days

Hours Minutes

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

Janitor

building

9 Industry or business in which work was done, as 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

11/38 30

12 BIRTHPLACE (City)

(State or country)

Hamilton Bermuda

13 NAME OF FATHER

Richard Bean

14 BIRTHPLACE OF FATHER (City)

(State or country)

Hamilton-Bermuda

15 MAIDEN NAME OF MOTHER

Abilena Smith

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Hamilton Bermuda

17

Informant (Address)

Relation, if any

Wife

A TRUE COPY.

ATTEST:

James A. Burke (Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 13/39

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

1/9/39

19

to 1/13/39

19

I last saw him alive on 1/13/39

to have occurred on the date stated above

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

cardiac hypertrophy & dilatation

syphilitis aortitis with cong.

failure

1 yrs

Contributory causes of importance not related to principal cause:

pulm. infarction bilateral

4 days

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

yes

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

If so, specify

(Signature) Baker

(Address) Mass Gen. Hosp

Date 1/14/39

21

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

DATE OF BURIAL 1/16/39

19

22 NAME OF UNDERTAKER

R H White

ADDRESS

Winthrop

1/17/39

Received and filed 19

(Registrar of City or Town where deceased resided)



MAR-9 1939 AM

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.

Middle sex



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

Cambridge

(City or town making return)

Cambridge

STANDARD

CERTIFICATE OF DEATH

Registered No. 45

PLACE OF DEATH

No.

----- Kasonof

St.,

Ward {

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

2 FULL NAME

(If deceased was married, widow, or divorced woman, give also maiden name.)

18 Dolphin Ave.

(If U. S.

War Veteran,

Wintthrop

24

(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

M

4 COLOR or RACE

W.

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months Days

2

If less than 1 day

..... Hours Minutes

OCCUPATION

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

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

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Cambridge

Mass.

13 NAME OF FATHER

Lewis

14 BIRTHPLACE OF FATHER (City)

(State or country)

Cambridge

Mass.

15 MAIDEN NAME OF MOTHER

Ethel Herman

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Cambridge

Mass.

17

Lewis Kasonof

Relation, if any

father

Informant (Address)

A TRUE COPY.

Jan 17 1939

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Jan 15 1939

(Month)

(Day)

(Year)

19

Jan 15

1939

I attended deceased from

Jan 15

1939

I last saw him alive on

19

Jan 15

1939

death is said

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

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

Date of onset

Atelectases

2 days

Contributory causes of importance not related to principal cause:

Prematurity

2 days

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) Joseph H. Meyer

M. D.

(Address) 270 Commonwealth Ave. 1/15/39

21

Kenesetay Israel Cem. Woburn

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

DATE OF BURIAL Jan 16 1939

19

22

NAME OF

UNDERTAKER

Manuel Stanetsky

ADDRESS 10 Washington St. Dor.

Received and filed 19

(Registrar of City or Town where deceased resided)



FEB 1 1979 AM

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

50m-11-36. No. 9080-g

PLACE OF DEATH

SUFFOLK
(County)
BOSTON



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

BOSTON

(City or town making return)

661

Registered No.....

No. Boston City Hospital

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

Augusta Porter

2 FULL NAME.....

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

211 Cliff Ave

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

25

(a) Residence. No.....

(Usual place of abode)

St., Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 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 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. 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) Sept 1938 11 Total time (years) spent in this occupation 30

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

13 NAME OF FATHER Theodore Hellberg

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

15 MAIDEN NAME OF MOTHER Augusta Anderson

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

17 Informant Harry Porter Relation, if any (Address) 211 Cliff Ave Winthrop Husband

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 20, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 9, 1938, to Jan. 20, 1939

I last saw him alive on, 19....., death is said to have occurred on the date stated above at 2:15 P. M.

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

Carcinoma of cervix 1 yr

Contributory causes of importance not related to principal cause:

Metastasis 8 Mos

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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

If so, specify.....

(Signed) M W O'Connell, M. D.

(Address) Boston City Hosp Date 1-21-39

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

DATE OF BURIAL Jan. 23 1939

22 NAME OF UNDERTAKER Edward M Fitzgibbon

ADDRESS 1428 Dorchester Ave, Dorchester

Received and filed Jan. 24 1939

James A. Burke

(Registrar of City or Town where deceased resided)



MAR-9 1933 AM



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 826 28

1 PLACE OF DEATH

(County)

(City or Town)

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

2 FULL NAME George Tansley

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

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

(a) Residence. No. 249 Shore Drive

St., Ward, Winthrop

Length of residence in city or town 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

5a If married, widowed, or divorced

HUSBAND of Ada Parker

(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 1 Months 20 Days If less than 1 day

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

RR Mechanist

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

10 Date deceased last worked at this occupation (month and year) 1/59

11 Total time (years) spent in this occupation 3

12 BIRTHPLACE (City) (State or country)

England

13 NAME OF FATHER

John Tansley

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Harriet Jenkins

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Informant (Address)

Relation, if any

wife

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 26/39 (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-said to have collapsed suddenly -natural causes

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

Was there an autopsy?

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 1/26/39

22 Place of Burial, Cremation or Removal Winthrop Winthrop

DATE OF BURIAL 1/29/39 19

23 NAME OF UNDERTAKER H H White

ADDRESS Winthrop

Received and filed 1/30/39 19

(Registrar of City or Town where deceased resided)



MAR-9 1899 AM

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. **900 27**

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. **EnRoute Boston City Hosp**

St.,

Ward {

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

2 FULL NAME **Renee Lecours**

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

(a) Residence. No. **61 Sea View Ave**

(Usual place of abode)

St., Ward, **Winthrop**

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

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

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month) **12/27/39**

(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)

coronary sclerosis
natural causes

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

Was there an autopsy?

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

If so, specify

(Signed)

M. D.

(Address)

C. J. O'Leary

Date

19

22

Place of Burial, Cremation or Removal.

1/28/39

(City or Town)

DATE OF BURIAL

Winthrop-Winthrop

19

23 NAME OF UNDERTAKER

ADDRESS

J. T. O'Malley

Received and filed

1/31/39

Winthrop

19

(Registrar of City or Town where deceased resided)



MAR-8 1889 AM

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

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.

Corr Bk 2
Dep 1

Registered No. 28

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 70 Prospect St., Ward

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

2 FULL NAME Isaac F. Pollard

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

(a) Residence. No. 70 Prospect Ave., St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Sophia A. McLeod Pollard (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 5 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. Dry Goods 10 Date deceased last worked at this occupation (month and year) Jan. 1919 11 Total time (years) spent in this occupation 40

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

13 NAME OF FATHER Isaac Pollard

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

15 MAIDEN NAME OF MOTHER Lydia Stinston

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

17 Informant Florence S. Pollard (Daughter) (Address) 70 Prospect 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) Feb 3 / 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feburary 1, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from November 30, 1938, to February 1, 1939. I last saw him alive on February 1, 1939, death is said to have occurred on the data stated above, at 7:30 P.M.

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

Intestinal obstruction & operation therefore 1/29/39

Contributory causes of importance not related to principal cause: Carcinoma of Transverse Colon 1938 General Carcinomatosis 1938 Perilicity 1938

Name of operation Colostomy Date of Jan 31/39

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 (Signed) Jacob Abrams M. D.

(Address) 56 2 Shirley St. Date 2/3/39

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

DATE OF BURIAL Feburary 3, 1939 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St Winthrop Mass

Received and filed FEB 3 1939 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

Example

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

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall 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. 36, Sec. 7.*

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

RULES OF PRACTICE

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

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

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

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

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

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



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

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

Registered No. **29**

No. **44** **St.**

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

(a) Residence. No. **44** **St.**

Ward. **Winthrop**
 (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? **60** **years** **months** **days.**

PERSONAL AND STATISTICAL PARTICULARS

6 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 **Rosa Bernard**
 (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE **81** **Years** **Months** **Days** **Hours** **Minutes**
 If less than 1 day

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)
1925

11 Total time (years) spent in this occupation
40

12 BIRTHPLACE (City)
Russia
 (State or country)

13 NAME OF FATHER
Solomon Alexander

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

15 MAIDEN NAME OF MOTHER
Leah (unknown)

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

17 Informant (Address)
Israel Alexander, son
92 Pleasant St. Brooklyn

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 3 1939**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **January 27, 1939**, to **February 3, 1939**
 I last saw him alive on **February 3, 1939**, death is said to have occurred on the date stated above, at **12:00 PM**
 The principal cause of death and related causes of importance in order of onset were as follows:
Acute Coronary Thrombosis 1/27/39

Contributory causes of importance not related to principal cause:
Atherosclerosis 1938.

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

(Signed) **Jacob A. Sprague** **M. D.**
(Address) **592 Stanley St.** **Date** **2/3/39**

21 Place of Burial, Cremation or Removal **St. Paul's R. C. Church** **(City or Town)** **Brooklyn**
DATE OF BURIAL **Feb 3, 1939**

22 NAME OF UNDERTAKER **James H. Sprague**
ADDRESS **394 Washington St. New York**

Received and filed _____ **19**
 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filled with me **BEFORE** the burial or transit permit was issued:
Wm A Childress
 (Signature of Agent of Board of Health or other)
140. **Feb 3/39.**
 (Official Designation) (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, 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 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 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, the care of the funeral is to be held, or from a person appointed to have the care of the cemetery, and from a person appointed to have the care of the funeral 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 certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **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 return must state:

To be complete, an occupation return must state:

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

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

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

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

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

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

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

Statement of 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, 1923
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

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

1. 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)

No. 90 Washington Avenue

SEX

Ward

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

Registered No. 30

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

STANDARD

CERTIFICATE OF DEATH

(If U. S.
War Veteran
specify WAR)

2 FULL NAME Charles Howard Squires

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

(a) Residence. No. 90 Washington Avenue

SEX

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

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

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 76 Years 5 Months 21 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Quartermaster (retired) 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. United States Navy 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 34

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

13 NAME OF FATHER Lyman Cook Squires

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

15 MAIDEN NAME OF MOTHER Olive Kingsley

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

17 Informant Mrs. H. W. Kuchmeister Relation, if any (Address) 13 Willow 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) 3/6/39

18 DATE OF DEATH February 4 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 30, 1939, to February 4, 1939

I last saw h. alive on Feb. 4, 1939, 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:

Acute Corary thrombosis Date of Onset 1/30/39

Contributory causes of importance not related to principal cause: Arteriosclerosis Epithelioma back of right ear 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? If so, specify Jacob Squires, M. D.

(Signed) Jacob Squires Date 2/6/39 (Address) 562 Northrop, Winthrop

21 Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL February 7 1939

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

Received and filed FEB 21 1939 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 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 reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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 consign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefore be held as to the validity of any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, as 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 these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 gunshot, scalds, 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 group of diseases, in which causes death, not the mode of dying, i. e., heart failure, asphyxia, asbestia, etc. As principal cause, name the disease causing death. As related causes, name other morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

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

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

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. **31**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. **24 Tafts Ave**

St.

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

2 FULL NAME

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

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

(a) Residence. No. **24 Tafts Ave**

(Usual place of abode)

Ward,

(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? 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 **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 **76** Years **9** Months **10** Days If less than 1 day
Hours Minutes

OCCUPATION

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

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 1936

11 Total time (years) spent in this occupation

8 yrs

12 BIRTHPLACE (City)

Greenfield

(State or country)

N. H.

13 NAME OF FATHER

John Ramsey

14 BIRTHPLACE OF FATHER (City)

Petersboro

(State or country)

N. H.

15 MAIDEN NAME OF MOTHER

Mary Peterson

16 BIRTHPLACE OF MOTHER (City)

Coshocton, Ohio

(State or country)

Ohio

17 Informant (Address)

Harold E. Dupree (Son)

Relation, if any

170 Harvard Ave. Wollaston

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 Health or other)

Agent

(Official Designation)

Feb 5/39

(Date of Issue of Permit)

18 DATE OF DEATH **Feb 5 1939**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at **7:45 A.M.**

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

Natural Causes Probably**Cerebral Hemorrhage**

Date of Onset

Feb 5 1939

Contributory causes of importance not related to principal cause:

Hypertension**1929****Diabetes****1929**

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

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

If so, specify (Signed) **Samuel B. Parker Chv.** M. D.

(Address) **Winthrop Board of Health** Date **Feb 5 1939**

21 Place of Burial, Cremation or Removal **Norfolk, Mass** (City or Town)

DATE OF BURIAL **Feb 7 1939**22 NAME OF UNDERTAKER **David Fudge & Son**ADDRESS **100 Highland Ave, Somerville**Received and filed **Feb 5 1939**

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.

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. 32

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 20 Thornton



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

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

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

(a) Residence. No. 20 Thornton 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

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of George W. Walsh (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE 67 Years 1 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. House work
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
	10 Date deceased last worked at this occupation (month and year) April 1938

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Isaac Frost

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

15 MAIDEN NAME OF MOTHER Jane McInerney

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

17 Informant George W. Walsh (husband) (Address) 20 Thornton St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 2/11/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8 39 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from 10/11, 1927, to 2-8, 1939.
I last saw him alive on 2-8, 1939, 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:

Progressive muscular atrophy
Contributory causes of importance not related to principal cause:
Chronic nephritis

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

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Harvey, at Kelly, M. D.
(Signed) (Address) Winthrop Mass Date 2/8 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL February 11 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed FEB 21 1939 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

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

To be complete, an occupation return must state:

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

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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

Statement of 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 direct cause of death. As related causes, name earlier morbid conditions if they related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

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

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

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

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. 33

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 Harriet L. Morris
(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 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 21 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 75 Years Months Days If less than 1 day
Hours Minutes

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

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

10 Date deceased last worked at this occupation (month and year) 1934 11 Total time (years) spent in this occupation 50

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

13 NAME OF FATHER John Morris

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

15 MAIDEN NAME OF MOTHER Ellen Cooney

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

17 Informant Winifred Bronghey (Address) 231 Park Drive Boston Mass Relation, if any (cousin)

I HEREBY CERTIFY that a satisfactory standard 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) 2/16/39

18 DATE OF DEATH February 14 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939, to Feb. 14, 1939.

I last saw her alive on Feb. 13, 1939, death is said to have occurred on the date stated above, at 10:30 a.m.

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

Arterio sclerosis
Chronic myocarditis
pernicious anemia
Date of Onset
IMPORTANT
1932
1935
Dec. 1
1938

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) Lydia W. Fishman M. D.
(Address) 89 Summer Ave. Date Feb. 15, 1939

21 Holy Cross Malden Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL February 16, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed FEB 21 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith report the death of a person whom he has attended during his last illness, to the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 9, where said age has contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. —CHAP. 114, Sec. 46, Sec. 9.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various occupations can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not a woman whose only occupation was that of home housework, write 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, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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

Example

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

Date of Onset

Asthma

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 person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other 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 and from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, satisfactory certificate of the attending physician, if any, as provided. If there is no attending physician, as hereinafter provided, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough 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, which it was returned in the usual form for the removal of such body, has been a permit 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 undersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

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

....He shall in all cases certify to the town clerk or registrar in the place where 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. Laws, Chap. 38, Sec. 7.

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

PLACE OF DEATH

Suffolk
(County)

Winthrop

(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. 31

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 Ellen M (Morris) Green { (If U. S. War Veteran specify WAR)

(a) Residence. No. 100 Cliff Avenue 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

5a If married, widowed, or divorced HUSBAND of John M. Green (Give maiden name of wife in full) (or) WIFE of John M. Green (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. House work 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

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

13 NAME OF FATHER John Morris

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

15 MAIDEN NAME OF MOTHER Ellen Cooney

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

17 Informant (Address) Winfred Braughey 230 Park Drive Boston (Signature, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childress, Jr. (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 2/16/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 15 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939, to Feb. 15, 1939. I last saw her alive on Feb. 15, 1939. death is said to have occurred on the date stated above, at 2:54 m. P.M. The principal cause of death and related causes of importance in order of onset were as follows: Generalized Arteriosclerosis 1929 Chronic Myocarditis 1935

Contributory causes of importance not related to principal cause:

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify Syphilis (Signed) Sybilie W. Dickinson M. D. (Address) Winthrop, Mass. Date 2/16 1939

21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb. 17, 1939

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed FEB 21 1939

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 a physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, until 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 undertaker or clerk of the town where the person died; and no undertaker or other person shall exhume a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued, until the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, and a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the 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. 43, G. L. (TERRENTINARY 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. (TERRENTINARY 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 physical condition 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 mechanical injury (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

Statement of 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. Winthrop Community Hospital

St.

Ward

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

Registered No. 35

2 FULL NAME Baby Girl Coppola

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

(a) Residence. No. 379 Frankfort 102 Hyde Park Ave. St. 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 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. Stillborn

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

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

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

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

11 Total time (years) spent in this occupation

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

13 NAME OF FATHER Felice Coppola

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

15 MAIDEN NAME OF MOTHER Scanzillo

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

17 Informant Felice Coppola (Address) 379 Frankfort St. East Boston 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:

William D. Childress

(Signature of Agent of Board of Health or other)

Agent

Feb. 18/39

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH February 13-15-1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from February 13, 1939, to Feb. 15, 1939

I last saw h. or alive on Feb. 14, 1939, 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:

Still born.

Date of Onset
IMPORTANT2/15/39
13

Contributory causes of importance not related to principal cause:

Posterior head position with small fetus in mother

Name of operation Delivery Date of 2/15/39 What test confirmed diagnosis? The Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Sign. H. F. Schmitt M. D. (Address) 180 Franklin St. E.B. Date 2/17/39

21 St. Michael Boston Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL February 18 1939

22 NAME OF UNDERTAKER T. H. H. H. ADDRESS 9 Chelsea St. East Boston

Received and filed FEB 21 1939 19

(Registrar)

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

To be complete, an occupation return must state:

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

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

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

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

Statement of 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 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
<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.

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 laws to be returned and recorded, which shall be accompanied, in case of an official informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in case of a private informant, by a satisfactory certificate of the attending physician, or, if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, health or employment by a physician who is a member of the board, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such 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 racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (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 septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained 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 recital is so given and the physician certifying the cause of death shall also furnish for registration any other necessary information which can be obtained as to the 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 these laws calls for the observance of the following rules of practice:

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

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

(3) **Medical 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 **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, as heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death, as related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

Acute influenza

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

Suffolk

(County)

Winthrop

(City or Town)

No. 45 Pleasant

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

2 FULL NAME Lina Russell Oeffinger

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

(a) Residence. No. 45 Pleasant

(Usual place of abode)

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

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? 31 years months 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 **Charles W. Oeffinger**

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 2 Months 13 Days If less than 1 day
Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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) **Hantsport**
(State or country) **Novia Scotia**13 NAME OF FATHER **Thomas Young**14 BIRTHPLACE OF FATHER (City) **Burlington**
(State or country) **Novia Scotia**15 MAIDEN NAME OF MOTHER **Kirtpatrick**16 BIRTHPLACE OF MOTHER (City) **Windsor**
(State or country) **Novia Scotia**17 Informant **Charles W. Oeffinger** (Relation, if any **Husband**)
(Address) **45 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) **2/20/39**

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **37**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 17 1939**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 2, 1938, to February 17, 1939I last saw her alive on **February 17, 1939**, death is saidto 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:

Chronic myocarditis	Date of Onset
Arteriosclerosis	1930
Cerebral accident (stroke)	1/28/39
Terminal bronchopneumonia	2/15/39

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) **Arthur J. Murray**, M. D.(Address) **Winthrop** Date **2/20/1939**21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)DATE OF BURIAL **February 20, 1939**22 NAME OF UNDERTAKER **Richard B. White**ADDRESS **147 Winthrop St Winthrop Mass**

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

A TRUE COPY ATTEST: **FEB 21 1939** (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 housewife, write in answer to Question 8 and own home. In answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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

Statement 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.

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhibit to human body and remove it from a town, from one cemetery to another, or from one grave or tomb other 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, and by, the agent or clerk, as the case may 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 a physician selected for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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 twenty-four hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained and returned. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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, but not limited to, chemical, 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, 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. 38

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 100 Fremont

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

2 FULL NAME Jennie (Marshall) Ward
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran
specify WAR)(a) Residence. No. 100 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 15 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 (Give maiden name of wife in full)

(or) WIFE of Thomas Ward
(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. 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. 12, 1939 11 Total time (years) spent in this occupation. 16

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

13 NAME OF FATHER Elisha Marshall

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 Thomas Ward (husband) (Address) 100 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:

(Signature of Agent of Board of Health or other)
Health Officer 2/20/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 18, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1939, to Feb. 18, 1939

I last saw him alive on Feb. 18, 1939, 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:

Causes of Death 1933
Chronic Hypertension 1935

Contributory causes of importance not related to principal cause:

Pulmonary Edema Feb. 17, 1939

Name of operation None Date of What test confirmed diagnosis? Myocardium 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. Goodberg, M. D. (Address) 270 Shirley St. Date Feb. 19, 1939

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb. 20, 1939 19

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass ADDRESS

Received and filed Feb 21 1939 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 or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write "housework" in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

Statement of 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>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.

A physician or registered hospital medical officer shall forthwith, after the death of any person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the 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, dened as required by this act, 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.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 secured and obtained hereunder. If the death certificate contains a decedent as required by section ten of chapter forty-six, that the United States served in the army, navy or marine corps of the United States in any war in which it has been engaged, such fact shall appear upon the permit. The board of health, forthwith, counter-receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITIONS)

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

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

100m 11-36, No. 9080-F

PLACE OF DEATH

Suffolk.
(County)
Wintthrop
(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. 39

1 No. 507 Shirley St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 507 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 2 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 Widow (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Edward Fitzpatrick (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. 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) Charlton Massachusetts

13 NAME OF FATHER Patrick Macdonald

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

15 MAIDEN NAME OF MOTHER Mary E. Kermick

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

17 John Charles Smith (Address) 507 Shirley St. (Relation, if any) (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filled with me BEFORE the burial or transit permit was issued:
William D. Chedress
(Signature of Agent of Board of Health or other)
Agent Feb-19/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 18 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from February 7, 1939, to February 18, 1939.
I last saw him alive on February 18, 1939, 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:

Renalized arteriosclerosis
Coronary occlusion
Broncho-pneumonia
Contributory causes of Importance not related to principal cause:
Date of Onset IMPORTANT

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

20 Was disease or Injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Munn M. D.
(Address) Wintthrop, Mass. Date 2/19/39

21 Place of Burial, Cremation or Removal (City or Town) Ashbury Spencer Mass
DATE OF BURIAL February 21 1939

22 NAME OF UNDERTAKER W. B. Christie
ADDRESS 333 Dudley St. Roxbury

Received and filed FEB 21 1939
(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 randomly employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>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 supposition age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

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

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.

RULES OF PRACTICE

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

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

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

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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, shall make such certificate. If such a 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 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 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 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 and other necessary information which can be obtained as to the clerk of the town, or to the manner of cause of the death, when the clerk or, registrar may require.—Chap. 114, Sec. 45, G. L. (TERRITORY 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. (TERRITORY 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.
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- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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, or every person aged 10 years or over. If the occupation has been given up or changed on account of illness, if the deceased had retired from his occupation prior to illness, if the deceased had retired from his illness, report the occupation prior to retirement. Children not gaining money should 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—HOTEL**, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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

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

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

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

Statement of 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)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. 41

No. 10-Wave Way Ave. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Anna Lutersky
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran
specify WAR)(a) Residence. No. 10-Wave Way 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? 17 years months days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

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

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

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

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Abraham Shewack

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

15 MAIDEN NAME OF MOTHER Sarah Annmother

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

17 Informant (Address) David Lutersky Son 15-Loral Ave 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 Feb. 22, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Feb. 22, 1939. I first saw him alive on Feb. 22, 1939, death is said to have occurred on the date stated above, at 1:45 P.M.

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

Cerebral Hemorrhage 1939
Broncho-Pneumonia 1939

Contributory causes of importance not related to principal cause:

Date of Onset
IMPORTANT

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

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

If so, specify Charles Liberman, M. D.

(Address) 26 Wave Way Ave. Date 2/22/1939

21 Name of Burial, Cremation or Removal (City or Town) Winthrop

DATE OF BURIAL Feb. 23, 1939

22 NAME OF UNDERTAKER Maimel Stavetsky

ADDRESS 10-Wave Way Ave.

Received and filed 19

FEB 28 1939

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

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

Example

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

Date of Onset

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 aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously 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 or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . —CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths **suspectably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting 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 filled for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 42

No. 194 Main

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.)

John F. Donovan

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 194 Main

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

Length of residence in city or town where death occurred 3 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)

Male White MARRIED WIDOWED or DIVORCED Single

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 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.

Salesman

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

Coal Co.

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

Jan 1939

11 Total time (years) spent in this occupation 38

12 BIRTHPLACE (City) (State or country)

Boston Mass

13 NAME OF FATHER

James Donovan

14 BIRTHPLACE OF FATHER (City)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Mannion

16 BIRTHPLACE OF MOTHER (City)

Ireland

17 Informant (Address)

Mary Donovan

Relation, if any

(sister)

194 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)

Health Officer

(Official Designation)

(Date of Issue of Permit) 2/25/39

18 DATE OF DEATH

Feb 12 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 15 1939 to Feb 22 1939

last saw him alive on Feb 22 1939, 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:

Angina pectoris

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Crown aneurysm

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 1

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

If so, specify

(Signed) C. J. Thompson, M. D.

(Address) 121 Elm St Malden

Date 2/23 1939

21 Holy Cross Malden

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

DATE OF BURIAL Feb 25 1939

22 NAME OF UNDERTAKER Edwin A. Lantz

ADDRESS 201 Bowdoin St Dor

Received and filed FEB 26 1939 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.

Question 9. For a person engaged in domestic service, write to housework in answer to Question 8 and over. For a woman whose only occupation was that of home housework, write to housework in answer to Question 8 and over. For a man, however, designate the occupation by its appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and 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>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 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 removal 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 deliver it and transmit the same to the clerk of the town for registration. The person to whom the permit is so given and the physician furnishing the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, as to the manner or cause of the death which the deceased, or next of kin, or the medical examiner, may require.—CHAP. 114, SEC. 45, G. L. (THIRTEENTH 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. (THIRTEENTH 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 poisons (including drugs or chemicals), or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Dept. of Health

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

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

1 PLACE OF DEATH
Borough (County)
New York Manhattan
(City or Town)



STANDARD
CERTIFICATE OF DEATH

Registered No. 43

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

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

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

(a) Residence. No. 40 Taylor St. Waltham 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 Single (write the word)

18 DATE OF DEATH Feb 23 1939
(Month) (Day) (Year)

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

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

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

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:

6 IF STILLBORN, enter that fact here.

Date of Onset IMPORTANT

7 AGE 49 Years Months Days If less than 1 day Hours Minutes

Heart Disease

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Dec 1936 11 Total time (years) spent in this occupation 20

Contributory causes of importance not related to principal cause:

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

13 NAME OF FATHER John C. Sweeney

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

15 MAIDEN NAME OF MOTHER Ann M. Short

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

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

20 Was disease or injury in any way related to occupation of deceased? If so, specify John T. Walsh (Signed) M. D. (Address) Date 19

17 Informant John C. Sweeney (Brother) (Address) 40 Taylor St. Waltham, Mass.

21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb 27 1939

22 NAME OF UNDERTAKER Frederick J. Magrath ADDRESS 64 Mendon 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)
Wm. D. Chuland
Health Officer 3/25/39
(Official Designation) (Date of Issue of Permit)

Received and filed FEB 20 1939 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 prior to the occupation prior to retirement. Children not necessarily employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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

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

Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

Date of Onset
1915
1921
July 5, 1927

Contributory causes of importance not related to principal cause:

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 other than the receiving tomb to another, in the health center of a town, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued, or the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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. 36, SEC. 6.

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting 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**.

TRANSIT PERMIT

DEPARTMENT OF HEALTH
BOROUGH OF MANHATTANNo. 4795

1939 FEB 23 PM 2 55

DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent, before a body can be shipped.

New York, 19.....

The Certificate of Death, having been furnished to me, as required by the Laws of this State, permission is hereby granted to Victor Johnston holder of Undertaker's License No. 1278

for the removal and shipment for burial at Holy Cross Cemetery at Boston
(When obtainable) Crematory

State of Mass the body of Mary Sweeney who died in

the Borough of Man County of Wing, N. Y., on 2/23/39, at 4 M.

Aged 49 years 1 months 1 days F sex W color, the cause of death being

Heart Disease

which necessitates shipment under Rule No. 2 of the Rules of the New York State Department of Health for the Transportation of the Dead, as printed on the back of this Permit.

Victor Johnston
 (Signature of Undertaker)

Signed

John T. Walsh, Jr.

Ass't Registrar

This Permit must be detached and delivered to the Person in charge of the Corpse.

NEW YORK
STATE DEPARTMENT OF HEALTH
ALBANY

**SPECIAL ADMINISTRATIVE REGULATION RELATING TO THE TRANSPORTATION
OF DEAD BODIES BY COMMON CARRIERS**

[In effect throughout the State of New York, except in the City of New York, on September 1, 1932]

Regulation 1. Transportation of dead bodies by common carriers. The transportation of dead human bodies by common carriers shall be conducted in such manner as not to be a menace to health and shall conform to the following requirements:

(1) A transit permit and transit label issued by the local registrar of vital statistics must accompany each dead body transported by a common carrier.

The transit permit shall state the date of issuance, the name, sex, race and age of the deceased, and the cause and date of death. The transit permit shall also state the date and route of shipment, the point of shipment and destination, the method or preparation of the body, and shall bear the signature of the undertaker and the signature and official title of the officer issuing the permit.

The transit label shall state the date of issuance, the name of the deceased, the place and date of death, the name of the escort or consignee, the point of shipment and destination; and shall bear the signature and official title of the officer who issued the transit permit. The transit label shall be attached to the outer box or case.

(2) The transportation by common carriers of bodies dead of any diseases other than those mentioned in subdivision 3 shall be permitted only under the following conditions:

(a) The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than $\frac{7}{8}$ of an inch thick. All joints shall be securely put together and the box tightly closed. Either the coffin or casket, or the outer box or case, shall be water-tight. Every outside case holding any dead body offered for transportation by common carrier shall bear at least four handles and when over 5 feet 6 inches in length, shall bear six handles.

(b) When the destination cannot be reached within 60 hours after death, all body orifices shall be closed with absorbent cotton and the body placed at once in a coffin or casket which shall be immediately closed and the coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(3) The transportation by common carrier of bodies dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria (membranous croup, diphtheritic sore throat), scarlet fever (scarlet rash, scarlatina), shall be permitted only under the following conditions:

All body orifices shall be closed with absorbent cotton, the body shall be enveloped in a sheet saturated with an effective disinfecting fluid and shall be placed at once in a coffin which shall be immediately and permanently closed. The coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(4) No dead bodies shall be disinterred for transportation by common carrier, or for removal to another cemetery in the same registration district, or in another district, but not requiring shipment by common carrier, without the previous consent of authorities having jurisdiction at the place of disinterment.

The undertaker shall make a request to disinter the body on a form provided for the purpose. This form shall provide for a statement of principal facts concerning the decedent, whether body is to be transported by common carrier or otherwise, final disposition of same, and approval of health officer. Upon receipt of such request the local registrar shall issue a transit permit and transit label as required by subdivision 1 and the provisions of subdivision (2-a) shall apply.

5 } PLACE OF DEATH
1 }

Winthrop
(County)
Suffolk
(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. 44

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

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

(a) Residence. No. 196 Woodside 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 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 37 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker's office 10 Date deceased last worked at this occupation (month and year) 2/10/39 11 Total time (years) spent in this occupation 12

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

13 NAME OF FATHER Joseph E. Muldoon

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

15 MAIDEN NAME OF MOTHER Mary A Noonan

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

17 Informant Mrs. Noonan (Relationship) (Address) 196 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:

W. M. D. Childress (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 2/25/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 23 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Feb. 17, 1939, to Feb. 23, 1939. I last saw him alive on Feb. 22, 1939, 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:

Lobar pneumonia 26.18

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 6

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) O. D. (Address) 2-14 1939

21 Place of Burial, Cremation or Removal (City or Town) Waltham DATE OF BURIAL 2/25/39 19

22 NAME OF UNDERTAKER High Bros ADDRESS 148 Bevington St. E. Boston

Received and filed FEB 28 1939 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, 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 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 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 attributed to any form of injury, have died without recent medical attendance of whose physician is absent from home when the certificate of death is needed.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY 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, use "carpenter," "painter," "machinist," etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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

Example

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may appear 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. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-12-35. No. 6156P

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

No. *137* *Count Road* St. _____ Ward _____

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

(a) Residence. No. *137* *Count Road* St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>F</i>	4 COLOR OR RACE <i>W</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>Single</i>
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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 *61* Years. *✓* Months. *✓* Days. If less than 1 day Hours _____ Minutes _____

OCCUPATION

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

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

10 Date deceased last worked at this occupation (month and year) *Dec. 1938*

11 Total time (years) spent in this occupation. *20 years*

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

PARENTS

13 NAME OF FATHER *Patrick Lally*

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

15 MAIDEN NAME OF MOTHER *Margaret Norton*

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

17 Informant *Jessie Lally* (Address) *137 Count Road* 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:
William D. Childress
(Signature of Agent of Board of Health or other)

Agent
(Official designation)

Feb-26-39
(Date of Issue of Permit)

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



STANDARD

CERTIFICATE OF DEATH

Registered No. *45*

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

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb* *24* *1939*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Dec 12* *1938*, to *Feb 24* *1939*
I last saw h. *h.* alive on *Feb 24* *1939* 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:

Chronic Hypertension

Date of Onset
IMPORTANT
1938

Contributory causes of importance not related to principal cause:

Arteriosclerosis

1938

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

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

(Signed) *Jessie Lally* _____ M. D.
(Address) *137 Count Road* _____ Date *Feb 25* *1939*

21 *Old Calvary* *Boston*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *Feb 27* *1939*

22 NAME OF UNDERTAKER *Colvin H. Lane*
ADDRESS *201 Bowdoin St. Dorchster*

Received and filed. _____ 19 _____

FEB 28 1939 (Registrar)

RETURN OF CERTIFICATES OF DEATH.

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

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

date of his death; or (3) **G.N. LAWS, CHAP. 20**, "See otherwise dispose of a human body in a town, or remove the same 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, the clerk of the town where the body lies, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health, or its agent aforesaid, or from the clerk

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, or if there is no such clerk, from the selectmen of the town, shall extirpate a person buried and remove it from a town, from one cemetery to another, or from one grave or tomb other 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

or if there, on 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 into another, without a permit to another town or to the health officer of the town to which the body of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement con-

another, or from one grave or tomb other 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, and such permit shall be issued until there shall have been a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as re-

of others. 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 for any such case, the certificate may be signed by a member of the board of health, or by any other person employed by it or by the selectmen for the purpose. In all such cases, the certificate required of the attending physician upon application make the certificate required of the attend-

persons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required, and attend to the burial of the dead person. If such a permit for the removal of a human body, not previously interred, 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 the purpose, the certificate of death made as above provided

removal shall constitute a permit for 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 that the body shall be returned to the town from which it was removed in the same condition in which it was removed. 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, as in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent,

recently which statement is to the left of the town for registration, a sign person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (THIRTIENARY EDITION).

Medical examiners shall make examination upon the view of the bodies of only such persons as are supposed to have died

No undertaker or other person shall bury a human body or the

until he has received a permit so to go from the board, or health officer, or his agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . (CHAP. 114, SEC. 46, G. L. (TWENTYSEVEN) 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 or attendance or any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), but also deaths from disease resulting from injury or infection related to occupational disease, and 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. 46

No. 10-Wave-Way Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 10-Wave-Way 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? 17 years months days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 IF STILLBORN, enter that fact here.

7 AGE 85 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Dealer
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) 1920 11 Total time (years) spent in this occupation 20 yrs

12 BIRTHPLACE (City) Russia (State or country)

13 NAME OF FATHER Morris Lurensky

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

15 MAIDEN NAME OF MOTHER Dorothy-Cornelius

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

17 Informant (Address) Ward Lurensky (Son) 15-Coral Ave. W. 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) Feb. 24/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 24 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1939, to Feb. 24, 1939.
I last saw him alive on Feb. 24, 1939, death is said to have occurred on the date stated above, at 11:20 AM.

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

Lobar Pneumonia - (Bi-lateral) 2/20/39
Chronic Bronchial Asthma 50 yrs
Generalized Arteriosclerosis

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? No

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

If so, specify Samuel H. Boyer (Signed) M. D.
(Address) 37 Church St. Woburn Mass. Date 2-24-39

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

DATE OF BURIAL Feb. 26 1939

22 NAME OF UNDERTAKER Samuel Staretsky

ADDRESS 10-Wash. St. W. Mass.

Received and filed FEB 28 1939

(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, 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, 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

Coronary hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

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

RETURN OF CERTIFICATES OF DEATH

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

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

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)

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 Edith Sophie (Johansson) Nelson

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

(a) Residence. No. 524 Boulevard
(Usual place of abode)

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

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? 28 years months days.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Bror O. Nelson
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 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) Feb. 12 1939 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) (State or country) Sweden

13 NAME OF FATHER Carl Johansson

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

15 MAIDEN NAME OF MOTHER Ann Helgersen

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

17 Informant Bror O. Nelson (husband) (Address) 524 Boulevard Revere Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/27/39

Revere 3/9/39
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

Registered No. 47

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 25, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 30, 1939 to Feb 25, 1939

I last saw him alive on Feb 25, 1939, death is said to have occurred on the date stated above, at 4:40 P.

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

Carcinoma of Intestine 1938
Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Cholecystomy Date of Feb 25, 1939
What test confirmed diagnosis? Fat. Was there an autopsy? No.

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

If so, specify (Signed) Edward J. P. M. D.
(Address) 154 Shore Street Date 2-26-39

21 Place of Burial, Cremation or Removal (City or Town) Mt. Auburn Burial Mtn
DATE OF BURIAL February 28 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19

FEB 28 1939

(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 before the occupation prior to retirement. Children not regularly employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

Statement 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.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish 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 **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and

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.

30m-11-36, No. 9080-g

PLACE OF DEATH

SUFFOLK
(County)
BOSTON



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

STANDARD
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

1352

Registered No.

No. **1000 Dent Brigham Hosp** St., Ward {

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

2 FULL NAME **Elizabeth A Corinna**

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

(a) Residence. No. **242 Lincoln** St., Ward, **Winthrop**

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of **Anthony Corinna**
(Give maiden name of wife in full)

(or) WIFE of **Anthony Corinna**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

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

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **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) **9/38** 11 Total time (years) spent in this occupation **10**

12 BIRTHPLACE (City) (State or country) -----

13 NAME OF FATHER **- Feenan**

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

15 MAIDEN NAME OF MOTHER -----

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

17 Informant **Henry** Relation, if any **son**
(Address) ()

A TRUE COPY.

ATTEST: **James A. Burke**
(Registrar of city or town where death occurred)

DATE FILED **2/14/39** 19..

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb 10/39**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **1/31/39** or **2/10/39**, 19..

I last saw him alive on **8.15a**, 19.., death is said to have occurred on the date stated above, at

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

myocarditis yrs
coronary thrombosis mos
broncho pneumonia 10dys

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 **W B Osgood** M. D.

(Signed) **Peter B B Hosp** Date **2/12/39**

(Address) **Winthrop-Winthrop**

21 Place of Burial, Cremation or Removal. (City or Town) **2/13/39**

DATE OF BURIAL **19**

22 NAME OF UNDERTAKER **J F O'Waley**

ADDRESS **Winthrop**

Received and filed **19**

(Registrar of City or Town where deceased resided)

RECEIVED



APR-4 1939 AM

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

50m-11-36. No. 9080-g



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Malden

(City or town making return)

Registered No. 49

Middlesex

(County)

Malden

(City or Town)

No. Malden Hospital

St., Ward

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

2 FULL NAME Donald Kay Marston

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

(a) Residence. No. 35 Sagamore 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. 19 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

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 19 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) Malden (State or country) Mass.

13 NAME OF FATHER

Edward Alton Marston, Jr.

14 BIRTHPLACE OF FATHER (City)

Malden

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Verna Kay

16 BIRTHPLACE OF MOTHER (City)

Passaic

(State or country)

N. J.

17 Informant Ruth Wilson Relation, if any

(Address)

23 Charles St., Winthrop

A TRUE COPY.

Jessie L. Holden

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

DATE FILED Feb. 21, 1939 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 14, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1939, to Feb. 14, 1939

I last saw him alive on Feb. 13, 1939, death is said to have occurred on the date stated above, at 5 a.m.

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

Broncho Pneumonia 2/9/39 Date of onset

Contributory causes of importance not related to principal cause:

Pyloro spasm 1/26/39

Name of operation Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

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

If so, specify Kenneth K. Day (Signed) M. D.

(Address) Malden, Mass. Date 2/14/39

21 Mt. Auburn Cambridge

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

DATE OF BURIAL 2/16/39 19

22 NAME OF UNDERTAKER C.R. Bennison

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)



MAR 11 1939 AM

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.

30m-11-36. No. 9080-g

PLACE OF DEATH

SUFFOLK
(County)
BOSTON



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

BOSTON

(City or town making return)

Registered No. 1507

No. 155 General Hosp

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

2 FULL NAME Margaret C O'Leary

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

(a) Residence. No. 51 Birch Rd St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of Arthur R O'Leary (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 6 Months 28 Days If less than 1 day Hours Minutes

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

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

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

12 BIRTHPLACE (City) (State or country) Boston

13 NAME OF FATHER Richard Leonard

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

15 MAIDEN NAME OF MOTHER Margaret Cullen

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

17 Informant Leonard A Relation, if any (son) (Address)

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 2/17/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 14/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/28/38, 19 to 2/14/39, 19

I last saw her alive on 2/14/39, 19, death is said to have occurred on the date stated above at 10:45p m.

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

carcinoma of the transverse colon br pneumonia 4 mos 2 dys

Contributory causes of importance not related to principal cause:

Name of operation laparotomy Date of 1/3/39 What test confirmed diagnosis? Was there an autopsy?

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

If so, specify M. J. Rhees (Signed) Mass Con Hosp Date 2/15/39 M. D.

21 Winthrop-Winthrop Place of Burial, Cremation or Removal 2/17/39 (City or Town) DATE OF BURIAL 19

22 NAME OF UNDERTAKER R H White Winthrop ADDRESS 2/17/39

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



APR - 4 1939 AM

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.

30m. 11-36. No. 9080-g

Essex



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

Danv (County)

PLACE OF DEATH

Danvers State Hospital

No.

St.,

Ward {

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

Registered No.

51

2 FULL NAME

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

Rose C. Wilder

(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

MEDICAL CERTIFICATE OF DEATH

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 77

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.

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)

London,

England

13 NAME OF FATHER

George Wilder

14 BIRTHPLACE OF FATHER (City)

(State or country)

London

England

15 MAIDEN NAME OF MOTHER

Margaret Burke

16 BIRTHPLACE OF MOTHER (City)

(State or country)

London

England

17 H. R. McPhillips

Relation, if any

Informant (Address)

Danv

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

2/28/39

19

18 DATE OF DEATH

Feb. 20, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 21, 38

Feb. 20, 39

I last saw him alive on Feb. 20, 1939, death is said

to have occurred on the date stated above, at 8:40 A.M.

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

Lobar pneumonia

3 days Date of onset

Hypertension

1 yr

Hypertensive heart disease

1 yr

General arteriosclerosis

4 yrs

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? no

If so, specify

(Signed) Melvin Goodman

M. D.

(Address) Danv

Date 2/24/39

21 Winthrop Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL Feb. 22, 1939

19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)

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

50m-11-36. No. 9080-g



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

BOSTON

(City or town making return)

1969

Registered No.

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

St Elizabeth's Hospital

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

Estelle Boveridge

2 FULL NAME

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

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

(Usual place of abode)

(If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of **Murray V Beveridge**(or) WIFE of **(Husband's name in full)**

6 IF STILLBORN, enter that fact here.

7 68	7	4	If less than 1 day
AGE	Years	Months	Days
			Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Houswife**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 **5**12 BIRTHPLACE (City) **Danvers Mass**
(State or country)13 NAME OF FATHER **Nathan Harris**14 BIRTHPLACE OF FATHER (City)
(State or country)15 MAIDEN NAME OF MOTHER **Sara Doane**16 BIRTHPLACE OF MOTHER (City) **Yarmouth N Scotia**
(State or country)17 **Husband** Relation, if any
Informant **506 Pleasant St Winthrop Mass**
(Address)

A TRUE COPY.

ATTEST: **James A. Burke**
(Registrar of city or town where death occurred)DATE FILED **3/2/39** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb. 28, 1939**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from **Feb. 5**, 19**39**, to **Feb. 28**, 19**39**.I last saw **or** alive on **Feb. 28**, 19**39**, death is said to have occurred on the date stated above, **5:15A** m.

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

Terminal Broncho Pneumonia	4	Das
Cardiac decompensation	4	Das

Contributory causes of importance not related to principal cause:

Multiple sclerosis **5 Yrs**

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

If so, specify

(Signed) **B B Thomas**, M. D.(Address) **St Elizabeth's Hospt** Date **2-28** 19**39**21 **Winthrop Gen-Winthrop Mass**
Place of Burial, Cremation or Interment (City or Town)DATE OF BURIAL **March 2, 1939** 1922 NAME OF UNDERTAKER **R H White**ADDRESS **147 Winthrop St Winthrop Mass**Received and filed **March 2, 1939** 19

(Registrar of City or Town where deceased resided)

RECEIVED



APR-4 1939 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. 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)

No. Winthrop Community Hospital St.,

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

2 FULL NAME Jessie Eliza (Walsh) Davy

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

(a) Residence. No. 20 Thornton
(Usual place of abode)St., Ward,
(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 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 LeRoy Gordon Davy
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 42 Years 7 Months 6 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Feb. 1939 11 Total time (years) spent in this occupation 1812 BIRTHPLACE (City) Rhode Island
(State or country)

13 NAME OF FATHER George W. Walsh

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

15 MAIDEN NAME OF MOTHER Mary Jane Frost

16 BIRTHPLACE OF MOTHER (City) England
(State or country)17 Informant LeRoy G. Davy (husband)
(Address) 20 Thornton 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) 3/2/39

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. 53

18 DATE OF DEATH 3 / 1 / 39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/21, 1939, to 3/1, 1939.

I last saw him alive on 3/1, 1939, death is said

to have occurred on the date stated above, at 9:45 a.m.

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

Acute Dilatative of Heart

Date of Onset
IMPORTANT
3/1/39

Contributory causes of importance not related to principal cause:

obstructive jaundice
with common duct
stoneName of operation Exploratory Laparotomy 3/1/39
What test confirmed diagnosis? Was there an autopsy?20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Heart, not ill(Signed) Winthrop, M. D.
(Address) Date 3/2-193921 Winthrop Winthrop
Place of Burial, Creation or Removal (City or Town)
DATE OF BURIAL March 4, 193922 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed: MAR 3 1939

(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 that occupation prior to retirement. Children not readily employed should 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, write HOUSEWORK. For a person engaged in the appropriate terms, as HOUSEKEEPER, PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when 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, asphena, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 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 (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 death of persons **not disabled by recognized disease**, and

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.

51

No. 116 Groves Ave.

St.

Ward

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

2 FULL NAME

Martin Singer

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

(If U. S.

War Veteran

(specify WAR)

(a) Residence.

No. 116 Groves 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 (write the word)

MARRIED

WIDOWED

OR DIVORCED

Male

White

widowed

5a If married, widowed, or divorced

HUSBAND of

Annie Troitsky

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

76

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Furniture Dealer

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

Furniture Store

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

1936

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

(Unknown)

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

(Unknown)

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant

(Address)

Julius M. Singer (son)
640 Huntington Ave, Boston

Relation, if any

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

Wm. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/3/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March 3, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I attended deceased from

Sept. 2, 1936, to Feb. 2, 1939

I last saw him alive on Nov. 2, 1939, death is said

to have occurred on the date stated above, at 7:30 A. M. Feb. 3, 1939

The principal cause of death and related causes of importance in order of onset

were as follows:

Cerebral Hemorrhage 3/2/39

Broncho-Pneumonia 2/2/39

Septicemia 1/3/39

Hypertension Heart Disease 1/3/39

Contributory causes of importance not related to principal cause:

Date of Onset
IMPORTANT

Name of operation

What test confirmed diagnosis?

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

If so, specify

(Signed) Charles E. Liberman, M. D.

(Address) 26 State St., Boston, Mass.

Date 3/3/39

21 David Victor Choulin, W. Test

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

DATE OF BURIAL March 3, 1939

22 NAME OF FUNERAL DIRECTOR

Benjamin F. Solomon

ADDRESS 424 Harvard St., Brookline

Received and filed

MAR 3 1939

(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, 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 alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of 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 died; and no undertaker or other person shall exume a human body from a grave or tomb other 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 and from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in law to be returned and recorded, a satisfactory certificate of the attending physician. If, as required by law, or in lieu thereof, a certificate is not returned, reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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 racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (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 attention and where the physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injuries. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of external (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 11-36. No. 9080-F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 54 Cliff Avenue

Sty

Ward

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

Registered No. 53

2 FULL NAME Mabel Jane (Ashley) Clough

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

(If U.S.

War Veteran

(specify WAR)

(a) Residence. No. 54 Cliff Avenue

Sty

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?

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)

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Herbert Newell Clough

(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.

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. 1939

11 Total time (years)

spent in this occupation 39

12 BIRTHPLACE (City)

East Boston

(State or country)

Massachusetts

13 NAME OF FATHER

Alfred Ashley

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Unable to obtain

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Unable to obtain

17

Informant (Address)

Herbert M. Clough

Relation, if any

(husband)

54 Cliff Ave. Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

Mar. 4

(Month)

1939

(Day)

1939

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Feb 26

1939

to March 4

1939

I last saw him alive on March 3, 1939, death is said

to have occurred on the date stated above, at 1 A.M.

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

Acute Myocarditis

Ane

Contributory causes of importance not related to principal cause:

Chronic Silicosis

Hypertension

Date of Onset

IMPORTANT

3/26/39

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

If so, specify

(Signed)

(Address)

Date

3/6

M.D.

1939

21 Woodlawn

Everett

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL March 6

1939

22 NAME OF

UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop Mass

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 readily employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and own home, in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER, PRIVATE FAMILY, COOK, HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

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

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

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

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

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

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

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

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

Age should be carefully supplied. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-37 No. 1859-1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



Revised 4/7/39
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. 55

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

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

(a) Residence. No. 784 Winthrop Ave. Ward, Revere
(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 MARKED WIDOWED or DIVORCED Single (write the word)

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

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

6 IF STILLBORN, enter that fact here. Stillborn

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

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

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

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

11 Total time (years) spent in this occupation

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

13 NAME OF FATHER Philip Vigdor

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

15 MAIDEN NAME OF MOTHER Irene Richards

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

17 In form of (Address) Philip Vigdor (Mother) 784 Winthrop Ave

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

Wm. D. Childress
Health Officer (Official Designation) 3/7/39 (Date of Issue of Permit)

18 DATE OF DEATH March 4 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Stillborn, 19 to March 4 1939

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 due to toxemia of pregnancy

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 John F. Collins M. D. (Signed) Revere Mass. Date 3/7 1939 (Address)

21 Robt. Isaac Cuy, Esq. Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 7 1939

22 NAME OF FUNERAL DIRECTOR Murrell Stenately

ADDRESS 10 - Wash. St. N. J.

Received and filed MAR 5 1939

(Registrar)

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

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. *2915*

1 PLACE OF DEATH *SUFFOLK*
(County)
WINTHROP
(City or Town)
No *Station Hospital, Fort Banks, Mass.* St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number) *57*

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

(a) Residence. No. *24 Spruce* *Chelsea Mass.* Ward, *Chelsea, Mass.*
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 IF STILLBORN, enter that fact here.

7 AGE *19* Years *11* Months *21* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *ccc Greenfield Mass*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *ccc Camp 1159*
10 Date deceased last worked at this occupation (month and year) *Feb 12/39* 11 Total time (years) spent in this occupation *18 months*

12 BIRTHPLACE (City) (State or country) *(Unknown) Chelsea Mass*

13 NAME OF FATHER *John (Unknown) Klimarchuk*
14 BIRTHPLACE OF FATHER (City) (State or country) *(Unknown) Russia*

15 MAIDEN NAME OF MOTHER *Sophie (Klimarchuk) Saloway*
16 BIRTHPLACE OF MOTHER (City) (State or country) *(Unknown) Russia*

17 Registrar Sta Hosp Ft Banks, Mass. (Address) *Mr & Mrs Klimarchuk, 24 Spruce Chelsea*
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* (Date of Issue of Permit) *3/7/39*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *March 5th 1939*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *February 13, 1939, to March 5, 1939*
I last saw him alive on *March 5, 1939*, death is said to have occurred on the date stated above, at *6:00 AM*
The principal cause of death and related causes of importance in order of onset were as follows:
Valvular heart disease, aortic regurgitation. Date of Onset *Unknown*

Contributory causes of importance not related to principal cause:
None

Name of operation *None* Date of *None*
What test confirmed diagnosis? *X-ray and clinical findings.* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *Old Valve*
(Signed) *C. M. SAGE, Lt. Col. M. D.* Date *Mar. 5 1939*
(Address) *Fort Banks, Mass*

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

DATE OF BURIAL *Mar 8 1939*

NAME OF UNDERTAKER *Walter J. Valata*
ADDRESS *75 Broadway Chelsea*

Received and filed *1939* 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, 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 undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 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 gainfully employed may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook*, *hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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

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

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

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

Statement 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>Aortic 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

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. 58

No. 31 Cross St.

St.

Ward

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

2 FULL NAME Michael Francis Brooks

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

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 31 Cross 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

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

6a If married, widowed, or divorced

HUSBAND of Julia Rogers

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 74

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.

Retired

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

U.S. Post Office

10 Date deceased last worked at
this occupation, month and
year

May 1932

11 Total time (years)
spent in this
occupation

20

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF
FATHER

John Brooks

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Catherine Morgan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

Julia Brooks

31 Cross St

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)

18 DATE OF
DEATH

March 9

(Month)

1939

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

March 15, 1939, to March 9, 1939

I last saw him alive on March 8, 1939, death is said

to have occurred on the date stated above, at 3:00 a.m.

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

Cerebral Hemorrhage

Date of Onset
IMPORTANT

2/15/39

Contributory causes of importance not related to principal cause:

acute peritonitis

2/6

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)

(Address)

J. J. Mahoney

Washington St

Date 3-9-1939

21 Calvary Boston

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

DATE OF BURIAL

March 11, 1939

19

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

John J. Mahoney

Winthrop

Received and filed

MAR 20 1939

19

(Registrar)

Revised United States Standard Certificate of Death

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

To be complete, an occupation return must state:

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

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

In stating the industry or business, 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, *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

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after 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, the date of death, his sex, the place where the same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9

Not undertaker or other person.—No person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 over, than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot 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 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.—Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be so buried or the funeral is to be held, or from a 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** shall certify to each death only as those of persons whom they have attended during the 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 disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unusually due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and

tion 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)

No. Winthrop Community Hospital

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

Registered No. 59

2 FULL NAME Blanche Fredenheimer DeWilde

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

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 87 Shore Drive, 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 15 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)
Female	White	Married	

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years 5 Months 7 Days If less than 1 day Hours Minutes

OCCUPATION

3 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) Albany
(State or country) N.Y.

PARENTS

13 NAME OF FATHER Moses Fredenheimer

14 BIRTHPLACE OF FATHER (City) Albany
(State or country) N.Y.

15 MAIDEN NAME OF MOTHER Amelia Schuster

16 BIRTHPLACE OF MOTHER (City) Albany
(State or country) N.Y.17 Informant Moe DeWilde (Husband)
(Address) 87 Shore Drive, Winthrop

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

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit) 3/13/39

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

STANDARD

CERTIFICATE OF DEATH

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 12 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 9, 1939, to March 12, 1939

I last saw him alive on March 12, 1939, 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:

Carcinoma of breast 1934

Hypertension

Chronic myocarditis

Arterio-sclerosis

Contributory causes of importance not related to principal cause:

Coronary thrombosis

Name of operation heart removed Date of 1934

What test confirmed diagnosis? x-ray Was there an autopsy? No

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

If so, specify Signed Frank J. Sander M. D.

(Address) Roxbury Date 3/13 1939

21 Forest Hills Crematory, Boston

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

DATE OF BURIAL March 14 1939

22 NAME OF UNDERTAKER Eastman Funeral Service

ADDRESS 896 Beacon St; Boston, Mass.

Received and filed MAR 17 1939 19

(Registrar)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Hospital



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

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 60

2 FULL NAME

Charles W. Gray

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

649 Shirley

(a) Residence. No.

(Usual place of abode)

55

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
Male4 COLOR OR RACE
White5 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Helen Spry (Gray)
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 1 Months 6 Days If less than 1 day
Hours MinutesOCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Shop
10 Date deceased last worked at this occupation (month and year) 1926
11 Total time (years) spent in this occupation 3012 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER Joseph Gray

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

15 MAIDEN NAME OF MOTHER Jerusia Piper

16 BIRTHPLACE OF MOTHER (City) Sheffield
(State or country) Vermont17 Informant Mrs. Rodda Ellis (Daughter)
(Address) 228 Court Rd., Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/15/39

18 DATE OF DEATH March 13 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to March 13, 1939.

I last saw him alive on March 13, 1939, 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:

Myocarditis

Date of Onset

March 10-39

Contributory causes of importance not related to principal cause:

Bronchitis pneumonia

March 12-39

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 Louis J. Salerno, M.D.
(Signed) 125 Pleasant St. Date Mar 14, 1939.
(Address)21 Mt. Auburn Cambridge Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 15, 193922 NAME OF UNDERTAKER Richard G. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed MAR 20 1939

A TRUE COPY ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

COMMONWEALTH OF MASSACHUSETTS 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, use HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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

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

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

Example

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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, 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 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 rectification as required by section ten of chapter forty-six, that 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 registration to any other necessary information which can be obtained to the 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 **unavoidable due to injury.** These include not only deaths directly and 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.

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-9-37 No. 1859-1.

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. 61

1 No. 62 Sargent St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine A. Grady (Walsh) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 62 Sargent 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 Female 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full) Frank H. Grady
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years 8 Months 8 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 1939 11 Total time (years) spent in this occupation

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

13 NAME OF FATHER Thomas A. Walsh

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

15 MAIDEN NAME OF MOTHER Margaret A. Murphy

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

17 Informant (Address) Frank H. Grady (husband)
62 Sargent 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 Health Officer) W. M. S. Clark
(Official Designation) Health Officer
(Date of Issue of Permit) 3/14/39

18 DATE OF DEATH March 13 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to March 13, 1939.
I last saw him alive on March 12, 1939, death is said to have occurred on the date stated above, at 2:45 A.M.

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

Chronic Bright's Dis.

Contributory causes of importance not related to principal cause:

hypostatic pneumonia 3/10

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

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

If so, specify.....
(Signed) J. J. Mahoney, M. D.
(Address) 11 Wendover St., Boston, Mass. Date 3/13, 1939

21 Winthrop, Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 15, 1939

22 NAME OF FUNERAL DIRECTOR W. J. Kelly
ADDRESS 11 Wendover St., E.B.

Received and filed..... MAR 20 1939.....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 46c, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in 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 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 remove it from a

No undertaker or other person shall, under penalty of \$100, remove, bury, or otherwise dispose of a human body in a town, or remove, bury, or otherwise dispose of a human body which has not been buried, until he has received a written order from a human body on the board of health or its agent appointed to issue such certificate, 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 body and remove it from a town, from one cemetery to another, or to another in the same grave or tomb other than the receiving tomb to which it was originally interred.

another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be

issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory receipt.

maintaining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interview by a

satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or has the approval of the board,

shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained, the medical

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 no social, as required by section ten of chapter forty-six, that the decedent was in the army, navy or marine corps of the United States in any way in which it has been designated, such official shall

The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith compare the person and transcript it to the clerk of the town for registration and the physician so given and the physician certifying the cause of death, and if the necessary information which can be furnished for registration is not given, the board of health may, at its discretion, refuse to register the death, or to the manner or cause of the death, or to the sex 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

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

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-9-37. No. 1859-i.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 90 Highland Avenue

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

Registered No. 62

2 FULL NAME Emeline L. (Beckett) Green

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

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 90 Highland 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 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 Jeremiah L. Green (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. 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 1939 11 Total time (years) spent in this occupation 50

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

13 NAME OF FATHER Richard Beckett

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

15 MAIDEN NAME OF MOTHER Ann McLean

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

17 Informant Thomas Green (son) (Address) 90 Highland Ave. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 16 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 11, 1939, to March 16, 1939.

I last saw h. e. alive on March 16, 1939, death is said

to have occurred on the date stated above, at 3 A. M.

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

Leucophaea
Bronchial pneumonia
Date of Onset
March 11, 1939
March 14, 1939

Contributory causes of importance not related to principal cause:

Chronic myocarditis
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? No

If so, specify Physician O. B. Carter (Signed) M. D.

(Address) Winthrop, Mass. Date Mar 17 1939

21 Cambridge Cambridge
Place of Burial, Cremation or Removal (City or Town) March 18 39
DATE OF BURIAL22 NAME OF FUNERAL DIRECTOR John C. O'Malley
ADDRESS Winthrop, Massachusetts

Received and filed MAR 27 1939 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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

To be complete, an occupation return must state:

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

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

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

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

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

Example

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

	Date of Onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	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 has been placed first.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original increment, 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 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 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 of the town or registrar may require.—CHAP. 114, SEC. 45, G. L. (TEXT-REVISIONS 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 writing the place where the deceased died his name and residence, if known; otherwise the description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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

RULES OF PRACTICE

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

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

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.

30m-11-36. No. 9080-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. 63

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

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

2 FULL NAME

William Joseph Woodside

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

(a) Residence. No.

145 Herman

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

2 mos.

12 days

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

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (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 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.

Gardener

9 Industry or business in which work was done, as 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)

San Francisco, Calif.

(State or country)

13 NAME OF FATHER

William M. Woodside

14 BIRTHPLACE OF FATHER (City)

P. E. Island

(State or country)

15 MAIDEN NAME OF MOTHER

Mary Humphreys

16 BIRTHPLACE OF MOTHER (City)

New Brunswick

(State or country)

17

M. K. McPhillips

Relation, if any

Informant (Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

3/28/39

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Mar. 17, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 5, 1939 to Mar. 17, 1939

I last saw him alive on Mar. 17, 1939, 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:

Cerebral thrombosis and

Edema

10 days

Chr. nephritis

10 years

Cardiac hypertrophy

10 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)

Samuel H. Marden

M. D.

(Address)

DSH

Date

3/24 39

21 Woodlawn

Perrett

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

3/21

19

22 NAME OF UNDERTAKER

Graham Funeral Service

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

RECEIVED



APR 10 1939 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. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 9-37. No. 1859-4.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 59 Crest Ave

St.

Ward

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

Registered No. 64

2 FULL NAME Julia Donoghue (Henry)

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

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 59 Crest Ave

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

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)

Female

White

MARRIED
WIDOWED
or DIVORCED Widowed

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William Henry

(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.

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) 1939-12-28

11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

Michael Henry

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Connor

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Margaret Cashman
59 Crest Ave

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)

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

March 18, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 18, 1939

I last saw him alive on March 18, 1939, death is said to have occurred on the date stated above, at 7:40 P.M.

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

Coronary artery disease
& atherosclerosis

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

If so, specify

(Signed)

(Address)

Dr. J. J. Mahoney

M. D.

Date 3/20/1939

21 St. Josephs Boston

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

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

MAR 20 1939

(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 the transportation 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 six, that the deceased served in the army, navy or marine corps-six, that the deceased in any war in which it has been engaged, of the United States appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained, as to the deceased, or as to the manner or cause of the death, until 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.)

THE FULFILLMENT OF THE PURPOSE OF THESE LAWS CALLS FOR THE OBSERVANCE OF THE FOLLOWING RULES OF PRACTICE:

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

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

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

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, 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. 120 Main

St., Ward

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

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 65

2 FULL NAME Annie Matilda (Noonan) Homer

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

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 120 Main

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

31

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 Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Edward Hallett Homer (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 9 Months 10 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. 1935 11 Total time (years) spent in this occupation 50

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

13 NAME OF FATHER William Noonan

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

15 MAIDEN NAME OF MOTHER Anne Malley

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

17 Informant Edward H. Homer (Son, if any) (Address) 234 Bowdoin St Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH 3 20 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 3/10 1939 to 3/20 1939

I last saw him alive on 3/20 1939, death is said to have occurred on the date stated above, at 11 A.M.

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

Edema of Lungs

Date of Onset

3/10/39

Contributory causes of importance not related to principal cause:

general atonic sclerosis
Diabetes mellitus

Name of operation m 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 Hair & nails

(Signed) M. D.

(Address) Date 3/21 1939

21 Winthrop Winthrop

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

DATE OF BURIAL March 23 1939

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed. MAR 27 1939 19

A TRUE COPY ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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, adoresed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by the town for the purpose of the purpose, shall upon application make the certificate required of the attending physician. 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 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. Where the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

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

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

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

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

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

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

(3) **Medical 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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example

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

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

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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 30 Willow Ave.

St., Ward

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

Registered No. 66

2 FULL NAME Emma Adaline Floyd

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

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 30 Willow 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

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)

Female

White

MARRIED
WIDOWED
or DIVORCED

Single

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 61

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Retired

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

Bookkeeper

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

3/20/38

11 Total time (years)

spent in this occupation

12 BIRTHPLACE (City)

Winthrop

(State or country)

Massachusetts

13 NAME OF FATHER

Benjamin Tappan Floyd

14 BIRTHPLACE OF FATHER (City)

Winthrop

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Adaline Peirce

16 BIRTHPLACE OF MOTHER (City)

So. Malden

(State or country)

Mass.

17

Informant (Address)

Florence F. Carroll (Sister)
Hackensack, N. J.

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

March

22

1939.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

June 17

1935

to March 22

1939.

I last saw him alive on March 22, 1939, death is said

to have occurred on the date stated above, at 1:35 P.M.

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

Date of Onset

Coronary thrombosis

Mar 20 1939

Contributory causes of importance not related to principal cause:

Chronic myocarditis

1935

Hypertension

1935

Name of operation

None

Date of

What test confirmed diagnosis?

Uravatin

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 Mar 23 1939

21 Winthrop Cemetery Winthrop

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

DATE OF BURIAL

March 25-4

1939

22 NAME OF UNDERTAKER

Geo. R. Bennett

ADDRESS

Winthrop Mass

Received and filed. 19

A TRUE COPY ATTEST

MAR 27 1939

(Registrar)

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-9-37. No. 1859-i.

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. 67

PLACE OF DEATH

Suffolk
Winthrop
(City or Town)



No. 81 Shore Avenue St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Rosalyn Mildred Belson

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

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

(a) Residence. No. 81 Shore 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 12 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
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 13 Years 4 Months Days If less than 1 day
Hours Minutes

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

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

13 NAME OF FATHER Benjamin J. Belson

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

15 MAIDEN NAME OF MOTHER Blanche Sandy

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

17 In form of Benj. J. Belson Relation, if any
(Address) 81 Shore Avenue 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. Children
(Signature of Agent of Board of Health or other)

Agent Mar. 23/39
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH March 23, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 1, 1939, to Mar. 23, 1939.

I last saw her alive on Mar. 23, 1939, 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:

Osteogenic Sarcoma right femur Date of Onset
Pulmonary metastasis IMPORTANT
Amputation Rt. leg. June 3, 1938
Sept 1, 1938

Contributory causes of importance not related to principal cause:

Pulmonary Edema
Cardiac failure

Name of operation Amputation Rt. leg. Date of Sept 1, 1938
What test confirmed diagnosis? X-rays Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Nathan Caplan M. D.
(Address) 19 Mermaid St. Date 3/23, 1939

21 Chessa Kaduska Wolowin
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 23 1939

22 NAME OF FUNERAL DIRECTOR Morris L. Tord
ADDRESS 151 Washington Street

Received and filed MAR 27 1939 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 complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal 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, nor move therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, nor move it 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 instrument, by a satisfactory certificate of the attending physician, if available, provided 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 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 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 countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 which place the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, Chap. 38, Sec. 7.

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

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-12-'34. No. 2938-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.

68

Registered No.

PLACE OF DEATH

Supple
(County)
Winthrop
(City or Town)

No. 102 Bay View Ave Winthrop St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Daniel Joseph M. A. Nulty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 102 Bay View Ave Winthrop Ward, Winthorpe Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED 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 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.

Real Estate

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

Salesman

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

Mar. 24

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country)

Canada

13 NAME OF FATHER

James M. McA Nulty

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

Canada

15 MAIDEN NAME OF MOTHER

Mary Jane Keane

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

Canada

17 Informant (Address) Andrew McA Nulty (Brother) 77 Bailey St. W. Frisco

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

HENRY E. HILEY

(Signature of Agent of Board of Health or other)

MAR 27 1939

(Official Designation)

(Date of Issue of Permit)

BOSTON HEALTH DEPT.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH about March-23-1939
(Month) (Day) (Year)

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

Bilateral Lobar Pneumonia
chronic myocarditis

Found dead in his bed Mar-26-1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) J. Brickley M. D.
(Address) Boston Mar-27-1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Port Alexander Can.
(Cemetery) (City or town)

DATE OF BURIAL Mar 29, 1939 19..

22 NAME OF UNDERTAKER John S. Lee
ADDRESS 1943 Arch. Ave. Dor

Received and filed. 19..

MAR 31 1939

(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)

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

Suffolk
(County)Winthrop
(City or Town)

No.

Winthrop Cemetery Hospital
St., WardThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 69

2 FULL NAME

Mary Clark Brown

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

(a) Residence. No.

63 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

12 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)

Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

L. B. Brown
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

30

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.

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)

March 15, 1939

11 Total time (years)

spent in this occupation

35 1/2

12 BIRTHPLACE (City)

St. John

(State or country)

V. B.

13 NAME OF FATHER

James Marshall Clark

14 BIRTHPLACE OF FATHER (City)

unable to obtain

(State or country)

15 MAIDEN NAME OF MOTHER

Sarah P.

16 BIRTHPLACE OF MOTHER (City)

unable to obtain

(State or country)

17

Informant (Address)

Lincoln Brown
63 Fremont St. Winthrop Mass

Relation, if any

(husband)

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

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

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

March

24

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 12, 1939, to March 24, 1939.

I last saw him alive on March 23, 1939, death is said

to have occurred on the date stated above, at 12:40 P.M.

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

Bronchial pneumonia

Date of Onset

March 12, 1939

Chronic Myo-carditis

1935

Mitral Regurgitation

1920

Contributory causes of importance not related to principal cause:

Chronic Arthritis

1915

Name of operation None

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy? No

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

If so, specify

Signed: B. G. W. Richardson

(Address) Winthrop Mass

Date

3/24/1939

21 Forest Hill Cemetery

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

DATE OF BURIAL

Mar 25

19

22 NAME OF UNDERTAKER

C. R. D. Brown

ADDRESS

Winthrop Mass

Received and filed

MAR 27 1939

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, 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>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.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, 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 section one to be returned, and recorded, which shall be accompanied in case of an original permit, by a satisfactory certificate of the attending physician, if provided by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if for sufficient reason, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required 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, with the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (TERMINOLOGY EDITION.)

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such 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 cause of death is needed.

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

301A
non should be carefully supplied. Age should be stated. If 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. 70

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 GEORGE H. FLANDERS
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U.S. War Veteran specify WAR)

(a) Residence. No. Fort Banks, 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 12 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)

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 52 Years 10 Months 13 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Soldier) Pvt Hq Btry 9th C.A.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. (U.S. ARMY) Fort Banks, Mass.

10 Date deceased last worked at this occupation (month and year) 2-22-1939 11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) Nashua, N.H. (State or country)

13 NAME OF FATHER Unknown (Address)

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

15 MAIDEN NAME OF MOTHER Unknown

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

17 Informant Registrar, Sta Hosp Ft Banks, 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. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) Mar. 26/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 25 1939 (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 4:25 AM

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

Hematoma, suprarenal capsules, bilateral, severe. Unknown

(For cause of death see certificate attached) Contributory causes of importance not related to principal cause: NONE

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) Joseph Rich, Capt M.C. 3/25 1939 (Address) Fort Banks, Mass.

21 St. Patricks Lowell

Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL March 27 1939

22 NAME OF UNDERTAKER (Address) 254 Pearl St. Revere

Received and filed. MAR 27 1939 (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 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 days after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate has been a record as required by section ten of chapter forty-six, that the record is served in the army, navy or marine corps of the United States in any way in which it has been engaged, such a record shall not upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith confirm it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish, for registration any other necessary information which can be obtained as to the 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

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

HEALTH OFFICERS

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 **unavoidable due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up, or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not 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 any morbid conditions, if any, related to the principal cause, and any important conditions of the principal cause, other contributory causes of importance not related to principal cause, name other important diseases.

Example

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

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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-9-37. No. 1859-h

1		PLACE OF DEATH		SUFFOLK (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registered No. 70	
		WINTHROP (City or Town)				No. Station Hospital, Fort Banks, Mass. St., Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		GEORGE H. FLANDERS		(If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran specify WAR)	
(a) Residence. No.		Fort Banks, Mass		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 MARRIED WIDOWED or DIVORCED		(write the word)			
Male		White		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		52 Years 10 Months 12 Days		If less than 1 day Hours Minutes					
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Soldier) Pvt Hq Btry 9th C.A. (U.S. Army) Fort Banks, Mass.							
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mass.							
		10 Date deceased last worked at this occupation (month and year) March 25, 1939							
		11 Total time (years) spent in this occupation 18							
12 BIRTHPLACE (City) (State or country)		Nashua, N.H.							
PARENTS		13 NAME OF FATHER Unknown							
		14 BIRTHPLACE OF FATHER (City) (State or country) Unknown							
		15 MAIDEN NAME OF MOTHER Unknown							
		16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown							
17 Informant (Address)		Registrar, Sta. Hosp, Ft. Banks, Mass							
		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
		(Signature of Agent of Board of Health or other)							
		(Official Designation)							
		(Date of Issue of Permit)							
		CORRECTED CERTIFICATE: Joseph Casper, Col, MC, Registrar. (a)							
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH		March 25th 1939		(Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from									
I last saw him alive on									
to have occurred on the date stated above, at 4:25A.M.									
The principal cause of death and related causes of importance in order of onset were as follows:									
Intimal atherosclerosis. Unknown									
Coronary sclerosis. Unknown									
Contributory causes of importance not related to principal cause:									
None									
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) Joseph Rich, Capt, MC M. D.									
(Address) Fort Banks, Mass Date 19									
21 Place of Burial, Cremation or Removal (City or Town)									
DATE OF BURIAL 19									
22 NAME OF FUNERAL DIRECTOR									
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, or of any member of the family of the deceased, authorized for registration a standard certificate of 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 approved and issued such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body, and remove or tomb other than the receiving tomb to another, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, or, if, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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 racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (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 burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (poisons 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 death of persons **not disabled by recognized disease**, and those of persons found dead.

RULES OF PRACTICE

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

To be complete, an occupation return must state:

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

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

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

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

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

PLACE OF DEATH

Suffolk
(County)Winthrop
(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)

Registered No.

81

2 FULL NAME Anne L. Dwyer

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

(If U. S.

War Veterans

specify WAR)

(a) Residence. No. 61 Johnson 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 22 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)

Female White

MARRIED
WIDOWED
or DIVORCED

Widow

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John J. Dwyer

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 84

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

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

Housework

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

Own Home

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

Oct 1938

11 Total time (years)

spent in this

occupation 60 yrs

18 DATE OF
DEATH

March 27, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 1, 1925, to March 27, 1939

I last saw him alive on March 26, 1939, death is said

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

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

Pulmonary Embolism

Date of Onset

IMPORTANT

3/25

Contributory causes of importance not related to principal cause:

arterio sclerosis
myocarditis

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)

(Address)

M. D.

Date 3/27/39

21 Holy Cross

Malden

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

DATE OF BURIAL

March 29, 1939

19

22 NAME OF
FUNERAL DIRECTOR

W. J. Cassidy

ADDRESS

160 Harrison Ave Boston

Received and filed

MAR 31 1939

19

(Registrar)

17 Informant
(Address)

Mary E. Kiernan

Relation, if any

(Daughter)

61 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:

William D. Chidress

(Signature of Agent of Board of Health or other)

Agent

Mar. 29/39

(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:

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

To be complete, an occupation return must state:

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

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

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

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

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if 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 obtained hereunder. If the removal of such body has been obtained hereunder, for the removal of such body, then a social service card, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such social shall appear upon the permit. If the certificate, shall forthwith counter-receipt of such statement to the clerk of the town for registration, and it shall be returned to the undertaker, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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. 26 Sargent St

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

Registered No. 172

2 FULL NAME

William H Mannix

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

(a) Residence. No. 26 Sargent

(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 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 Louise Connolly

(Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 7 Months 6 Days If less than 1 day Hours Minutes

OCCUPATION

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

C. P. A.

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

Accounting

10 Date deceased last worked at this occupation (month and year) 3/25/39

11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City)

Salem, Mass.

(State or country)

13 NAME OF FATHER

JAMES P. MANNIX

14 BIRTHPLACE OF FATHER (City)

IRELAND

(State or country)

15 MAIDEN NAME OF MOTHER

MARGARET HENNESSEY

16 BIRTHPLACE OF MOTHER (City)

P. E. I.

(State or country)

17

Relation, if any

Informant (Address)

Albert Mannix

(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) 3/29/39

18 DATE OF DEATH

3

25

39

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/1, 1939, to 3/25, 1939.

I last saw him alive on 3/23, 1939, death is said

to have occurred on the date stated above, at 12:45 pm.

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

Pneumonia, Thrombosis 3/25/39

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

General Arterio Sclerosis ?

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

20 Was disease or injury in any way related to occupation of deceased? 20 If so, specify

(Signed) Harvey A. Felt M. D.

(Address) Winthrop Date 3/29/39

21 Holyhood Brookline Mass

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

DATE OF BURIAL 3/29/39

22 NAME OF UNDERTAKER Edward J. Felt

ADDRESS 100 Ford St.

Received and filed 19

MAR 31 1939

(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 earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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, 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 hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insubstantial, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall apply to make the certificate, signed and attested by the attending physician. If death is caused by violence, the medical examining shall make such certificate. If such permit for the removal of a human body, not previously interfered with from one town to another within the commonwealth cannot be obtained 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 **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.

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. 143

No. 106 Summit Ave. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

Length of residence in city or town where death occurred 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 Alice A. Roden (Give maiden name of wife in full)

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

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 2 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business
10 Date deceased last worked at this occupation (month and year) 1939 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Milford Conn. (State or country)

13 NAME OF FATHER George W. Miles

14 BIRTHPLACE OF FATHER (City) Milford Conn. (State or country)

15 MAIDEN NAME OF MOTHER Mary Lee

16 BIRTHPLACE OF MOTHER (City) East Lyme Conn. (State or country)

17 Informant Martha C. Miles (Address) Milford Conn. (Sister)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm A. Leheldress (Signature of Agent of Board of Health or other)

H. D. (Official Designation) Mar 20 1939 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 29 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 22, 1939, to March 29, 1939.

I last saw him alive on March 29, 1939, death is said

to have occurred on the date stated above, at 3 A.M. The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage 1/22/39

Contributory causes of importance not related to principal cause: Acute Coronary Thrombosis 3/27/39

Name of operation none Date of What test confirmed diagnosis chemical Was there an autopsy? No Laboratory

20 Was disease or injury in any way related to occupation of deceased? No If so, specify Jacob C. Abrams M. D. (Signed) 372 Park St. (Address) Date 3/29/1939

21 Milford Cen Milford Conn Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Mar 30 1939 19

22 NAME OF UNDERTAKER J. Shakerman Son ADDRESS Boston

Received and filed. MAR 31 1939 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 of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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, unless a permit is obtained hereunder, for 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 is the board of health, or its agent, upon receipt upon such statement and certificate, shall forthwith countermand such permit, it to the clerk of the town for registration. Then it and thereupon the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative 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 or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, 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, WHEELWRIGHT, MACHINIST. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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:

Arrested	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hypertrophy</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 11-36. No. 9080-F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 243 Winthrop

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 74

2 FULL NAME Ellen Maud (Taylor) Roach

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 243 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

30

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)

Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John Roach

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 68

Years 8

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.

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. 1939

11 Total time (years)

spent in this occupation 45

12 BIRTHPLACE (City)

Economy

(State or country)

Nova Scotia

13 NAME OF FATHER

Stephen Taylor

14 BIRTHPLACE OF FATHER (City)

Nova Scotia

(State or country)

15 MAIDEN NAME OF MOTHER

Mary Thompson

16 BIRTHPLACE OF MOTHER (City)

Nova Scotia

(State or country)

17

Informant

Ralph A. Roach

Relation, if any

(son)

(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:

William D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

18 DATE OF DEATH

March

31

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 16, 1937, to March 31, 1939

I last saw him alive on March 31, 1939, 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:

Date of Onset
IMPORTANT

Carcinoma right Breast

Aug 1937

Carcinoma right lung

Dec 1938

Contributory causes of importance not related to principal cause:

Chronic Myocarditis

April 1933

Name of operation Removal right breast

Date of Sept 21 1937

What test confirmed diagnosis? Pathology

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Mass Date April 1, 1939

21 Winthrop Winthrop

Place of Burial, Creation or Removal (City or Town)

DATE OF BURIAL April 2, 1939

22 NAME OF UNDERTAKER Charles B. Bernison

ADDRESS Winthrop Mass

Received and filed Apr 7 1939

(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 carefully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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, deemed 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 be no such board, from the clerk of the town where the 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 cemetery tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the facts shall have been delivered to such board, agent or clerk, as the case may be, delivered to such board, agent or clerk, as the facts required by a satisfactory written statement containing the facts required by law of an original interment, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate, if for efficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose shall upon application make the certificate required if the attending physician. If death is caused by violence the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 ascertained by section ten of chapter forty-six, that 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 **unavoidable 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.

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. 6156E

PLACE OF DEATH

Suffolk
(County)
Wentbury
(City or Town)



Boston 5/9/39
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. *75*

1

No. *Wentbury Community Hospital* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Steeleson Menichello
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran specify WAR)

(a) Residence. No. *27 Ashley*

East Boston 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 *W.* 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. *Steeleson*

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) *Wentbury* (State or country) *Mass.*

13 NAME OF FATHER *Raffaello Menichello*

14 BIRTHPLACE OF FATHER (City) *Minneapolis* (State or country) *Italy*

15 MAIDEN NAME OF MOTHER *Antoinette Jacovello*

16 BIRTHPLACE OF MOTHER (City) *Genoa* (State or country) *Italy*

17 *Raffaello Menichello* Relation, if any (In form of Address)

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) *Health Officer* (Official Designation) *5/5/39* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April* 3 - 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *April 3*, 1939, to *19*.

I last saw him alive on *April 3*, 1939, death is said to have occurred on the date stated above, at *3* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Steeleson
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) *Dr. J. J. Lanning*, M. D. (Address) *219 Bay State St. Boston* Date *April 1*, 1939

21 *Holy Cross Cemetery Woburn* Place of burial, Cremation or Removal (City or Town)

DATE OF BURIAL *April 6*, 1939

22 NAME OF UNDERTAKER *James J. Lanning* ADDRESS *215 West St. Boston*

Received and filed *April 7*, 1939

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 illness, or of any member of the family of the deceased, furnish to the undertaker, at the request of an undertaker or other authorized person, 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 9, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as re- quired by law, or in lieu thereof a certificate as hereinafter pro- vided. If there is no attending physician, or if, for sufficient rea- sons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attend- ing physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to an- 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 re- moved within thirty-six hours after such removal, 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 ap- pear 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 cer- tifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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- 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. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the ob- servance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposed due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting sep- temia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 pur- suits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from bus- iness, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the partic- ular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such gen- eral terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGI- NEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person 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 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, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 or other member of the board of health, or employed by the selectmen, may, after the burial, still upon application, make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the Commonwealth cannot be obtained 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.
Ife shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 **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, and that the relative healthfulness of various pursuits can be shown. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not instantly employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—PRIVATE FAMILY, cook—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication thereof, which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the direct cause of death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 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)

No. 152 Pleasant St

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Henry Stevens

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 63 Harbor View 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 37 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 Mary Agnes Connolly
(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 2 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. Plumbing Supplies (retired) 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) April, 1939 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Cambridge (State or country) Massachusetts

13 NAME OF FATHER John H. Stevens

14 BIRTHPLACE OF FATHER (City) Concord (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Ellen Norton

16 BIRTHPLACE OF MOTHER (City) Bangor (State or country) Maine

17 Informant Mrs. Mary A. Stevens (Address) 63 Harbor View Ave. Winthrop Relation, if any wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Official Designation) (Date of Issue of Permit) 4/5/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 76

(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 3 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1939, to April 3, 1939. I last saw him alive on April 3, 1939. 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 Coronary Thrombosis 4/3/39

Contributory causes of importance not related to principal cause:

Atherosclerosis 1938

Name of operation none Date of What test confirmed diagnosis clinical laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Jacob A. Braynes M.D. (Address) 262 Hurley St. Date 4/13/39

21 Mt. Auburn Cambridge Mass Place of Burial, Creation or Removal (City or Town) DATE OF BURIAL April 6 1939

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed Apr. 7 1939

(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. 9.)

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 hereunder provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign the permit and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, and 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 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** which include not only deaths caused directly or indirectly by traumatism (including resulting septic, or electrical agents, and deaths following abortion, but also deaths from disease 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 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 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, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g

Worcester

(County)

Westborough

(City or Town)

Westborough State Hospital

No.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 70

Westborough

(City or town making return)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

2 FULL NAME

Francis H. Perkins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

14 yrs. 10 mos. 5 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)

widowed

5a If married, widowed, or divorced

Ella Barker

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

75

8

Months

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.

Plumber

9 Industry or business in which work was done, as 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, Mass.

(State or country)

13 NAME OF FATHER

Theodore Perkins

14 BIRTHPLACE OF FATHER (City)

Mass.

(State or country)

15 MAIDEN NAME OF MOTHER

Sarah Hill

16 BIRTHPLACE OF MOTHER (City)

Mass.

(State or country)

17

Westborough State Hospital

Relation, if any

Informant (Address)

Records

A TRUE COPY.

Archie A. Dunne

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

April 14,

19 39

18 DATE OF DEATH

April

8,

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from August 1, 1929, to April 8, 1939

I last saw him alive on April 7, 1939, death is said to have occurred on the date stated above, 8.25 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Chronic Myocarditis

unknown

Contributory causes of importance not related to principal cause:

General Arteriosclerosis

unknown

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

no

(Signed)

George E. Peatlick

M. D.

(Address)

Westboro, Mass.

Date

4/8 1939

21

Place of Burial, (Name of place, if any)

Winthrop Cem., Winthrop

DATE OF BURIAL

April 10

1939

22 NAME OF UNDERTAKER

C. R. Bonnison

ADDRESS

374 Winthrop St., Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34, No. 2938-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial
permit with Board of
Health or its Agent

Registered No. 78

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mabel L. Crawford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 162 Myrtle Ave Winthrop St. Ward,
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

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 Henry L. Crawford (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homes of employers

10 Date deceased last worked at this occupation (month and year) March 1938 11 Total time (years) spent in this occupation 5

12 BIRTHPLACE (City) Unknown (State or country)

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 Papers among effects (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent or Board of Health or other)

Health Officer (Date of Issue of Permit) 4/11/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April - 9 - 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Spontaneous Cerebral Hemorrhage;
Old Cerebral Hemorrhage;
Recent Fracture Right Femur;

Said to have fallen accidentally
at her home on April - 1 - 1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) Mrs. F. S. Suckley M. D.
(Address) Boston Date April - 9 - 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old North Natick Mass
(Cemetery) (City or town)

DATE OF BURIAL 4/10/39 19

22 NAME OF UNDERTAKER Charles E. Dennison
ADDRESS Winthrop Mass

Received and filed April 17 1939

(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)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
Winthrop (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 73	
No. 80 Woodside		St., Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Walter A. Hutchins		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran specify WAR)	
(a) Residence. No. 80 Woodside		St., Ward,		(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? 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 Elizabeth Laxon HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 68 Years 8 7 Months 12 Days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prison Officer				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deer Island Prison				
	10 Date deceased last worked at this occupation (month and year) 1938 11 Total time (years) spent in this occupation 15				
12 BIRTHPLACE (City) Roxbury (State or country) Massachusetts					
PARENTS	13 NAME OF FATHER Benjamin Hutchins				
	14 BIRTHPLACE OF FATHER (City) Portland (State or country) Maine				
	15 MAIDEN NAME OF MOTHER Emma Alexander Simpson				
	16 BIRTHPLACE OF MOTHER (City) Portland (State or country) Maine				
17 Informant Elizabeth Hutchins (Address) 80 Woodside 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 transit permit was issued: (Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 4/15/39					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April 12 1939 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from December 13, 1935, to April 12, 1939. I last saw him alive on April 11, 1939, 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:					
Acute Coronary Thrombosis					Date of Onset 4/12/39
Contributory causes of importance not related to principal cause: Pernicious Anemia 1936					
Name of operation Clinical Date of What test confirmed diagnosis Clinical Laboratory Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Jacob J. Abernethy M. D. (Address) 562 Spruce St. Date 4/13/39					
21 Milton Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL April 15 1939					
22 NAME OF UNDERTAKER Richard H. White, Jr. ADDRESS 147 Winthrop St. Winthrop Mass					
Received and filed Apr. 17 1939					
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>Cardiac hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of any member of a family he has attended, furnish to the registrar a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, declared as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 certify the same, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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, if he knows the name and residence, in the place where the deceased died, his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 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.

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-9-37. No. 1859-1.

PLACE OF DEATH

No.

17

Quincy Ave.

St.

Ward

Month

2 FULL NAME

Isabella Cecelia Carney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

17 Quincy 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

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

(write the word)

Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

74

Years

7

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.

9 Industry or business in which work was done, as 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

In or from

(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

STANDARD

CERTIFICATE OF DEATH

Registered No.

80

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

13

39

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from April 6, 1939, to April 13, 1939

I last saw her alive on April 13, 1939, 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:

Cerebral Hemorrhage

Contributory causes of importance not related to principal cause:

Atelectasis

Lobar Pneumonia

Name of operation none

What test confirmed diagnosis? X-ray

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address) Winthrop, Mass.

M. D.

Date 4-14-39

21 Mt Pleasant Cem Arlington

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 15, 1939

22 NAME OF FUNERAL DIRECTOR Alfred L. Ochs

ADDRESS 341 Belgrade Ave

Received and filed April 17, 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith attend the death of a person whom he has attended during his last illness, or, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or 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 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 is to be removed. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be obtained and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough or the purpose of health, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for its purpose, shall upon application make the certificate required for its purpose, signed by him, or by the selectmen, if the medical examination of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the removal of such body has been sooner as required by section, ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such removal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (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 known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from the 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 attended during a last illness from disease unrelated to given belsive cause during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical 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 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 engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should 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 conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Principal Cause	Date of Onset
<i>Chronic interstitial nephritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Chronic interstitial nephritis</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

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 woman whose only occupation was that of housewife, answer to housework in answer to Question 8 and own housewife in answer to Question 9. For a person engaged in domestic service for wife, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOME, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbhenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Amendments

1915

Chronic interstitial nephritis

1921

Gastric hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 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 on which the permit is based, and if the 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 examination. shall make examination upon the view of the medical bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. . . . GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

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

1

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

82

Registered No.

No. 140- Shore Drive St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Gorberg

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 140 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 / years months days. How long in U.S., if of foreign birth? 40 years months 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

6a If married, widowed, or divorced
HUSBAND of Ida Raut
(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. Tailor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loperd Morse Co

10 Date deceased last worked at this occupation (month and year) 1938 11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Joseph Gorberg

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Rebecca Conrad

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) 140 Shore Drive Winthrop

Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress, Jr.
Health Officer
(Official Designation)

(Date of Issue of Permit) 4/18/39

18 DATE OF DEATH April 18 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 13 1932, to April 18 1939

I last saw him alive on April 16 1939, 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:

Acute Corary Thrombosis 4/18/39

Contributory causes of Importance not related to principal cause:

Inguia Pectoris 1931
Diabetes Mellitus 1935

Name of operation none Date of

What test confirmed diagnosis Cluysal Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Gorberg M. D.

(Address) 362 Hurley St. Date 4/18/39

21 Golden Throat Mass Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 18 1939

22 NAME OF UNDERTAKER Michael Standish

ADDRESS 1234 Wash St. Dorchester

Received and filed APR 19 1939

(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, the date of death, the section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, satisfactory certificate of the attending physician (if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for significant 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, shall make such certificate. If such a 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 removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it 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 assign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 or until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 attributed to any form of injury, have died without recent medical attendance 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**, the sudden deaths of persons **not disabled by recognized disease**, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write (Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

Statement of 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. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-37 No. 1859-1

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. 83

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary (Gorska) Linardy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 789 Shirley 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

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 Nicholas Linardy

(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.

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 193911 Total time (years)
spent in this
occupation 26

12 BIRTHPLACE (City)

Baltimore

(State or country)

Maryland

13 NAME OF
FATHER

William Gorska

14 BIRTHPLACE OF
FATHER (City)

Bavaria

(State or country)

Germany

15 MAIDEN NAME
OF MOTHER

Cannot be learned

16 BIRTHPLACE OF
MOTHER (City)

Poland

(State or country)

17

Informant
(Address)

Nicholas Linardy

789 Shirley St Winthrop

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) 4/22/39

18 DATE OF
DEATH April 20 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

April 3 1939 to April 20 1939

I last saw her alive on April 20 1939, death is said

to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance in order of onset
were as follows:Date of Onset
IMPORTANT

Chronic Myocardial Degeneration 1939

Contributory causes of importance not related to principal cause:

Congestive Heart Disease 1939

Broncho-Pneumonia April 1939

Diabetes Mellitus 1939

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?

If so, specify No

(Signed) Jacob Abraham M. D.

(Address) 302 Shirley St Date 4/21/39

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 24 1939

22 NAME OF
FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed MAY 2 1939 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 actually employed may be returned as AT SCHOOL, or AT HOME. For a person whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, housekeeper, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPRINGER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of diseases, list all diseases, complications, and other important diseases.

Example

The principal cause of death and related causes of importance in order of 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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 cause, as required by section one, where same was contracted, the duration 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 in which the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, officer or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original 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 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 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 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. (TERRENTRENAVY 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 known: the place where the deceased died; his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 36, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (TERRENTRENAVY 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 cerebral), and by the action of chemical (drugs or poisons), or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,

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-9-37. No. 1859-i.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

81

To be filed for burial permit
with Board of Health
or its Agent.

No.

Winthrop Community Hospital

Death occurred in a hospital or institution,
Ward (give its NAME instead of street and number)

2 FULL NAME

Susan T. Hasson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No.

24 Fairview

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 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)

MARRIED
WIDOWED
OR DIVORCED

Single

Female

White

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

70

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home

10 Date deceased last worked at this occupation (month and year)

April 1939

11 Total time (years)

spent in this occupation 20

12 BIRTHPLACE (City)

(State or country)

Boston
Mass.

13 NAME OF FATHER

John Hasson

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Elizabeth Hasson

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Elizabeth A. Hasson

Relation, if any

sister

24 Fairview St

Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

H.O.

April 24/39

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

21

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 19, 1936, to April 21, 1939.

I last saw her alive on April 21, 1939, death is said

to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic hypochloritis

Acute myocarditis

with dilatation of heart

Date of Onset
IMPORTANT

May 19/36

April 21/39

Contributory causes of Importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis

Autopsy

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Raymond O. Parker

M. D.

(Address)

Winthrop Mass

Date April 23, 1939

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

April 22

1939

22 NAME OF FUNERAL DIRECTOR

M. J. Kelly

ADDRESS

11 Meridian St., B. B.

Received and filed

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, 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, 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 from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 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 of a human body, not previously interred, permit for the removal of a human body, 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 sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. If the person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk, registrar or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITION).

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 complications of the principal cause and any important importance not related to principal cause. Under contributory causes of diseases.

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. cotton mill, 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.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish a person who sells goods should be called a SALESMAN and not a CLERK.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis	Date of Onset
.....	1915
Chronic interstitial nephritis	
.....	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

.....
.....
.....
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from a person appointed to have the care of the cemetery, or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERMINAL EDITION).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septic or electrical agents, and deaths following abortion, but also deaths from disease 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 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-9-37. No. 1859-I.

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. 85

PLACE OF DEATH

(County) Wrentham
(City or Town)

No. 40 Cottage Ave.

St. _____ Ward _____ { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John A. Eaxon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 40 Cottage Ave.

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 Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

18 DATE OF DEATH April 22 1939
(Month) (Day) (Year)

6a If married, widowed or divorced
HUSBAND of Adeline L. Mosman
(Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from
March 16, 1939, to April 22, 1939

(or) WIFE of _____
(Husband's name in full)

I last saw him alive on April 1, 1939, death is said
to have occurred on the date stated above, at 10 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 61 Years 9 Months 27 Days If less than 1 day
Hours _____ Minutes _____

pulmonary tuberculosis Sept '36
Date of Onset
IMPORTANT

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. National Ice System

10 Date deceased last worked at
this occupation (month and
year) Aug 19 36

11 Total time (years)
spent in this
occupation 14 yrs

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City)
(State or country) E. Boston
Mass.

13 NAME OF FATHER John A. Eaxon

14 BIRTHPLACE OF FATHER (City)
(State or country) Cannot be obtained

15 MAIDEN NAME OF MOTHER Sarah Baurma

16 BIRTHPLACE OF MOTHER (City)
(State or country) Cannot be obtained
Holland

17 Informant Mrs. John A. Eaxon (Relation, if any)
(Address) 40 Cottage Ave. Wrentham

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) Ernest W. Richardson M. D.
(Address) 89 Somerset Ave. Date Apr 23 19 39

21 Forest Hills Crematory Boston
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Apr 20 1939

22 NAME OF FUNERAL DIRECTOR Wells & Stokes

ADDRESS 1203 Centre St. W. Roxbury

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:

Wm. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/23/39 (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 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 been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 a satisfactory certificate of death, and 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, as hereinabove provided, his certificate cannot be obtained early at, 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 secured, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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.
...the shall in all cases certify to the town clerk or registrar in writing, where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth or until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 scuff, bruise, or electrical agents, and deaths following abortion, but also deaths from disease 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. **AT HOME.** For a woman whose only occupation was that of home housework, see Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc.** For a person who had no occupation whatever write **NONE**.

- To be complete, an occupation return must state:
 - 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER, WEAVER, etc.**

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc.** Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as **CARPENTER, PAINTER, MACHINIST, etc.** Distinguish carefully between **RETAIL MERCHANTS AND WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

Statement 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 first, second, or third position. The principal cause may appear in either 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 STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 85

No. Winthrop Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna E. Olsen
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 169 Townsend St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 38 years months days. How long in U.S., if of foreign birth? 37 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)

5a If married, widowed, or divorced
HUSBAND of (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. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
10 Date deceased last worked at this occupation (month and year) Dec 1938 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) (State or country) Norway

13 NAME OF FATHER Cnok Olsen

14 BIRTHPLACE OF FATHER (City) (State or country) Norway

15 MAIDEN NAME OF MOTHER Aline Engelbertson

16 BIRTHPLACE OF MOTHER (City) (State or country) Norway

17 Informant (Address) Oline Hanson (Mother) 26 Hancock St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Wm. S. Childers
(Official Designation) Health Officer (Date of Issue of Permit) 4/25/3918 DATE OF DEATH April 23 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from December 15, 1938 to April 23, 1939

I last saw h. or alive on April 23, 1939, 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:

Acute Pulmonary edema 4/24/39

Contributory causes of importance not related to principal cause:
operation for acute tubercular infection 4/24/39Name of operation Laparotomy Date of 4/27/39
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 George H. Schwartz M. D.
(Signed) 19 Quincy St. Boston Date 4/24/39
(Address)21 Mt. Hope Boston
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 25 1939

22 NAME OF UNDERTAKER Charles H. Treanor
ADDRESS 559 Saratoga St. E. Boston

Received and filed 19

MAY 2 1939

(Registrar)

To be filed for burial permit
with Board of Health
or its Agent.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and 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, 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>Corbcal hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 the same from a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 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 deceased or a to the necessary information which can be obtained as 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 **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting ecchymosis, or by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

100m 11 '36. No. 9080 F
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.

301A

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



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. *87*

1 No. *Winthrop Community Hospital* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby (Boy) Fagone* { (If U.S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *328 Chelsea* St., *East* Ward, *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 *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *WIDOWED* *SINGLE*
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. *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*
(State or country) *Mass*

13 NAME OF FATHER *Joseph Fagone*

14 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Mary M. Marino*

16 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass*

17 Informant *Joseph Fagone* (Relation, if any)
(Address) *328 Chelsea 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) *4/26/39* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 25 - 1939*
(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 *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 *Charles McLean* M. D.
(Signed) *325 New St.* (Address) Date *April 26 1939*

21 *St. Michaels* *Boston*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *April 26* 19*39*

22 NAME OF UNDERTAKER *Alfred Scaramella*
ADDRESS *39 Orleans St 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, furnished for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his surname, age, the disease of which he died, defined as required by section 46, where same was contracted, the duration of his last illness, where it has been seen alive by the physician or officer and the date of his death or burial.

No undertaker or officer shall be liable for any violation of the provisions of this act. GEN. LAWS, CHAP. 46, SEC. 9.

of a human body or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the cemetery tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until where there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a certificate of the attending physician, if 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, if death is caused by violence, the attending physician, if 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 is obtained hereunder. If the removal of such body has been sooner obtained hereunder, the certificate of death contains a recital, as required by section ten of chapter forty-six, that the deceased, served in the army, navy or marine corps of the United States in any war in which it has been 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, and the physician certifying any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, be held to the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Terminatory Edition.)*

MARRIAGE EXAMINERS. shall make examination upon the view of the dead bodies—*Gens. Laws*, Chap. 114, Sec. 45; *G. L. (Ter-Ministery Edition).*

Clerk or Registrar may require, *CHAP. 114, SEC. 45, G. L. (Ter-Ministery Edition).*

Persons who are supposed to have died by violence.—*Gens. Laws*, Chap. 114, Sec. 6.

He shall in all cases certify to the death of persons who are known to have been deceased at the time of their death, and if he knows otherwise a description as full as may be with the cause and manner of death.—*Gens. Laws*, Chap. 38, Sec. 7.

No undertaker or other person shall bury any human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —*CHAP. 114, Sec. 46.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Mecel 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 death of persons not disabled by recognized disease, and the death of persons who have been exposed to a known or suspected

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not busily employed may be returned as AT HOME. Children not 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, write, however, designate the occupation by the appropriate term, as HOUSEKEEPER—PRIVATE FAMILY COOK—NONE, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact classification, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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>Arteriovenitis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes</i> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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-12-35. No. 6156F

301A

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. 83

No. 170-bluff Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise G. Sullivan { (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 170-bluff 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 14 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)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 57 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Boston
10 Date deceased last worked at this occupation (month and year) Jan 1939 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) East Boston (State or country) Mass

13 NAME OF FATHER Patrick Sullivan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Martin

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) Laura Sullivan (sister) 170-bluff 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) 4/27/39

(Official Designation) (Date of issue of Permit)

18 DATE OF DEATH April 26 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 4, 1939, to April 26, 1939. I last saw him alive on April 26, 1939, 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:

Cerebral Hemorrhage Date of Onset 4/24/39 IMPORTANT

Contributory causes of importance not related to principal cause: Chronic Nephritis 1938

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. J. O'Brien M. D. (Address) 650 Saratoga St. Date 4/27/39

21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 28 1939

22 NAME OF UNDERTAKER Charles M. Tremon ADDRESS 552 Saratoga St. E. Boston

Received and filed 1939

MAY 2 1939

(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 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 were previously interred, from one town to another within the commonwealth cannot be obtained 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 a body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased in any war in which it has been 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 from the 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, electrical agents, and deaths following abortion, but also deaths from **suicide** and **deaths of persons not disabled by recognized disease, and the sudden deaths of persons not disabled by recognized disease, and**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbentia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of 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

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

512 West 4th

(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.

89

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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.

(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 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

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

18 DATE OF

DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

April 25, 1939, to April 26, 1939

I last saw him alive on April 26, 1939, death is said

to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Acute Coronary Thrombosis 4/25/39

Contributory causes of importance not related to principal cause:

Name of operation none Date of operation none
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) J. J. O'Connell M. D.

(Address) 502 Stanley St. Date 4/27/39

21 Place of Burial, Cremation or Removal

DATE OF BURIAL April 28, 1939

22 NAME OF UNDERTAKER John Cincotti & Sons

ADDRESS 7 Cooper St. Boston

Received and filed MAY 2 1939

A TRUE COPY ATTEST

(Registrar)

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

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 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.

9 Industry or business in which work was done, as 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

105 Cottage Ave. Waltham

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 for another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, of the attending physician, if any, as provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death be obtained early enough and in the possession of the undertaker desiring as above provided removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it 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 soon 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. (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 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 medical unrelated to any form of injury, have died without recent medical attendance from those 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 septic or electrical agents, and deaths following abortion, but also deaths from disease 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 normally employed only may be returned as at school or at home. For housework in answer to Question 8, and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word mechanic, but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish a person between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. E. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in the above first, second, or third position. The principal cause in the above example happens to be the second cause given.

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. 16

No. Winthrop Community Hospital Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice L. Ryan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 16 James Ave St. Winthrop (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Joseph L. Ryan (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) March 1939 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country)

13 NAME OF FATHER Michael Burke

14 BIRTHPLACE OF FATHER (City) Boston (State or country)

15 MAIDEN NAME OF MOTHER Bridget Doran

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant (Address) Joseph Ryan 16 James Ave Winthrop (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. D. Childress (Signature of Registrar of Board of Health or other) H.O. April 28/39 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 26 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 17, 1939, to April 26, 1939. I last saw her alive on April 26, 1939, 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:

Staphylococcus septicaemia 1939

Contributory causes of importance not related to principal cause:

Acute Bactericidal Endocarditis 1939

Name of operation none Date of What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josephine Gutch M. D. (Address) 75a Chambers St. N.Y. Date 4-27-1939

21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL April 27 1939

22 NAME OF FUNERAL DIRECTOR Mary E. Burke ADDRESS 75a Chambers St. N.Y.

Received and filed. MAY 2 1939 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, 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>Acute leukemia</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 date as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAPTER 114, SEC. 9.

No undertaker or other person shall by Chap. 114, Sec. 9 of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to give such permits, 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 one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinbefore 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 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 and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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, CHAPTER 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAPTER 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a 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 from chemical, and by the action of chemical (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.

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. 91

No. 130 Court Rd., Winthrop

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charlotte (Gillis) Talmadge

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 130 Court Rd., 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

9

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Samuel H. Talmadge

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 81

Years 7

Months 20

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At Home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)Paris
Canada13 NAME OF
FATHER

John Gillis

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada

15 MAIDEN NAME
OF MOTHER

nto known

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canada

17

Informant
(Address)Dudley S. Boutelle
130 Court Rd., Winthrop

Relation, if any

(son-in-law)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Apr 1 27, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 1, 1939, to April 27, 1939

I last saw her alive on April 27, 1939, 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:Date of Onset
IMPORTANT

Renalized arteriosclerosis years
Hypertension 20 yrs
Cerebral degeneration Jan. 1939
Terminal bronchopneumonia 4/26/39

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Date 4/28/39

21 Rochester, N. Y.

Place of Burial, Creation or Removal (City or Town)

DATE OF BURIAL May 1, 1939

22 NAME OF
UNDERTAKER

ADDRESS 147 Winthrop St., Winthrop

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 the section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the cause of his death.

No undertaker or other person shall bury or otherwise dispose

of a human body in any cemetery, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other 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 instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose.

Physician. If death is caused by violence the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interfered from one town to another within the commonwealth cannot be obtained early enough and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless it was retained in the usual form for the removal of such body; has been so interred 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 countersigning the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 **superseded by 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.—Please state 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, rejoin the occupation prior to illness. If the deceased had retired from business, rejoin the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word mechanic, but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish a person who sells goods should be called a salesman and not a clerk.

Statement of 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 of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

RUTLAND
(City or town making return)
Registered No. 60 92

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)

2 FULL NAME Salvatore Mancuso
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 92 Marshall 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 2 yrs. 0 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 Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 28 Years 6 Months 11 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. telephone 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) Jan. 1930 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER Carmen Mancuso

14 BIRTHPLACE OF FATHER (City) Italy (State or country)

15 MAIDEN NAME OF MOTHER Fannie Placko

16 BIRTHPLACE OF MOTHER (City) Italy (State or country)

17 Informant Hospital Records (Address)

A TRUE COPY.

ATTEST: Frances P. Hanff (Registrar of city or town where death occurred)

DATE FILED April 27, 1939 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 27, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from April 23, 1937, to April 27, 1939.

I last saw him alive on April 27, 1939, death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary tuberculosis 1930

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 I. I. Cutler (Signed) M. D. (Address) Rutland State San Date 4/27 19 39

21 Winthrop Cem., Winthrop, Mass. (City or Town) DATE OF BURIAL May 1, 1939 19

22 NAME OF UNDERTAKER Michael S. Coggiano ADDRESS 971 Saratoga St., E. Boston, Mass.

Received and filed May 9, 1939 (Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

1	PLACE OF DEATH	Suffolk (County)		Winthrop (City or Town)	No. 14 Waldemar ave	St.	Ward {	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.		Registered No. 93	
		(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		Oscara A. Peterson (If deceased is a married, widowed or divorced woman, give also maiden name.)											
(a) Residence. No.		20 Bellevue ave Winthrop (Usual place of abode)						St.		Ward,			
Length of residence in city or town where death occurred		30 yrs.		mos.		days.		How long in U. S., if of foreign birth?		45 yrs.		mos. days.	
PERSONAL AND STATISTICAL PARTICULARS													
3 SEX		4 COLOR OR RACE		5 SINGLE		6 MARRIED		(write the word)					
female		White		WIDOWED		or DIVORCED		Widowed					
5a If married, widowed, or divorced													
HUSBAND of (Give maiden name of wife in full)													
(or) WIFE of Axel Peterson (Husband's name in full)													
6 IF STILLBORN, enter that fact here.													
7 AGE		73		5		16		If less than 1 day					
		Years		Months		Days		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) (State or country) Sweden													
13 NAME OF FATHER Andrew Olsen													
14 BIRTHPLACE OF FATHER (City) (State or country) Sweden													
15 MAIDEN NAME OF MOTHER Not Known													
16 BIRTHPLACE OF MOTHER (City) (State or country) Sweden													
17 Informant Charlott Peterson (Address) 20 Bellevue Ave. Winthrop													
1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:													
(Signature of Agent of Board of Health or other)													
H. O. April 29/39 (Official Designation) (Date of Issue of Permit)													
MEDICAL CERTIFICATE OF DEATH													
18 DATE OF DEATH April - 28 - 1939 (Month) (Day) (Year)													
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) acute Cardiac Dilatation Hypertensive Heart Disease collapsed died quickly													
(See reverse side for description for unknown person)													
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) H. O. Buckley, M. D. (Address) 20 Bellevue Ave. Winthrop (Date) April 28 1939													
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)													
DATE OF BURIAL May 1 1939													
22 NAME OF UNDERTAKER Richard B. White (Address) 147 Winthrop St. Winthrop													
Received and filed May 2 1939 (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 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 received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 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.)"

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 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 permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. **91**No. *Winthrop Community*

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 *Evangeline V. Skrugge*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *573 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

MEDICAL CERTIFICATE OF DEATH

3 SEX *F*

4 COLOR OR RACE

5 SINGLE

(write the word)

*White**MARRIED**WIDOWED**or DIVORCED**Married*

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles E. Skrugge
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE *63*

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*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)*Apr 1939*11 Total time years
spent in this
occupation *38*

12 BIRTHPLACE (City)

(State or country)

Boston
*Mass*13 NAME OF
FATHER*Thomas Rooney*14 BIRTHPLACE OF
FATHER (City)

(State or country)

*Ireland*15 MAIDEN NAME
OF MOTHER*Mary E. M. Carthy*16 BIRTHPLACE OF
MOTHER (City)

(State or country)

*Ireland*17 Informant
(Address)*Charles Skrugge*

Relation, if any

*573 Shirley St.*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH*April**29**1939*

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 20, 1939, to *April 27*, 1939I last saw him alive on *April 28*, 1939, death is saidto have occurred on the date stated above, at *12:24 A.M.*The principal cause of death and related causes of importance in order of onset
were as follows:*Hypostatic Pneumonia*
*Pulmonary Edema*Date of Onset
IMPORTANT
Apr. 26
Apr. 28

Contributory causes of importance not related to principal cause:

Chronic Myocarditis 1934
Hypertrophic Arteriosclerosis 1930

Name of operation

None

Date of

What test confirmed diagnosis? *Phys. Exam* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel B. Goldberger*, M. D.(Address) *573 Shirley St.* Date *Apr 27* 1939

21

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *May 2*

22

NAME OF UNDERTAKER *A. Kirby*ADDRESS *Boston*

Received and filed.....19.....

MAY 2 1939

(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 condition 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>	1925
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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, before the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, or 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 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, 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 resulting septicaemia), 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.

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 12-235 No. 6156F

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 10 Nevada

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 95

2 FULL NAME

Etta Miller

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran specify WAR)

(a) Residence. No. 10 Nevada

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)

Female

White

MARRIED

WIDOWED

or DIVORCED

Indowed

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Etta Miller

(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.

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)

April 1939

11 Total time (years) spent in this occupation

47

12 BIRTHPLACE (City)

(State or country)

Riga

Russia

13 NAME OF FATHER

Israel Saper

14 BIRTHPLACE OF FATHER (City)

(State or country)

Riga

Russia

15 MAIDEN NAME OF MOTHER

Sonia Orkin

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Yvonne Carson

Relation, if any

(daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers

(Signature of Agent of Board of Health or other)

agent

April 30/39

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

April

29

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 23, 1939, to April 29, 1939.

I last saw her alive on April 29, 1939, 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 Arteriosclerosis
Atherosclerosis
Heart failure
Renal failure

Date of Onset
IMPORTANT

4-23-39

4-25-39

4-27-39

Contributory causes of importance not related to principal cause:

Diabetes mellitus
arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? EKG

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. S. Saper, M. D.

(Address) 287 Shirley St Winthrop Date 4-30-1939

21 David Vior Choulin, W. R. P.

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 30, 1939

22 NAME OF UNDERTAKER Benjamin T. Blomson

ADDRESS 420 HARVARD ST BROOKLINE, MASS.

Received and filed

MAY 2 1939

19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. E. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

RETURN OF CERTIFICATE OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person who has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 from a human body from the board of health or its agent appointed to issue a permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERRENTYAN EDITION)

Medical examiners shall make examination upon the view of the dead bodies of fully such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases, certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a descriptive as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits. If there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERRENTYAN EDITION)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice: These laws only as those persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury have died without recent medical attendance 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.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-e

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Sta Hosp, Fort Banks, Mass.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 96

STANDARD
CERTIFICATE OF DEATH

2 FULL NAME ERNEST L. SANDWELL

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Wayland, Mass.

(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

(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 -

Months 13

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

C.C.C.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

C.C.C.

10 Date deceased last worked at this occupation (month and year) April 10, 1939

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Mass.

(State or country)

13 NAME OF FATHER

Leslie J. Sandwell

Unknown

14 BIRTHPLACE OF FATHER (City)

Unknown Manchester

(State or country)

Unknown

N.H.

15 MAIDEN NAME OF MOTHER

Caroline L. Moog

Unknown

16 BIRTHPLACE OF MOTHER (City)

Unknown Roxbury

(State or country)

Unknown

Mass.

17

Informant (Address)

Registrar, Sta Hosp Ft Banks, Mass.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

30

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 10, 1939, to April 30, 1939.

I last saw him alive on April 30, 1939, death is said

to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Valvular heart disease aortic and mitral insufficiency. 2. Rheumatic fever chronic involving joints of extremities. 3. Anemia secondary, severe.

Date of Onset

Unknown

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) Joseph Rich, Capt., M.C.A., M.D.

(Address) Fort Banks, Mass. Date May 1, 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Lakewood - Wayland

(Cemetery)

(City or town)

DATE OF BURIAL

May 3, 1939

22 NAME OF UNDERTAKER

Hills Funeral Service

ADDRESS

Cohituate, Mass.

Received and filed May 2, 1939

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 signed and certified of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death....

Sec. 46.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than from one cemetery to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement certifying that the facts required by law to be returned and recorded, which shall be accompanied, in the case of a physician, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained 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 who is a member of the board of health, or employed by it, 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 is 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 removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 43, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease, unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different 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 *dead merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important 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.

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

Chelsea

(City or town making return)

Registered No. 174 97

PLACE OF DEATH

Suffolk
(County)

Chelsea
(City or Town)

No. U. S. Marine Hospital

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank W. Litchfield

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 220 Court Rd.
(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 4 How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
male white married

5a If married, widowed, or divorced HUSBAND of Adelaide V. Moore
(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 1 Months 10 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Keeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Cambridge
(State or country) Mass.

13 NAME OF FATHER Roland Litchfield

14 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Elizabeth Staples

16 BIRTHPLACE OF MOTHER (City) Baileyville
(State or country) Maine

17 Informant From hospital records
(Address) John W. Trask, Medical Director

A TRUE COPY.

ATTEST: George Harney

(Registrar of city or town where death occurred)

Inspector Mar. 15, 1939
DATE FILED 19

18 DATE OF DEATH March 14, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1939 to Mar. 14, 1939
I last saw him alive on Mar. 14, 1939 death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cirrhosis of liver years ago

Contributory causes of importance not related to principal cause:
Pulmonary edema 3/10/39
Bronchial pneumonia 3/13/39

Name of operation Date of
What test confirmed diagnosis: clinical & autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Howard T. White M. D.
(Signed) (Address) U. S. Marine Hosp. Date 3.14.1939

21 Lakeside Cem., Wakefield, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Mar. 16, 1939 19

22 NAME OF UNDERTAKER J. S. Waterman & Son
ADDRESS Boston

Received and filed March 15, 1939 19

(Registrar of City or Town where deceased resided)

RECEIVED



MAY 16 1939 AM

RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

SUFFOLK
BOSTON

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

2567 93

Registered No.

No. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

--- Finestone

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, (If nonresident, give city or town and state)

Length of residence in city or town 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) **Single**
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days of less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.....

12 BIRTHPLACE (City) Boston
(State or country)

13 NAME OF FATHER **Joseph Finestone**

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER **Norma E Kleingless**

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

17 Informant **father** if any
(Address) (.....)

A TRUE COPY.

ATTEST: **James A. Burke**
(Registrar of city or town where death occurred)

DATE FILED 19.....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Mar 15/39**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **3/15/39** 19..... to **3/15/39** 19.....

I last saw **in** alive on **3/15/39** 19....., death is said to have occurred on the date stated above, **3:55p** m.

The principal cause of death and related causes of importance in order of onset were as follows:

tracheo esophageal stricture

Contributory causes of importance not related to principal cause:

imperforate anus-atelactasis

Name of operation **esophageal anastomosis** Date of **3/15/39**

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) **R. R. White** M. D.

(Address) **300 Longwood Ave** Date 19.....

21 **Beth Joseph-Woburn**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **3/17/39** 19.....

22 NAME OF UNDERTAKER **M Stanetsky**

ADDRESS **Boston**

3/18/39
Received and filed 19.....

(Registrar of City or Town where deceased resided)

RECEIVED



MAY 12 1939 AM

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

BOSTON

(City or town making return)

Registered No. 99 2941

PLACE OF DEATH

SUFFOLK
BOSTON (County)

(City or Town) Channing Home

No. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Evelyn J Gallagher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Palmyra St Winthrop Mass. 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 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 34 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10 Date deceased last worked at this occupation (month and year) Jan '38 11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) Hoboken New Jersey (State or country)

13 NAME OF FATHER Daniel F Gallagher

14 BIRTHPLACE OF FATHER (City) Brooklyn New York (State or country)

15 MAIDEN NAME OF MOTHER Johanna Murphy

16 BIRTHPLACE OF MOTHER (City) Hoboken New Jersey (State or country)

17 Informant Mrs J Gallagher Mother 31 Palmyra St Winthrop Relation, if any

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 24, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 24, 1939

I last saw alive on March 24, 1939, death is said to have occurred on the date stated above 9.40 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary Tuberculosis Dec. '37. Date of onset

Contributory causes of importance not related to principal cause:

Laryngeal tuberculosis Nov. '38.

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) Carey M Peters, M. D.

(Address) 1101 Beacon St Brookline 3-24 1939

21 Winthrop Gen. Winthrop Mass Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 27, 1939 19

22 NAME OF UNDERTAKER R. C. Kirby

ADDRESS East Boston Mass

Received and filed March 28, 1939 19

(Registrar of City or Town where deceased resided)

RECEIVED



MAY 12 1939 AM

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. 3090 00

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Boston City Hosp

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Gillis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran, Spanish
specify WAR)

(a) Residence. No. 329 Winthrop

(Usual place of abode)

St.,

Ward,

(If deceased, give city or town and state)

Length of residence in city or town where death occurred

yr.

mos.

days. How long in U. S., if of foreign birth?

yr.

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 66 Years 8 Months 5 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

store

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spant in this occupation

12 BIRTHPLACE (City) (State or country)

Charlottetown PEI

PARENTS

13 NAME OF FATHER

Alexander Gillis

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

Pr Edw Island

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17 Informant

(Address)

Relation, if any

wife

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Mar 29/39

(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 of liver-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

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

T Leary
Boston

Date

19

5/29/39

22

Place of Burial, Cremation, or other place of interment (City or Town)

DATE OF BURIAL

19

23 NAME OF UNDERTAKER

R H White

ADDRESS

Winthrop

Received and filed

4/1/39

19

(Registrar of City or Town where deceased resided)

RECEIVED



MAY 12 1939 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.

50m. 11-36. No. 9080-g

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

3177

Registered No. 101

PLACED Memorial Hosp

No. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Annie E Fowler

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

55 Sargent

(If U. S.
War Veteran,
specify WAR)

Winthrop

(a) Residence. No. St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of Daniel E. Fowler (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 77 4 17 If less than 1 day AGE Years Months Days 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) Nova Scotia (State or country)

13 NAME OF FATHER John Layte

14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

15 MAIDEN NAME OF MOTHER Susan Thomas

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Mrs H A Ham Informant (Address) Reside, if any

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr 1/39 (Month) (Day) (Year)

19 3/30/39 DECEASED CERTIFY that deceased died on 3/31/39

I last saw him alive on 3/31/39, 19 death is said to have occurred on the date stated above, at 2.08a m.

The principal cause of death and related causes of importance in order of onset were as follows:

Lymphoblastoma Date of onset 3mos.

Contributory causes of importance not related to principal cause:

pulm. edema

biopsy 3/21/39

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 G. L. Swan Jr

(Signed) 204 Beacon St M. D.

(Address) Winthrop Date 4/1/39 19

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 4/1/39 19

22 NAME OF UNDERTAKER Winthrop

ADDRESS 4/4/39

Received and filed 19

(Registrar of City or Town where deceased resided)



MAY 1 1939 AM

CONFIDENTIAL. This statement should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Suffolk



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

102

(City or town making report)

Chelsea

232

STANDARD
CERTIFICATE OF DEATH

Registered No.

(City or town) **U.S. Naval Hospital**

No. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

James Bernard Winston

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

109 Bank(If U. S. War Veteran, specify WAR) **Spanish**(a) Residence. No. St., Ward, **Winthrop**
(Usual place of abode) (If nonresident, give city or town and state)Length of residence in city or town where death occurred **0** yrs. **1** mos. **4** 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 MARRIED WIDOWED OR DIVORCED **Married** (write the word)

5a If married, widowed or divorced, name of HUSBAND of **Julia Theresa Donovan**
(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 **7** Months **26** Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Proprietor**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Lunch Room**
10 Date deceased last worked at this occupation (month and year) **1930** 11 Total time (years) spent in this occupation **10 yrs.**

12 BIRTHPLACE (City) (State or country) **Boston, Mass.**

13 NAME OF FATHER **James**

14 BIRTHPLACE OF FATHER (City) (State or country) **Ireland**

15 MAIDEN NAME OF MOTHER **Celia Lyons**

16 BIRTHPLACE OF MOTHER (City) (State or country) **Ireland**

17 Informant (Address) **Mrs. Julia Winston** Relation **wife**
109 Banks St. Winthrop.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED **Apr. 15, 1939** 19

18 DATE OF DEATH **Apr. 13, 1939**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Mar. 9**, 19**39**, to **Apr. 13**, 19**39**

I last saw him alive on **Apr. 13**, 19**39** death is said to have occurred on the date stated above **12:12 P.M.**

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerotic heart disease Date of onset **unknown**

Contributory causes of importance not related to principal cause:
1. Cerebral hemorrhage **unknown**
2. Nephrosclerosis **unknown**

Name of operation **none** Date of
What test confirmed diagnosis? **clinical & autopsy** Was there an autopsy? **yes**

20 Was disease or injury in any way a complication of deceased? **no**

If so, specify **V.E. Martens, Lt. (jg) (MC) USN**
(Signed) **USN Hosp. Chelsea** Date **19**

21 **Holy Cross, Malden, Mass.**
Place of Burial, Cremation or Removal. (City or town)

DATE OF BURIAL **Apr. 17, 1939** 19

22 NAME OF UNDERTAKER **Richard Kirby**
ADDRESS **17 Bennington St. E. Boston**

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



MAY 16 1939 AM

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)
 No. 18 Tewksbury 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.

103

Registered No.

2 FULL NAME Harriette Elizabeth (Looker) Nourse
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 18 Tewksbury St., Ward, (If U. S. War Veteran specify WAR)
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 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)

5a If married, widowed, or divorced HUSBAND of Charles Nourse (Give maiden name of wife in full)
 (or) WIFE of Charles Nourse (Husband's name in full)

6 IF STILLBORN, enter that fact here.
 7 AGE 85 Years 6 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. House work
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
 10 Date deceased last worked at this occupation (month and year) April 1939
 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Elizabeth (State or country) New Jersey

13 NAME OF FATHER Thomas J. Looker

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

15 MAIDEN NAME OF MOTHER Susan Price

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

17 Informant Charles Nourse (Address) 18 Tewksbury St Winthrop Mass Relation, if any (husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
 (Official Designation)
 (Date of Issue of Permit) 5/3/39

18 DATE OF DEATH May 1 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1938, to May 1939
 I last saw him alive on May 1939, 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:

Arterio Sclerosis 1924
 Chronic Myocarditis 1934

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) Lydia W. Pickens, M. D.
 (Address) 39 Somerset Ave Date May 2 1939

21 St. Peters Cemetery New Brunswick
 Place of Burial, Cremation or Removal (City or Town) N. J.
 DATE OF BURIAL May 4, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
 ADDRESS Winthrop Mass

Received and filed MAY 2 1939 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, denominated as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by a satisfactory return statement, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, if any, as provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was taken moved within thirty-six hours after such removal, 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, its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 known: otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have in charge 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 illnesses from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unavoidable due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septic or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, E. G., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either example happens to be the second cause given.



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Essex
(County)

Danvers
(City or town making return)

Registered No. 101

PLACE OF DEATH

Danvers
(City or town)

No. Danvers State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Dempster

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 15 Atlantic 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. 9 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Elizabeth Dempster (Give maiden name and wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stevedore
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spant in this occupation

12 BIRTHPLACE (City) (State or country) Scotland

13 NAME OF FATHER Peter Dempster

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Jessie Lithdow

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant M. K. McPhillips (Address) Relation, if any

A TRUE COPY BSH
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 5/10/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 8 1939 (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
Myocardial failure

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

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) T. W. B. Murphy, M. D. (Address) Peabody Date 5/8/39

22 Place of Burial, Cremation or Removal Woodlawn Everett (City or Town) DATE OF BURIAL 19

23 NAME OF UNDERTAKER 5/10/39 ADDRESS C. R. Dennison Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUN-5 1939 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



100m-12-35
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. **105**

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **105** **Grovers Ave** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **NATHANIEL WATSON BARROWS**

(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 AVE** Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **4** years **6** 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 **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 **84** Years **7** Months **26** Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner **Spinner** sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired 35 yrs.** 10 Date deceased last worked at this occupation (month and year) **7904** 11 Total time (years) spent in this occupation **20**

12 BIRTHPLACE (City) **Middleboro** (State or country) **Mass**

13 NAME OF FATHER **Edward W. Barrows**

14 BIRTHPLACE OF FATHER (City) **Middleboro** (State or country) **Mass**

15 MAIDEN NAME OF MOTHER **Lerena Alden**

16 BIRTHPLACE OF MOTHER (City) **Middleboro** (State or country) **Mass**

17 **Nathaniel W. Barrows** Relation, if any **Informant** (Address) **Winthrop Mass 105 Grovers Ave**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) **Health Officer** (Date of Issue of Permit) **5/10/39**

18 DATE OF DEATH **MAY 9 1939** (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **January 8 1937** to **May 9 1939** I last saw him alive on **May 9 1939**, 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:

Cerebral Hemorrhage Date of Onset **May 9/39**

Contributory causes of importance not related to principal cause:
Bronchial asthma **1935**
Arteriosclerosis **1937**
Senility **1939**

Name of operation **none** Date of What test confirmed diagnosis **clinical** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Jacob Abrams M.D.** (Signed) **362 Hurley St.** (Address) **May 9 1939** (Date)

21 **Rock Cem. Middleboro Mass** Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **May 12 1939**

22 NAME OF UNDERTAKER **Kimball E. Sampson**

ADDRESS **309 Main St. Middleboro**

Received and filed **May 23 1939**

A TRUE COPY ATTEST:

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness 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 occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not readily employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOME, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MARINE ENGINEER, STEAMBOAT ENGINEER, etc. Avoid the term "laborer." When a precise statement of the occupation can be secured, drop the word "mechanic," but give the exact relationship between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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>	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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 to whom the permit so signed and the physician certifying the cause of death shall therefor furnish copies to the any other necessary information which can be obtained to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden 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)

Winthrop
(City or Town)

No. 175 Somerset, Ave

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John E. Klander

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 175 Somerset 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

23

years

months

days

How long in U.S., if of foreign birth?

61

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

6a If married, widowed, or divorced

HUSBAND of August Phiel Klander

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE

89

8

9

If less than 1 day

Years Months Days

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machinist

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)

1930

11 Total time (years)

spent in this occupation

60

12 BIRTHPLACE (City)

Kevlattranster

(State or country)

Sweden

13 NAME OF FATHER

(NOT KNOWN)

14 BIRTHPLACE OF FATHER (City)

(State or country)

Sewden

15 MAIDEN NAME OF MOTHER

(NOT KNOWN)

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Sweden

17 Informant

Blanche E. Klander

Relation, if any

(Daughter)

(Address)

175 Somerset Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5/12/39

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. 106

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

9

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 12

1930

to

May 9

1939

I last saw him alive on May 9, 1939, 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:

Date of Onset
IMPORTANT

Chronic Myocarditis

May 12 1939

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

What test confirmed diagnosis Abnormal Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

R. B. Parker

(Signed)

M. D.

(Address)

Winthrop Mass

Date May 11 1939

21 Winthrop

Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

May 12 1939

19

22 NAME OF UNDERTAKER

P. H. White

ADDRESS

147 Winthrop St. Winthrop

Received and filed

May 23

1939

(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 a woman whose only occupation may be returned as at school or at home. For housework in any case to Question 8 and of home housework, write (Question 9) For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINE ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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 first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb 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 returned by law, or in lieu thereof a certificate 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 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 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 that the town clerk or registrar in known; otherwise the deceased died of this name and residence, if and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 septal or electrical agents, and deaths following abortion, but also deaths from disease 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. 215 Grovers Avenue

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 107

2 FULL NAME Elizabeth Frances (Swanton) Stone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 215 Grovers 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 26 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
-----------------	--------------------------	--

(write the word)

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Bryant V. Stone

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years 9 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.	House work
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Own home
	10 Date deceased last worked at this occupation (month and year)	May 1939
	11 Total time (years) spent in this occupation	37

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

13 NAME OF FATHER John J. Swanton

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary (Unable to obtain surname)

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Bryant V. Stone (husband)
(Address) 215 Grovers Ave. Winthrop Mass

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 16 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to May 16, 1939.

I last saw him alive on May 16, 1939, 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 to order of onset were as follows:

Hypertrophic cirrhosis
of the liverDate of Onset
IMPORTANT

1934

Contributory causes of importance not related to principal cause:

Hypostatic pneumonia May 15, 1939

Name of operation None Date of What test confirmed diagnosis? Clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Sydney W. Richardson, M.D.
(Address) Winthrop Mass Date May 17, 193921 Winthrop Winthrop
Place of Burial, Creation or Removal (City or Town)
DATE OF BURIAL May 19 193922 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed MAY 23 1939 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 a woman whose only occupation was that of school, or at home. For HOUSEWORK in answer to Question 8 and 9, HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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>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 first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as defined by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or, if insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a 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 for the purpose, the certificate of death made as above provided and the possession of the undertaker desiring to provide such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed, within thirty-six hours after such removal, unless a permit is obtained in the usual form for the removal of such body has been sooner obtained in accordance with the provisions of the law. If the death certificate contains a rectal, served by section ten of chapter forty-six, that the deceased in any arm in the army, navy or marine corps of the United States near upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERRENTRENAIRY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6

He shall in all cases certify to the town clerk or registrar in known: otherwise a description as full as may be, and the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERRENTRENAIRY 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 directly or indirectly by traumatism (including resulting septic or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, 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. 108

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 CATHERINE L. O'BRIEN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 30 Allston St. Boston, Mass. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 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 Widowed (write the word)
MARRIED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of John P. O'Brien
(Give maiden name of wife in full)(or) WIFE of John P. O'Brien
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home10 Date deceased last worked at this occupation (month and year) June 193011 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

13 NAME OF FATHER John McNally

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Mary Murray

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant Rev. E. T. McNally (Brother)
(Address) 30 Allston St., Boston Mass.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 18th 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 16th 1939 to May 18th 1939

I last saw her alive on May 16th 1939, death is saidto have occurred on the date stated above, at 10:45 mP

The principal cause of death and related causes of importance in order of onset were as follows:

Intestinal obstruction, unqualified,
cause undetermined.

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) Joseph Rich, Capt. MC, M. D.(Address) St. Hosp. Ft. Banks, Mass. Date 5/18 1939

21 PLACE OF BURIAL Holy Cross Malden
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL May 21 1939

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop, Massachusetts

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

MAY 23 1939

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family or other person, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or from same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been 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 either before or after death, or is insufficient, a physician who is a 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 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 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 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., (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. 45, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recent medical disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (gases or poisons), thermal, or electrical agents, and deaths following one abortion, but also deaths from disease resulting from injury one abortion, but also deaths from disease and/or death of persons who, 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 *printer, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," which is more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *rail merchant, and wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 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.

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. 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. **100**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 9 Tewkesbury St. St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Charles H. Flynn**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 9 Tewkesbury 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 Widowed (write the word)

18 DATE OF DEATH May - 20 - 1939
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Julia A. Monks
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year) 1931

11 Total time (years)
spent in this
occupation about

12 BIRTHPLACE (City) New Bedford
(State or country) Mass.

13 NAME OF FATHER John Flynn

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER unable to learn

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Mrs. Mary Kebler (daughter)
(Address) 33 Standard St. Mattapan, 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)

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
general arterio Sclerosis

Found dead seated in a chair
in his room

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN
WAS INJURY SUSTAINED?
(Signed) J. J. Brickley, M. D.
(Address) Boston May 22 1939

21 PLACE OF BURIAL St. Joseph - Boston
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL May 24 1939

22 NAME OF UNDERTAKER J. J. Prescott
ADDRESS 1770 Washington St. Boston

Received and filed May 31, 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Sec. 9.

(Tercentenary Edition.)

a 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.)*

lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

—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

of the following rules of practice:

of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 certify: (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. 33, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

100m 11-36, No. 9080-F

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)

East Boston
(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. 120

No. 41 Bayswater

St. 1 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marius Ditlef Bertelsen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran specify WAR)

(a) Residence. No. 41 Bayswater

St. 1 Ward (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 45 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 21 - 1939 (Month) (Day) (Year)

6a If married, widowed or divorced HUSBAND of Anna Weyhe (Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from May 19 37, to May 21 1939

(or) WIFE of (Husband's name in full)

I last saw him alive on May 21 1939, death is said to have occurred on the date stated above, at 11:30 a.m.

6 IF STILLBORN, antur that fact here.

The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE 69 Years 6 Months 27 Days If less than 1 day Hours Minutes

Date of Onset IMPORTANT 1935

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer

Myocarditis arthritis 1935

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bertelsen Co.

Arteriosclerosis Mesenteric thrombosis May 19 1939

10 Date deceased last worked at this occupation (month and year) 1922 11 Total time (years) spent in this occupation 35

Contributory causes of importance not related to principal cause: Acute congestive myocarditis May 21 1939

12 BIRTHPLACE (City) Svendborg (State or country) Denmark

Name of operation Data of What test confirmed diagnosis? Blood Was there an autopsy? Yes

13 NAME OF FATHER Jens Bertelsen

20 Was disease or Injury in any way related to occupation of deceased? If so, specify Charles Melroe M. D. (Signed) 305 Haver St. E. Boston Data May 21 1939 (Address)

14 BIRTHPLACE OF FATHER (City) Svendborg (State or country) Denmark

21 Mt. Auburn Crematory, Cambridge Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL May 23 1939

15 MAIDEN NAME OF MOTHER Christine Thompson

22 NAME OF UNDERTAKER E. C. Rollins ADDRESS 300 Meridian St., E. Boston

16 BIRTHPLACE OF MOTHER (City) Svendborg (State or country) Denmark

Received and filed MAY 23 1939 1939 Registrar

17 Informant Anna W. Bertelsen (Address) 41 Bayswater St., E. Boston 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: Health Officer 5/23/39 (Official Designation) (Date of Issue of Permit)

21 Mt. Auburn Crematory, Cambridge Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL May 23 1939

22 NAME OF UNDERTAKER E. C. Rollins ADDRESS 300 Meridian St., E. Boston Received and filed MAY 23 1939 1939 Registrar

A physician or registered hospital medical officer shall forthwith

Statement of occupation.—The 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 rationally employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service 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.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, "MACHINE," etc. Distinguish carefully between the terms "contractor," "subcontractor," "merchants." A person who sells goods should 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, asbesthina, etc. As principal cause, name the disease causing death. As related causes, name earliest and most important 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

The principal cause of death and related causes of importance in order of 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.

A physician or registered hospital medical officer shall forthwith

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, without a permit from the board of health.

another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, alderman or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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, 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, it is for such person's certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the certificate shall

shall make such certificate, and such certificate shall be returned to the medical examiner of a human body, not previously interred, permit for the removal of that body from the commonwealth cannot be obtained early enough for the purpose, the certificate of death resulting as above provided removal shall constitute a permit for such removal, provided, 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 recital, as required by section ten of chapter forty-six, that the deceased, served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith issue and 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. (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 such board, from the clerk of the town where the body is to be buried or the funeral is to be held, 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, I. (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) **Death or Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by trauma(s) (including resulting "septicemia"), and by the action of chemical (drugs or 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. 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.

100-9-37. No. 1859-1.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 15 Summit Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

111

2 FULL NAME

Donald C. McNeil

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

15 Summit Ave

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

6a If married, widowed, or divorced

HUSBAND of

Benita Fenton

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

70

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Engineer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Marine

10 Date deceased last worked at this occupation (month and year)

May 1939

11 Total time (years) spent in this occupation

10

12 BIRTHPLACE (City)

Orono

(State or country)

Maine

13 NAME OF FATHER

Charles McNeil

14 BIRTHPLACE OF FATHER (City)

Prince Edwards Island

(State or country)

15 MAIDEN NAME OF MOTHER

Mary McCarthy

16 BIRTHPLACE OF MOTHER (City)

Bangor

(State or country)

Maine

17

Informant (Address)

Mrs. Benita McNeil

Relation, if any

(wife)

15 Summit Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
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)

22

(Day)

1939

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

never, 19....., to....., 19.....

I saw him alive on....., 19....., death is said

to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Cause, Probably
Acute Myocarditis

Date of Onset
IMPORTANT

May 22
1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Investigated Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond C. Parker, Ch

(Signed) M. D.

(Address) Secretary of Board of Health Date May 23 1939

21 Mt. Pleasant Bangor, Maine

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 25, 1939

22 NAME OF FUNERAL DIRECTOR

John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed

MAY 31 1939

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or at HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, 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 disease, name those not related to principal cause, name other 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 human body; and no undertaker or other person shall exhume a human body, and no undertaker or other person shall remove to another or to one grave or tomb other than the receiving tomb 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 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 its 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 make such removal shall constitute a permit for such removal: provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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, the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 injuries**. 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 BLACKINK—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-12-34. No. 2938-g

1 PLACE OF DEATH <i>Duffield</i> (County) <i>Wentworth</i> (City or Town) No. <i>175 Shirley St</i> St. _____ Ward _____		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent. Registered No. <i>112</i>	
2 FULL NAME <i>Charles U. Briggs</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. <i>175 Shirley St.</i> Ward _____ (Usual place of abode)		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred <i>20</i> yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Male</i>		4 COLOR OR RACE <i>White</i>		5 SINGLE MARRIED WIDOWED or DIVORCED <i>married</i>	
5a If married, widowed, or divorced HUSBAND of <i>Anna Mary Shurvell Briggs</i> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <i>71</i> Years <i>4</i> Months <i>12</i> Days If less than 1 day Hours _____ Minutes _____					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>retired</i>					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Time clock mfg</i>					
10 Date deceased last worked at this occupation (month and year) <i>May 22</i> 11 Total time (years) spent in this occupation <i>40</i>					
12 BIRTHPLACE (City) <i>Oleto</i> (State or country) <i>N. Y.</i>					
13 NAME OF FATHER <i>Marlon Van Buren Briggs</i>					
14 BIRTHPLACE OF FATHER (City) <i>England</i> (State or country)					
15 MAIDEN NAME OF MOTHER <i>unable to obtain</i>					
16 BIRTHPLACE OF MOTHER (City) _____ (State or country)					
17 Informant <i>Anna Mary S. Briggs (widow)</i> (Address) <i>2015-15th St. N.E. Wash.</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. Childress</i> (Signature of Agent of Board of Health or other) <i>Health Officer</i> (Official Designation) <i>5/34/39</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>May - 23 - 1939</i> (Month) (Day) (Year)					
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.) <i>acute Cardiac Dilatation</i> <i>Right Lobar Pneumonia</i> <i>chronic nephritis</i> <i>Found collapsed in his room</i>					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? _____ (Signed) <i>Wm. J. Buckley</i> M. D. (Address) <i>Boston</i> <i>May - 23 - 1939</i>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Wash. Cem.</i> (City or town) <i>Wash. D.C.</i> DATE OF BURIAL <i>May 25th</i> 19<i>39</i>					
22 NAME OF UNDERTAKER <i>C. S. Benson</i> ADDRESS <i>Wentworth Mass</i> Received and filed <i>MAY 31 1939</i> 19<i>39</i> (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. (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)

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. 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

1 PLACE OF DEATH
 Suffolk (County)
 Wintthrop (City or Town)
 No. 22 Ware Way are. St. Ward



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial
 permit with Board of
 Health or its Agent.

Registered No. 113

2 FULL NAME Esther Flaxman
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 35 Forest St. Wintthrop St. Ward, (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? 20 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 Ralph Flaxman (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
 10 Date deceased last worked at this occupation (month and year)
 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Frank Goldburg

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Chipe Roma

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Julia Sokol (daughter) 169 Washington Lane Cambridge

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

HENRY E. RILEY (Signature of Agent of Board of Health or other)

MAY 27 1939 (Date of Issue of Permit)

BOSTON HEALTH DEPT.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May - 27 1939 (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.)

Strangulation due to cord around neck

Suicidal

Found dead & hanging from a door frame

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Wintthrop
 (Signed) J. S. Buckley, M. D.
 (Address) Boston Date May - 27 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel Cemetery (Cemetery) (City or town)

DATE OF BURIAL May 28 1939

22 NAME OF UNDERTAKER Louis Hymanson
 ADDRESS 23pm Mass.

Received and filed. MAY 31 1939 (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 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 (ras 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 in full. If the decedent was a foreigner, the date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-37. No. 1859-4.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 114

Suffolk
(County)
Northrop
(City or Town)



No. 163 Pleasant St., Ward 3 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Oliver Cummings Ide (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 163 Pleasant St., Ward 3 (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 years 7 months 4 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 Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Edwin V. Ide (Give maiden name of wife in full)

(or) WIFE of Edwin V. Ide (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 91 Years.....Months.....Days If less than 1 dayHours.....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. Own Home
10 Date deceased last worked at this occupation (month and year) 4 yrs ago 11 Total time (years) spent in this occupation 30 yrs

12 BIRTHPLACE (City) Worcester (State or country) Mass

13 NAME OF FATHER Holley Cummings

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

15 MAIDEN NAME OF MOTHER Lycha A. Baldwin

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

17 Informant (Address) Two Florence Hewitt 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. Childress (Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/31/39

18 DATE OF DEATH May 28 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from January 10, 1930 to May 28, 1939. I last saw him alive on May 28, 1939, death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute coronary thrombosis Date of Onset May 25 1939 IMPORTANT.

Contributory causes of importance not related to principal cause: Deterioration 1937 Senility 1939

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) Joel C. Briggs M. D. (Address) 562 Shirley St. Date May 30 1939

21 Northrop Place of Burial, cremation or Removal Northrop

DATE OF BURIAL May 31 1939

22 NAME OF FUNERAL DIRECTOR Chas. J. Ward & Son

ADDRESS Pleasant St. Malden

Received and filed..... 19.....

MAY 31 1939 (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 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 counter-sign it and transmit it to the clerk of the town for registration. If a person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any of the necessary information which can be obtained as to the deceased, or as to the manner, 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 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, 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, e. g., heart failure, asphyxia, asphyxia, etc. Its principal cause name, the disease causing death, as related cause, name each contributory condition, if related, as the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-129. No. 7180-a

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
1 PLACE OF DEATH	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 115	
	No. 132 Washington Ave.,	St.,	Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Samuel Davis		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 132 Washington Ave.,		St.,	Ward,	(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 13 yrs.		mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married			
5a If married, widowed or divorced HUSBAND of Ernestine N. Noa (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 73	Years 11	Months 29	Days	If less than 1 day Hours Minutes	
8 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. Insurance				
	10 Date deceased last worked at this occupation (month and year) 40				
11 Total time (years) spent in this occupation 1930					
12 BIRTHPLACE (City) Philadelphia (State or country) Pa.					
13 NAME OF FATHER Samuel Davis					
14 BIRTHPLACE OF FATHER (City) Phil. (State or country) Pa.					
15 MAIDEN NAME OF MOTHER Barbara Ann Montague					
16 BIRTHPLACE OF MOTHER (City) Phil. (State or country) Pa.					
17 Informant Mrs. Samuel Davis (Wife) (Address) 132 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) Health Officer (Date of Issue of Permit) 5/31/39					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH May 29 1939 (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from August 1938, to May 29, 1939. I last saw him alive on August 30, 1938, death is said to have occurred on the date stated above, at 7:30 A. m. The principal cause of death and related causes of importance in order of onset were as follows: Generalized arteriosclerosis Cardio-vascular-renal disease 1938 (a) Chronic myocarditis (b) " nephritis Contributory causes of importance not related to principal cause: (Death occurred during absence of regular attending physician: Dr. R. B. Parker of Winthrop.) Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No.					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Arthur C. Morrow, M. D. (Signed) Winthrop, Mass. Date 5/30 1939 (Address)					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Vernon Phil. Pa. (Cemetery) (City or town) DATE OF BURIAL June 1, 1939					
22 NAME OF UNDERTAKER Richard W. White ADDRESS 147 Winthrop St., Winthrop					
Received and filed 19 A TRUE COPY, ATTEST: MAY 31 1939 (Registrar)					

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *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, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name early or morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Acute arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
"primary"; if secondary, the primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. 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. 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. 116

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 Diane Marie Ford

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 15 Hutchinson 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 4 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of _____ (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 5 Years 8 Months 10 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) Storham (State or country) Mass13 NAME OF FATHER Jacob Louis Ford14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass15 MAIDEN NAME OF MOTHER Doris M. Eckhardt16 BIRTHPLACE OF MOTHER (City) New York (State or country) N. Y.17 Informant Jacob L. Ford (father) (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

M. D. Shields (Signature of Agent of Board of Health or its Agent)
Health Officer (Official Designation) 5/31/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May - 29 - 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Ruptured Liver
Internal abdominal hemorrhage

Presumably accidental

Said to have been injured by
an iron bar which fell on her,
at Winthrop, on May-29-1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) John J. Brickerley M. D.
(Address) Boston May-29-1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL June 18 1939 19

22 NAME OF UNDERTAKER Chas. R. Benson
ADDRESS Winthrop Mass

Received and filed _____ 19

MAY 31 1939

(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-11-'36. No. 9080-g



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3399

117

PLACE OF DEATH

SUFFOLK
BOSTON (County)

Infants Hosp

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

--- Sewall Twin # 1

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

876 Shirley

Winthrop

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

2 Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop

13 NAME OF FATHER

Richard F Sewall

PARENTS

14 BIRTHPLACE OF FATHER (City)

(State or country)

Winthrop

15 MAIDEN NAME OF MOTHER

Margaret T Hollyhood

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston

17

father

Relation, if any

Informant (Address)

A TRUE COPY.

ATTEST:

James A. Burke
(Registrar of city or town where death occurred)

4/9/39

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

March 23 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

3/23/39

19

3/23/39

19

I last saw him alive on 3/23/39, 19, death is said

to have occurred on the date stated above at 9:50 pm.

The principal cause of death and related causes of importance in order of onset were as follows:

prematurity

Date of onset

intracranial hemorrhage

1 da

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) R. A. Rosa

M. D.

(Address) 300 Longwood Av

Date 3/23 19 39

21

Woodlawn Everett

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

4/7/39

19

22 NAME OF UNDERTAKER

A E Long & Son

ADDRESS

Cambridge

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUN 14 1939 AM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g

PLACE OF DEATH

SUFFOLK
County
BOSTON



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **3400**

No. **Infants Hosp** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

--- Sewall # Twin # 2

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **876 Shirley** St., Ward, **Winthrop**

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (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 **45** Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **Winthrop**
(State or country)13 NAME OF FATHER **Richard F Sewall**14 BIRTHPLACE OF FATHER (City) **Winthrop**
(State or country)15 MAIDEN NAME OF MOTHER **Margaret T Hollyhood**16 BIRTHPLACE OF MOTHER (City) **Boston**
(State or country)17 Informant **father** Relation, if any

(Address)

A TRUE COPY.

ATTEST: **James A. Burke**
(Registrar of city or town where death occurred)DATE FILED **4/9/39** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 24 1939**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

3/23/39, 19, to **3/24/39**
I last saw him alive on **3/24/39**, 19, death is said to have occurred on the date stated above at **9:35 pm**

The principal cause of death and related causes of importance in order of onset were as follows:

prematurity

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **ye**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **R. A. Ross** M. D.
(Address) **300 Longwood Av** Date **3/24 1939**

21 Place of Burial, Cremation or Removal. **Woodlawn** **Everett**
(City or town)DATE OF BURIAL **4/7/39** 1922 NAME OF UNDERTAKER **A. E. Long & Son**ADDRESS **Cambridge**

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUN 14 1939 AM

RECEIVED



JUN 19 1939 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.

50m. 11-36. No. 9080-g



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 312

1 PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred T. Regness

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR) SW

120

(a) Residence. No. 2 Highland 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.

5

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

5a If married, widowed, or divorced

HUSBAND of

Louisa M. Baxter

(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

80

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Packer (shoes)

9 Industry or business in which work was done, as 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) Halifax

(State or country)

Canada

13 NAME OF FATHER

Charles W.

14 BIRTHPLACE OF FATHER (City)

Essex

(State or country)

England

15 MAIDEN NAME OF MOTHER

Mary Ann Boyer

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Newfoundland

17

Informant (Address)

Hospital Records

Relation, if any

A TRUE COPY.

ATTEST:

Lewis Glazer

(Registrar of city or town where death occurred)

DATE FILED

May 6, 1939

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 6, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1, 1939, to

May 6, 1939

I last saw him alive on May 6, 1939 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:

Hypertensive ht. disease

Hypertension

Cardiac decompensation

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) Lewis Glazer

M. D.

(Address) Soldiers' Home

Date 6-6

1939

21 Winthrop, Winthrop, Mass.

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

May 9, 1939

19

22 NAME OF UNDERTAKER

C. R. Bennison

R. Kirby

ADDRESS

170 Winthrop St., Winthrop

Received and filed

May 8, 1939

19

(Registrar of City or Town where deceased resided)

RECEIVED



JUN 15 1939 AM

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. 4852

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)

No. Boston City Hosp

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward J Hoey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

121

(a) Residence. No. 52 Revere

(Usual place of abode)

St. Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

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 37 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

longshoreman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Cunard Line

10 Date deceased last worked at this occupation (month and year)

6/38

11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF FATHER

Matthew Hoey

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Elizabeth McKevitt

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Father

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

5/23/39

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 17 1939

(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)

crushing wounds of chest & fracture of spine

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

xxxxx

Date of Injury 5/17/39

Where did Injury occur?

East Boston

(City or town and State)

Manner of Injury

presumably struck by a train

Nature of Injury

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W H Watters

M. D.

(Address)

Boston

Date 5/19 1939

22

Place of Burial, Cremation or Removal Holy Cross Malden

DATE OF BURIAL

5/21/39

19

23 NAME OF UNDERTAKER

F J Magrath

ADDRESS

Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUN 15 1939 AM

PLACE OF DEATH

SUFFOLK
BOSTON (County)

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. 4852

No. Boston City Hosp

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward J Hoey
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

121

(a) Residence. No. 52 Revere St., Ward, Winthrop
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Single
------------	----------------------	---

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 37 Years. Months Days If less than 1 day
Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	longshoreman
	9 Industry or business in which work was done, as milk mill, saw mill, bank, etc.	Cunard Line
	10 Date deceased last worked at this occupation (month and year)	6/38

11 Total time (years) spent in this occupation. 10

12 BIRTHPLACE (City) (State or country) Boston

13 NAME OF FATHER Matthew Hoey

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth McKevitt

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Father (Relation, if any)

A TRUE COPY.

ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 5/23/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1939
(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)

crushing wounds of chest & fracture of spine

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide, or Homicide? Date of Injury 5/17/39

Where did injury occur? East Boston
(City or town and State)

Manner of Injury presumably struck by a train

Nature of Injury

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Watters, M. D.

(Address) Boston Date 5/19/39

22 Place of Burial, Cremation, Removal, or Disposition Holy Cross (City or town and State)

DATE OF BURIAL 5/21/39 19

23 NAME OF UNDERTAKER F. J. Magrath

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUL-3 1939 AM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36, No. 9080-g



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

PLACE OF DEATH

{ SUFFOLK
(County)
BOSTON

(City or Town)

No. 10 Abbott

St., Ward

Registered No. 4799

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sallie Marden

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

566 Shirley

St.,

Ward,

{ (If U. S.
War Veteran,
specify WAR)
Winthrop

122

Length of residence in city or town where death occurred

Yrs.

mos.

days. How long in U. S., if of foreign birth?

Yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Abram Marden

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 74

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

4/39

11 Total time (years)

spent in this occupation

12

12 BIRTHPLACE (City)

(State or country)

Austria Hungary

13 NAME OF FATHER

Aron L Aron

14 BIRTHPLACE OF FATHER (City)

(State or country)

Austria Hungary

15 MAIDEN NAME OF MOTHER

Resiel ---

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Austria Hungary

17

Informant (Address)

Sadie Seigel

Relation, if any

(dau.)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

5/20/39

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

May 17 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

2/39

19

to

5/17/39

19

I last saw him alive on

5/17/39

19

death is said

to have occurred on the date stated above

10:15

pm

The principal cause of death and related causes of importance in order of onset were as follows:

cardiac decompensation

arteriosclerotic heart dis.

Date of onset

1938

1938

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. Liberman

Date

19

(Address) 26 Wave Way Av

5/17 39

21

Place of Burial, (City or Town)

DATE OF BURIAL

5/19/39

19

22 NAME OF UNDERTAKER

J. H. Levine

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

RECEIVED



JUL-3 1939 AM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36, No. 9080-g

 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (City or town making return) 4924
SUFFOLK (County) BOSTON		STANDARD CERTIFICATE OF DEATH
1 PLACE OF DEATH Peter Bent Brigham Hosp		Registered No. 4924
2 FULL NAME (If deceased is married, widowed or divorced woman, give also maiden name.) Mary I L Flammer		(If death occurred in a hospital or institution, give its NAME instead of street and number) 123
(a) Residence. No. 600 Shirley St., Ward,		(If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX F	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of William I Flammer (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 7 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) 5/39 11 Total time (years) 9 spent in this occupation		
12 BIRTHPLACE (City) (State or country) Washington DC		
13 NAME OF FATHER Clarence B Thompson		
14 BIRTHPLACE OF FATHER (City) (State or country) Washington DC		
15 MAIDEN NAME OF MOTHER Sue Ridgeley		
16 BIRTHPLACE OF MOTHER (City) (State or country) Washington DC		
17 Informant (Address) Relation, if any Husband		
A TRUE COPY.		
ATTEST: (Registrar of city or town where death occurred)		
DATE FILED 19		
MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH May 22/39 (Month) (Day) (Year)		
19 I HEREBY CERTIFY, That I attended deceased from 5/21/39, 19, to 5/22/39, 19, I last saw him alive on 5/22/39, 19, death is said to have occurred on the date stated above, 5/22/39.		
The principal cause of death and related causes of importance in order of onset were as follows:		
Ac yellow atrophy of liver		Date of onset 5/2/39
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 F J Bailey approved M. D. (Address) Peter B B Hosp 5/22/39		
21 Place of Burial Fort Lincoln Washington DC DATE OF BURIAL 5/22/39 19		
22 NAME OF UNDERTAKER F W Brown ADDRESS Medford 5/24/39		
Received and filed 19		
(Registrar of City or Town where deceased resided)		

RECEIVED



JUL-31939 AM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

3972

Registered No.

PLACE OF DEATH

SUFFOLK
BOSTON

(City or town where death occurred)

No. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Max Liberman

2 FULL NAME

(If deceased was a married, widowed or divorced woman, give also maiden name.)

26 Wave Way Ave Winthrop Mass

(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

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced **Rebecca Schnoider**

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 58

AGE Years Months Days Hours Minutes

If less than 1 day

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Grocer

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)

1939

11 Total time (years) spent in this occupation

Russia

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

Morris Liberman

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)

Dr C Liberman
26 Wave Way Ave Winthrop

Relation, if any

A TRUE COPY.

ATTEST: *James A. Barlow*
(Registrar of city or town where death occurred)

DATE FILED 19.....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 22, 1939

(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 16 39 to April 22 39

I last saw him alive on April 22 39, death is said to have occurred on the date stated above, 9:55A.m.

The principal cause of death and related causes of importance in order of onset, were as follows:

Chronic cholecystitis

Cholelithiasis

Aug. '38

Choledocholithiasis

Cyst of pancreas

Hepato renal failure

4-19-39

Contributory causes of importance not related to principal cause:

Benign Prostatic hypertrophy 2

Name of operation Cholecystectomy common bile duct exploration excision of bile duct

What test confirmed diagnosis Autopsy Was there an autopsy? 4-16-39

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Rosenfeld

M. D.

(Address) Beth Israel Hospt 4-22 189

21 Winthrop Cem-Winthrop Mass

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL April 23, 1939 19

22 NAME OF UNDERTAKER

Manuel Stanotaky

ADDRESS 10 Washington St Boston Mass

April 25, 1939

Received and filed 19.....

(Registrar of City or Town where deceased resided)

RECEIVED



JUN 14 1939 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. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

Suffolk

(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Winthrop

(City or Town)

**STANDARD
CERTIFICATE OF DEATH**

Registered No. **125**

No. **Winthrop Community Hospital St.**, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Leonard Gordon Greenwood**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **17 Monmouth**

(Usual place of abode)

St., **1**

Ward, **E. Boston**

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months **30** days. How long in U.S., if of foreign birth **11** 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 **Margaret P. 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 **54** Years **3** Months **2** Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Pattern-maker**

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) **1933** 11 Total time (years) spent in this occupation **38**

12 BIRTHPLACE (City) **East Boston** (State or country) **Mass.**

13 NAME OF FATHER **William Greenwood**

14 BIRTHPLACE OF FATHER (City) **Yorkshire** (State or country) **England**

15 MAIDEN NAME OF MOTHER **Hannah Carr**

16 BIRTHPLACE OF MOTHER (City) **Rotheran** (State or country) **England**

17 Informant (Address) **Margaret P. Greenwood (wife)** **17 Monmouth St., E. Boston, 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) **Wm. S. Childress** (Official Designation) **Health Officer** (Date of Issue of Permit) **6/5/39**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 4, 1939** (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **May 1, 1939**, to **June 4, 1939**.

I last saw him alive on **June 4, 1939**, death is said to have occurred on the date stated above, at **10:22 a.m.**

The principal cause of death and related causes of importance in order of onset were as follows:

Lung abscess
Empyema
Quinsy
Typhoid fever
Contributory causes of importance not related to principal cause:

Date of Onset

IMPORTANT

May 1/39

1930

1930

June 4/39

Name of operation **none** Date of **June 4, 1939**
What test confirmed diagnosis? **W. S. Childress** Was there an autopsy? **none**

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **Wm. S. Childress** M. D.
(Address) **193 Monmouth St., E. Boston** Date **June 4, 1939**

21 **Woodlawn** **Everett**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **June 6, 1939**

22 NAME OF UNDERTAKER **E. C. Hall**
ADDRESS **300 Meridian St., E. Boston**

Received and filed **June 5, 1939**

(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 prior to illness. If the deceased had retired from his occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For housework, use only occupation was that of home housework, write Question 9. If a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as, HOUSEKEEPER, PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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 may appear in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot 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 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. (TERRELL'S EDITIONS.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases certify to the town clerk or registrar in known, otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERRELL'S EDITIONS.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons 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 **unusually due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, those of persons found dead.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 919 Shirley

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 126

2 FULL NAME Alma Matilda (Sellers) George

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 919 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 12 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) Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Francis George

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) May 1939 11 Total time (years) spent in this occupation 48

12 BIRTHPLACE (City) Bradford (State or country) England

13 NAME OF FATHER Charles William Sellers

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Penney

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant Louise Macdonald (sister) (Address) 43 Edgewood St Hartford Conn.

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 June 4, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

MAY - 20 1939 to JUNE 4, 1939

I last saw her alive on JUNE 4, 1939, 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:

Diabetes Mellitus

Date of Onset

IMPORTANT

Contributory causes of importance not related to principal cause:

Gangrene of Rt. Foot May 15

Name of operation No Date of What test confirmed diagnosis? Urinalysis Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward J. Pranger M. D.

(Address) 202 Westchester Date 6-6-1939

21 Winthrop Winthrop

Place of Burial, Creation or Removal (City or Town)

DATE OF BURIAL June 7, 1939 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed JUN 11 1939 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth-

with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if 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 and in the purpose the certificate of death made as above provided removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit obtained hereunder. If the removal of such body has been sooner as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERMINARY EDITION.)

Statement of Cause of Death. —Cause of death means the disease, or complication of causes, causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the 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:	

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 to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury, or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 occupant 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 his occupation, report the occupation prior to retirement. Children not a woman whose only occupation was that of home housework, write Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, 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.

PLACE OF DEATH		SUFFOLK (County)		WINTHROP (City or Town)		No. Station Hospital, Fort Banks St. Ward		Registered No. 127	
1		2 FULL NAME		IRMA B. BLAKELY		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence		No. Fort McKinley, Maine		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	4 COLOR OR RACE	5 SINGLE	(write the word)						
Female	White	MARRIED	Married						
5a If married, widowed, or divorced									
HUSBAND of (Give maiden name of wife in full)									
(or) WIFE William R. Blakely, Capt US Army (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE	37	Years	6	Months	29	Days	If less than 1 day		
						Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper									
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) 1939									
11 Total time (years) spent in this occupation Unknown									
12 BIRTHPLACE (City) Lancaster, S.C. (State or country)									
13 NAME OF FATHER O.H. Bell									
14 BIRTHPLACE OF FATHER (City) Lancaster, S.C. (State or country)									
15 MAIDEN NAME OF MOTHER Ella Bell									
16 BIRTHPLACE OF MOTHER (City) Lancaster, S.C. (State or country)									
17 Registrar, Sta Hosp Ft Banks, Mass. (Address)									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
(Signature of Agent of Board of Health or other)									
(Official Designation)									
(Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH June 5th 1939 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from June 2nd 1939, to June 5th 1939									
I last saw her alive on June 5th 1939, death is said to have occurred on the date stated above, at 11:15 AM									
The principal cause of death and related causes of importance in order of onset were as follows:									
Cardiac dilatation, acute, severe, cause undetermined. Date of Onset 5/20/39									
Contributory causes of importance not related to principal cause: Gastritis, acute, catarrhal, severe, dietetic. 5/20/39									
Name of operation None Date of									
What test confirmed diagnosis? None Was there an autopsy? No									
20 Was disease or injury in any way related to occupation of deceased? If so, specify None									
(Signed) C. V. SALE, Lt. Col. IC USA, M. D. (Address) Fort Banks, Mass. Date 6/5/39									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster (Cemetery) Lancaster (City or town)									
DATE OF BURIAL June 9 1939									
22 NAME OF UNDERTAKER Murphy & Murphy, Vincent M. ADDRESS 254 Beach St. Rensselaer									
Received and filed June 1, 1939									
A TRUE COPY, ATTEST: (Registrar)									

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 person who sells goods should be called a *salesman* and not a *cicero*.

related to principal cause, name other 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
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a statement and certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, and such other particulars as are required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Sec. 46, Chap. 46, Sec. 9.*

No undertaker, or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died: and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave to another other 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 physician, if any as required by law, or in lieu thereof, a certificate as hereinafter provided, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall not previously interred. If such a permit for the removal of a human body, which cannot be obtained early enough for the purpose, the certificate of death made as above provided may be obtained for the purpose, the certificate desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a recital as to the cause of death, and the body is removed from the town in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commendation it and transmitt it to the clerk of the town for registration. The person so removed from the town shall be furnished for registration any other necessary information which can be obtained as to the deceased, or as to the manner of death of the death, which the clerk or registrar may require. *Chap. 114, Sec. 43, C. L., (Tentative 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 Medical Examiners will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths unaccountably occurring, or which appear to be due to injury, directly or indirectly, by means of a traumatic (including resulting septicemia), and by the action of chemical, or poisons, thermal, or electrical agents, and deaths following abortion, and deaths from disease 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHOak Bluffs
(City or town making return)

Registered No. 24

PLACE OF DEATH

Dukes County
(County)
Oak Bluffs
(City or Town)

No. Regent Avenue St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred Wilson Tait
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 29 Sagamore 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 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 MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Elizabeth Mackon
(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 2 Months 21 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Proprietor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1939 11 Total time (years) spent in this occupation 3512 BIRTHPLACE (City) Boston, Mass.
(State or country)

13 NAME OF FATHER Robert W. Tait

14 BIRTHPLACE OF FATHER (City) Glasgow
(State or country) Scotland

15 MAIDEN NAME OF MOTHER Gene Wilson

16 BIRTHPLACE OF MOTHER (City) New Bedford, Mass.
(State or country)17 Informant Mrs. A. H. Tait (wife)
(Address) 29 Sagamore Ave., Winthrop, Mass.

A TRUE COPY.

ATTEST: Anna L. Oliver
(Registrar of city or town where death occurred)

DATE FILED June 8, 1939

18 DATE OF DEATH June 6, 1939.
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to June 6, 1939.
I last saw him alive on June 6, 1939, 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:

Cerebral hemorrhage

Date of onset 6/6/39.

Contributory causes of importance not related to principal cause:

Coronary Heart Disease 6/1/39.

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) Chester L. Glenn, M. D.
(Address) Oak Bluffs, Mass. Date 6/6/1939.21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or town)

DATE OF BURIAL June 9, 1939.

22 NAME OF UNDERTAKER Leland W. Rinear
ADDRESS Lisbury, Mass.

Received and filed JUN 9 1939 19

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 114 Brookfield Road St. Ward		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
2 FULL NAME John Louis Barry (If deceased is a married, widowed or divorced woman, give also maiden name.)		Registered No.		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. 114 Brookfield Road, Winthrop (Usual place of abode)		(If U. S. War Veteran, specify WAR)		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
yrs.		mos.	days.	yrs.	mos.
days.		How long in U. S., if of foreign birth?			
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 Ellen L. Mellon (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 69 Years Months Days If less than 1 day Hours Minutes					
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Boston			
10 Date deceased last worked at this occupation (month and year) Feb. 1939		11 Total time (years) spent in this occupation 35			
12 BIRTHPLACE (City) Lewiston (State or country) Me.					
13 NAME OF FATHER James Barry					
14 BIRTHPLACE OF FATHER (City) Lewiston (State or country) Me.					
15 MAIDEN NAME OF MOTHER Catherine Colbert					
16 BIRTHPLACE OF MOTHER (City) Lewiston (State or country) Maine					
17 Informant Ellen L. Barry (Address) 114 Brookfield Rd.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
W. M. D. Childress (Signature of Agent of Board of Health or other Health Officer)					
(Date of Issue of Permit) 6/15/39					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH June - 13 - 1939 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Bullet Wound Brain Presumably Suicidal					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop (Signed) M. J. Brickley, M. D. (Address) Boston June - 12 - 1939					
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs Boston (Cemetery) (City or town)					
DATE OF BURIAL June 15 1939					
22 NAME OF UNDERTAKER John H. O. Malley					
ADDRESS Winthrop					
Received and filed June 15 1939 (Registrar)					

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism including resulting septicaemia, and by the action of chemical (drugs or poisons), thermal, 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.**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of and 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

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-9-37, No. 1859-1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

76 Sunnyside Ave

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

130

2 FULL NAME

Frederick Francis Jandreau

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No.

76 Sunnyside Ave

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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.....1.....Months.....15.....Days

If less than 1 day

.....Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month end year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Winthrop

(State or country)

Massachusetts

13 NAME OF FATHER

Frederick Jandreau

14 BIRTHPLACE OF FATHER (City)

Cambridge

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Coris Stewart

16 BIRTHPLACE OF MOTHER (City)

Weehawken

(State or country)

New Jersey

17

Relation, if any

Informant (Address)

Frederick Jandreau (Father)
76 Sunnyside 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. Chelmers
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 2, 1939, to June 16, 1939

I last saw him alive on June 14, 1939, 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:

Septica Bifida

Date of Onset
IMPORTANT
14. hrs

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 6/16 1939

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 16, 1939 19

22 NAME OF FUNERAL DIRECTOR

ADDRESS John F. O'Malley
Winthrop, Massachusetts

Received and filed.....19

(Registrar)

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 54 Highland Ave. St. Ward {

2 FULL NAME

Nellie Woodwin Carver
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 11 Prescott

St. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 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 (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George Carver (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 8 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. Dressmaking 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Run Home 10 Date deceased last worked at this occupation (month and year) Dec 1934 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Newburyport (State or country) Mass.

13 NAME OF FATHER Nathaniel Woodwin

14 BIRTHPLACE OF FATHER (City) Newburyport (State or country) Mass.

15 MAIDEN NAME OF MOTHER Carolyn Peterson

16 BIRTHPLACE OF MOTHER (City) Newburyport (State or country) Mass.

17 Informant Barbara Stewart (Name) (Address) 11 Prescott St. Longden Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Child (Signature of Agent of Board of Health or other Health Officer) 6/19/39 (Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH June 16 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 1 1939 to June 16 1939

Last saw h. alive on June 12 1939, 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:

Cerebral embolism from Arteriosclerosis Chronic Bright's Disease

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) O. D. M. D. (Address) 4 Westinghouse Date 6/17 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL June 19 1939

22 NAME OF UNDERTAKER C. R. Benniers ADDRESS Winthrop Mass.

Received and filed JUN 25 1939 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 illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a valid certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died declared as indicated by section one, where same was contracted, the duration of his last illness, when last seen by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a tomb, or remove therefrom a human body which has been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body lies; and no undertaker or other person shall exhumate the body and reinter it, nor move it from one place to another, nor remove it from one grave or tomb place to another, until he has received a permit from the board of health, or its agent, or from the clerk of the town where the body lies. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be so recorded and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided; and if there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose.

If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit.

The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall 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, in which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make prompt 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 child from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school*, or of *home*, or a woman 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*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying; e. g., heart failure, asphyxia, 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>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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. DEATH CERTIFICATE. INSTRUCTIONS about state CRUELTY 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-9-37. No. 1959-4.

PLACE OF DEATH

Suffolk

(County)

Wintthrop

(City or Town)

No. 93 Cliff Ave.

St.

Ward

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 132

2 FULL NAME

Annie Laurie (McNeil) Campbell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.

War Veteran

specify WAR)

(a) Residence. No. 93 Cliff Ave.

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John A. Campbell

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 84 Years 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)

1932

11 Total time (years) spent in this occupation

35

12 BIRTHPLACE (City)

Cape Breton

(State or country)

Nova Scotia

13 NAME OF FATHER

Roderick McNeil

14 BIRTHPLACE OF FATHER (City)

Scotland

(State or country)

15 MAIDEN NAME OF MOTHER

Elizabeth

16 BIRTHPLACE OF MOTHER (City)

Scotland

(State or country)

17 Informant

Lillian Campbell

Relation, if any

(Daughter)

(Address)

93 Cliff Ave Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 18 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

June 9 1939, to June 18 1939

last saw her alive on June 17 1939, death is said

to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Generalized arteriosclerosis

Date of Onset

1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sybil W. Simpson, M. D.

(Address) 89 Somerset Ave Date 6/18 1939

Wintthrop Wintthrop

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 20 1939

22 NAME OF FUNERAL DIRECTOR John A. O'Malley

ADDRESS Wintthrop, Massachusetts

Received and filed 37 1939

(Registrar)

PLACE OF DEATH

1

200m-9-37. No. 1859-11

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

133

STANDARD

CERTIFICATE OF DEATH

Registered No.

(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

Elynor Barnell Slade

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No.

195 Upland Rd St.

Ward

Quincy

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

7 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)

Married

6a If married, widowed, or divorced

HUSBAND of

Phillip H. Slade

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

31 Years.....Months.....Days

If less than 1 day

Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

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)

Waltham
Mass

13 NAME OF

FATHER

Alfred W. Barnell

14 BIRTHPLACE OF

FATHER (City)

Elgin

(State or country)

15 MAIDEN NAME

OF MOTHER

Sarah M. Courty

16 BIRTHPLACE OF

MOTHER (City)

England

(State or country)

17

Informant

(Address)

Phillip H. Slade, Husband
195 Upland Rd Quincy

Relation if any

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)

18 DATE OF
DEATHJune 19, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

June 11, 1939, 1939 to June 19, 1939

last saw him alive on June 18, 1939, death is said

to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance in order of onset

were as follows:

Necrosis
Chronic glomerulonephritis 1939
Malignant hypertension 1939
Generalized arteriosclerosis 1939

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) Harold M. Magrawe M. D.

(Address) 67 Beach St. Quincy Date 6-19-39

21 Milton Milton

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 21, 1939

22 NAME OF

FUNERAL DIRECTOR Frederic J. Trovati

ADDRESS 867 Beacon St. Boston

Received and filed.....1939

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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 for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer, and the date of his death. . . .

GEN. LAWS, CHAP. 46, SEC. 9.

ate of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

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 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, "Electrician," etc. 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 complication which causes death, NOT the mode of dying, *e. g.*, heart failure, asphyxia, asbestosis, etc. The principal cause means the disease causing death. As related 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.

Example

'The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*GEN. LAWS, CHAP. 38, SEC. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*GEN. LAWS, CHAP. 38, SEC. 7.*

by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence (if known); otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent, and such permit, or if there is no such board, from the clerk of the town, where the body is to be buried or the funeral is to be held, or from where the body is to have the care of the cemetery or burial ground appointed to have it made. —Chap. 114, Sec. 46. (C. 114) REGISTRATION

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Read of death** will be given only to persons who have been

(2) **Board of Health**: "The Board of Health shall have the honor and duty to certify to the Board of Directors that the person named in the application is not suffering from disease unrelated to any form of injury."

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate an effort to all deaths **unsuspectably due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 filled for burial permit
with Board of Health
or its Agent.
Registered No. 134

No. 36 Read St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna C. Fors (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 36 Read St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 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 MARRIED (write the word) WIDOWED or DIVORCED Widowed

18 DATE OF DEATH June 24 1939 (Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Victor Fors (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 24, 1939. I last saw him alive on June 24, 1939, death is said to have occurred on the date stated above, at 1:30 p.m.

6 IF STILLBORN, enter that fact here. 7 AGE 67 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. 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) June 1939 11 Total time (years) spent in this occupation 47

Myocarditis Date of Onset IMPORTANT Jan 1936. Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) (State or country) Sweden

13 NAME OF FATHER Gustave Peterson

14 BIRTHPLACE OF FATHER (City) (State or country) Sweden

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

17 Informant Victor Fors (Address) 36 Read St Winthrop Relation, if any (son)

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) C. Trushant, M. D. (Address) 4 Washington St Date 6-25-1939

21 Place of Burial, Cremation or Removal Woodlawn Everett (City or Town) DATE OF BURIAL June 26 1939

22 NAME OF UNDERTAKER R. C. Kirby ADDRESS 17 Bennington St C/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. Sullivan & Health Officer (Signature of Agent of Board of Health or other) (Official Designation) 6/26/39 (Date of Issue of Permit)

Received and filed 19 JUN 25 1939 (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, 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 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 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 thereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration and other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERRESTRIAL EDITIONS.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried; the funeral is to be held, or from where the body is to be buried the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERRESTRIAL EDITIONS.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have been bedside care during a last illness from disease unrelated to 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 physicians have died without recent medical certificate of death is needed.

(3) **Medical examiners** shall investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of person 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. **135**1 PLACE OF DEATH
SUFFOLK
(County)
WINTHROP
(City or Town)
No. **Station Hospital, Fort Banks, Mass.** Ward {(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **JOSEPH A. DUPREY**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. **Spanish**
War Veteran,
specify WAR) **World Wars**(a) Residence. No. **RED #1 North Chelmsford, Mass.** St., **North Chelmsford, Mass.**
(Usual place of abode) (If nonresident, give city or town and state)Length of residence in city or town where death occurred **Unknown** mos. days. How long in U. S., if of foreign birth? **Unknown** mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
Married

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Aldea Bon**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **59** Years **7** Months **11** Days If less than 1 day
Hours Minutes8 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 CAC Retired
US Army**
10 Date deceased last worked at
this occupation (month and
year) 11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City) **Canada**
(State or country)13 NAME OF
FATHER **Unknown Duprey**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)17 Informant **Registrar, Sta Hosp Ft Banks, Mass.**
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:**William D. Childress**
(Signature of Agent of Board of Health or other)**Agent 6/27/39**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **June 25th 1939**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
June 24, 1939, to June 25, 1939I last saw him alive on **June 25th, 1939**, death is said
to have occurred on the date stated above, at **8:20 Pm.**The principal cause of death and related causes of importance in order of onset
were as follows:**Coronary occlusion, left.** Date of Onset **6/25/39**

Contributory causes of importance not related to principal cause:

**Aortitis, chronic, syphilitic,
severe.** **Unknown**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) **A. S. McE...** Capt. LTC. US Army, M. D.
(Address) **Fort Banks, Mass.** Date **6/25/1939**21 PLACE OF BURIAL, CREMATION OR REMOVAL **St. Joseph's E. Chelmsford**
(Cemetery) (City or town)DATE OF BURIAL **June 29, 1939**22 NAME OF
UNDERTAKER **J. R. Laurin**
ADDRESS **Lowell, Mass.**Received and filed **June 27, 1939**

A TRUE COPY, ATTEST:

(Registrar)

1 PLACE OF DEATH
Suffolk
(County)
Sturidrop
(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. 136

No. 117 Court Rd. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas E. Glassett (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 117 Court St. Ward. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 or WIDOWED or DIVORCED

6a If married, widowed or divorced HUSBAND of Elizabeth G. Stellan (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. Chemist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commercial
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) East Boston Mass

13 NAME OF FATHER Dennis Glassett

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth M. Daulty

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Mrs. Elizabeth Glassett 117 Court Rd. Sturidrop

I HEREBY CERTIFY that a satisfactory standard 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) 6/28/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 25 39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 6-25-1937, to 6-25-1939.

I last saw him alive on 6-25-1939, death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Haemorrhage 6/25/39

Contributory causes of importance not related to principal cause: General Arterio Sclerosis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) (Address) Date 6/27/1939

21 Place of Burial, Cremation or Removal (City or Town) Holy Cross & Golden

DATE OF BURIAL June 28, 1939

22 NAME OF UNDERTAKER Address Boston

Received and filed June 27, 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various persons can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the 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 SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to provide such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit obtained hereunder. If the removal of such body has been sooner obtained hereunder, the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased is in the army, navy or marine corps of the United States in any part in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receiving of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 rectal clerk or registrar in known; otherwise the description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 septic or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35, No. 6156E

1 PLACE OF DEATH

Sup 1001
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. 137

2 FULL NAME *Ellen Hoffstad Smith*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
No. *8 Pleasant St.* 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)

(a) Residence. No. *8 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 *12* 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 *Widowed* (write the word)
6a If married, widow or divorced, give name of HUSBAND of *Edith Smith*
(Give maiden name of wife in full)
(or) WIFE of *Edith Smith*
(Husband's name in full)
6 IF STILLBORN, enter that fact here
7 AGE *58* Years *1* Months *27* Days *1* Hours *27* 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) *Pittsburgh* 11 Total time (years) spent in this occupation *at home*

12 BIRTHPLACE (City) *Pittsburgh*
(State or country) *Pa*

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 *Mary E. Edilblute* Relation, if any *St. - day date*
(Address) *410 Washington St. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Gulderson
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *6/30/39* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 27 1939*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *June 21 1939* to *June 27 1939*
last saw him alive on *June 27 1939* Death is said to have occurred on the date stated above, at *7:30* m.
The principal cause of death and related causes of importance in order of onset were as follows:
Cerebrohemorrhage Date of Onset *6/20/39*

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) *Wm. D. Gulderson* M. D.
(Address) *Washington St. Boston* Date *June 29 1939*

21 *Winthrop Tomb Winthrop*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *June 30 1939*

22 NAME OF UNDERTAKER *C. R. Bennett*
ADDRESS *Winthrop Mass*

Received and filed *JUN 30 1939*
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, 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 exhumate a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient 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 a removal shall constitute a permit for such removal; provided, that such body shall be received and removed from within a grave in the usual form, and shall be buried within such removal, and shall be buried within thirty-six hours after such removal, and a permit shall be 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 on the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 by direct 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 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 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.

Distinguish carefully the different kinds of engineers by stating the particular descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement 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>Antecedents</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.

1. 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.

100m-12-35, No. 6156E

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. Winthrop Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

138

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran
specify WAR)

2 FULL NAME Ethel Chaplin Comee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 980 Shirley 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 54 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) Widowed

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles Comee (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years 7 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Winthrop (State or country) Mass.

13 NAME OF FATHER Frank. Chaplin

14 BIRTHPLACE OF FATHER (City) Liberty (State or country) Me.

15 MAIDEN NAME OF MOTHER Minnie Ryder

16 BIRTHPLACE OF MOTHER (City) Mass. (State or country)

17 Frank Chaplin (Father) (Informant (Address) 980 Shirley St. Winthrop Mass.)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH June 28 39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 17, 1929, to June 28, 1929.

I last saw her alive on June 28, 1929, death is said to have occurred on the date stated above, 15:30 AM.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset 1937

Hypertension Cerebral Hemorrhage June 23, 1929

Contributory causes of importance not related to principal cause:

Chronic myocarditis 1920

Name of operation Name Data of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Samuel B. Holdberg, M. D. (Address) 270 Shirley St. Date 6/29/1929

21 Mt Auburn Cambridge Mass. Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL July 1, 1939 19

22 NAME OF UNDERTAKER Richard W. White 147 Winthrop St. Winthrop Mass. ADDRESS

Received and filed. JUL 3 1939 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 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, Question 10 for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER, PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full description of titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." 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 RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxiated, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name 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>	1922
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal 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, 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, unless a person died; and no undertaker or other person shall entomb a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed or from the clerk of the town where the body is buried, aforesaid or from the clerk of the town where the body has been delivered to such board, agent or clerk, as the case may be, by a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death 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 rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 43, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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: such deaths only as those of persons to whom they have given medical care during a last illness 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 disease 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 **suspected 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, electrical agents, and deaths following abortion, but also deaths from **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 stated 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

Middlesex

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Somerville

(City or town making return)

PLACE OF DEATH

(County)

Somerville

(City or Town)

No. 9 Westwood Road,

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 477

2 FULL NAME Charles Land

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 13 Pauline St.,

St.,

Ward,

Winthrop,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed or divorced.

HUSBAND of Laura (Wentworth)

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 64

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Clothing

10 Date deceased last worked at this occupation (month and year) June 8, 1939.

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Boston, (State or country) Mass.

13 NAME OF FATHER

Abraham M. Land

14 BIRTHPLACE OF FATHER (City)

(State or country)

Poland

15 MAIDEN NAME OF MOTHER

Bertha Wilshinsky

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Poland

17

Informant (Address)

Laura Land

(Wife)

13 Pauline St., Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED June 13, 1939.

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 12, 1939.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 10, 1939, 19 to June 12, 1939, 19

I last saw him alive on June 10, 1939, 19, death is said to have occurred on the date stated above, at 11.15 PM

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Intestinal Cancer

Contributory causes of importance not related to principal cause:

Name of operation Colostomy

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

George F. Hughes

(Signed)

M. D.

(Address) Somerville, Mass.

Date 6/13/19 39

21 PLACE OF BURIAL, Mishkan Tifila, Wakefield

CREMATION OR REMOVAL

(Cemetery)

Mass., or town)

DATE OF BURIAL

June 13, 1939

19

22 NAME OF UNDERTAKER

Israel Einstein

ADDRESS

Roxbury, Mass.

Received and filed

June 13, 1939.

19

(Registrar of City or Town where deceased resided)

RECEIVED



¹²
JUL 11 1939 AM

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.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 5743

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)

No. Jewish Memorial Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva Goldberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 250 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 F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Harry Goldberg (name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Abraham Chafkey

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Philip (Address) Relation, if any Son

A TRUE COPY

ATTEST: James G. Bunker (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jun 21/39
(Month) (Day) (Year)19 I HEREBY CERTIFY that I attended deceased from 6/1/39 to 6/20/39, 1939
I last saw him alive on 6/20/39, 1939, death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

diabetes mellitus Date of onset 1937
gen. art. sclerosis-abscess left leg 12/38
abscess left gluteal region 6/39

Contributory causes of importance not related to principal cause:

osteomyelitis of rt. humerus 12/38
leg amputation 5/26/39

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) D. Ayman, M. D. (Address) 671 Comm. Ave. Date 6/21/39

21 Place of Burial, Cremation or Removal Roxbury Lodge (City or Town) DATE OF BURIAL 19

22 NAME OF UNDERTAKER M Stanotsky ADDRESS Boston

Received and filed 6/23/39 (Registrar of City or Town where deceased resided)

RECEIVED



JUL 26 1939 AM

1	PLACE OF DEATH	 SUFFOLK (County) BOSTON (City or Town)	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. 5876
		No. Boston City Hosp St., Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)	
		2 FULL NAME Ernest Silberberg (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (U. S. War Veteran, specify WAR) 11
		(a) Residence. No. 54 Johnson 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 MARRIED WIDOWED or DIVORCED Married (write the word)		
5a If married, widowed, or divorced HUSBAND of Lucy Fearing (Give maiden name of deceased) (or) WIFE of _____ (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 75 Years 3 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.			
	9 Industry or business in which work was done, as milk mill, saw mill, bank, etc. Insurance broker			
	10 Date deceased last worked at this occupation (month and year) 6/39 11 Total time (years) spent in this occupation 50			
12 BIRTHPLACE (City) (State or country) England				
PARENTS	13 NAME OF FATHER Arthur Silberberg			
	14 BIRTHPLACE OF FATHER (City) (State or country) Germany			
	15 MAIDEN NAME OF MOTHER			
	16 BIRTHPLACE OF MOTHER (City) (State or country)			
17 Informant (Address) Alfred Fearing ok son Relation, if any				
A TRUE COPY. James A. Burke (Registar of city or town where death occurred)				
ATTEST: 6/28/39				
DATE FILED 19				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH June 24 1939 (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 admitted in coma-died in four hours-treated for hypertension				
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 collapsed in ferry station Nature of Injury Was there an autopsy?				
21 Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) T. Leary M. D. (Address) Boston Date 6/25 39				
22 Place of Burial, Cremation or Removal Winthrop Winthrop DATE OF BURIAL 6/27/39 19				
23 NAME OF UNDERTAKER C. R. Bennett ADDRESS Winthrop				
Received and filed 19				
(Registrar of City or Town where deceased resided)				

RECEIVED



JUL 26 1939 AM

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-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. 42

1 PLACE OF DEATH Salem (County)
Winthrop (City or Town)
No. 20 Madison St. Winthrop St., Winthrop Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Sarah McNaughton (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 525 Pleasant St. Winthrop St., Winthrop Ward, { (If U. S. War Veteran, specify WAR)
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 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 Fredrick J. McNaughton (Give maiden name of wife in full)
(or) WIFE of Fredrick J. McNaughton (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years.....Months.....Days If less than 1 day
Hours.....Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) July 1939 11 Total time (years) spent in this occupation 36

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER Edward Cummings

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Brown

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Mr. Frederick McNaughton (husband)
(Address) 525 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July - 2 - 1939
(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
Hypertensive Heart Disease
collapsed & died quickly

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Wm. D. Childress M. D.
(Address) Boston Date July 2 - 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL July 4 1939

22 NAME OF UNDERTAKER P. C. Kirby

ADDRESS 17 Bennington St. BostonReceived and filed 19

JUL 7 1939 (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

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)

No. 46 Court Road

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christina (Vasquez) Hatfield

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 46 Court Road

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Leorth of residence in city or town where death occurred 28 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)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frank Knight Hatfield (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 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) 35 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) East Boston (State or country) Massachusetts

13 NAME OF FATHER Joseph Vasquez

14 BIRTHPLACE OF FATHER (City) Cuba (State or country)

15 MAIDEN NAME OF MOTHER Mary Elizabeth Lang

16 BIRTHPLACE OF MOTHER (City) Scotland (State or country)

17 Informant Frank K. Hatfield (husband) (Address) 46 Court 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 Health Officer 7/5/39

(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. 143

18 DATE OF DEATH July 3 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 28, 1939, to July 3, 1939.

I last saw her alive on July 3, 1939, death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis 1935

Contributory causes of importance not related to principal cause:

Chronic Nephritis 1935

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) Louis J. Salerno M. D. (Address) 125 Pleasant St. Date July 3, 1939

21 Winthrop Cemetery Winthrop Place of Burial, Creation or Removal (City or Town) DATE OF BURIAL July 5, 1939 19

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass ADDRESS

Received and filed JUL 7 1939 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. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Acute leukemia</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 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 returned by law, or in lieu thereof a certificate, as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, and has a permit in the usual form for the removal of such body, but has a permit obtained hereunder. If the death certificate contains a recital as required by section two of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certify the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERRENTINARY 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. (TERRENTINARY 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)



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. 141

1 No. 11 Undine Ave St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Sarah L. Cronin { (If U.S. War Veteran specify WAR)
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 103 Beacon St Dorchester Ward, { (If nonresident, give city or town and state)
 (Usual place of abode)
 Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

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 J. Cronin (Give maiden name of wife in full)
 (or) WIFE of John J. Cronin (Husband's name in full)
 6 IF STILLBORN, enter that fact here
 7 AGE 69 66 yrs 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) Lancashire (State or country) England
 13 NAME OF FATHER William Green
 14 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)
 15 MAIDEN NAME OF MOTHER Mary Thompson
 16 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

17 Mr. J. J. Cronin (Address) (Relationship)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Signature of Agent of Board of Health or other Health Officer
 (Official Designation) (Date of Issue of Permit) 7/7/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 6 1939 (Month) (Day) (Year)
 19 I HEREBY CERTIFY That I attended deceased from May 10 1938 to July 6 1939
 I last saw him alive on July 6 1939, 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: atherosclerotic hyaline atherosclerotic heart disease
 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) E. J. P. Rankin M. D.
 (Address) 2280 Winthrop Ave Date 7/6/39
 21 Holy Cross Malden Place of Burial
 (City or Town)
 DATE OF BURIAL July 8 1939
 22 NAME OF UNDERTAKER Joseph J. Manning
 ADDRESS 11019 White Ave Somerville
 Received and filed 1939
 (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 sprayer, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, i. e., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or 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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if 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 is in any way in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45. G. L. (TERRENTREXARY 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. (TERRENTREXARY 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 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. 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)

No. 6 Jefferson

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adriana Lawrence (Baker) Alexander

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 6 Jefferson
(Usual place of abode)

St. Ward
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

18 DATE OF DEATH July 7 1939
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of George E. Alexander
(Give maiden name of wife in full)
(Husband's name in full)

19 I HEREBY CERTIFY That I attended deceased from January 10 1939 to July 7 1939
I last saw her alive on July 7 1939, death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years 5 Months 23 Days If less than 1 day
Hours Minutes

Acute Coronary Thrombosis
Date of Onset
IMPORTANT
July 7 1939

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 1939
11 Total time (years) spent in this occupation 60

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1938
Senility 1939

12 BIRTHPLACE (City) Pembroke
(State or country) Massachusetts

Name of operation none Date of
What test confirmed diagnosis clinical laboratory Was there an autopsy? No

13 NAME OF FATHER Henry Baker

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

14 BIRTHPLACE OF FATHER (City) Duxbury
(State or country) Massachusetts

(Signed) Jacob A. Bannison M. D.
(Address) 562 State St. Date July 8 1939
Winthrop Mass

15 MAIDEN NAME OF MOTHER Maria Drake

16 BIRTHPLACE OF MOTHER (City) Pembroke
(State or country) Massachusetts

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 9, 1939

17 Informant Hattie M. Baker (sister)
(Address) 6 Jefferson St Winthrop Mass

22 NAME OF UNDERTAKER Charles R. Bennison
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 Health Officer)
(Official Designation)
(Date of Issue of Permit) 7/8/39

Received and filed 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—[Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.]

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, sort the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker, or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his 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 hereinbefore provided. If there is no attending physician, or if, for sufficient purpose, or is insufficient, a physician who is a 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 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. (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 case of the cemetery or burial ground in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (TERMINARY EDITION.)

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septic, chemical, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease 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.

46 Autumn St.
104 Taft Ave.

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 146

2 FULL NAME Ellen L. Carr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 46 Autumn St. Everett

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 *M* 4 COLOR OR RACE *W.* 5 SINGLE MARRIED WIDOWED or DIVORCED *Widow* (write the word)

5a If married, widowed, or divorced

HUSBAND of *John H. Carr* (Give maiden name of wife in full)(or) WIFE of *Ellen L. Carr* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *71* Years Months Days If less than 1 day Hours Minutes8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation12 BIRTHPLACE (City) *Worcester*
(State or country) *Mass*13 NAME OF FATHER *James Foley*14 BIRTHPLACE OF FATHER (City) *Cireland*
(State or country)15 MAIDEN NAME OF MOTHER *Mary Manning*16 BIRTHPLACE OF MOTHER (City) *Cireland*
(State or country)17 Informant *Joseph H. Howard* (Address) *46 Autumn St. Everett* Relation, if any *(Daughter)*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other Health Officer) *7/10/39*
(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(If death occurred in a hospital or institution,
give its NAME instead of street and number)(If U. S.
War Veteran
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 8 1939*
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from *Sept 30 1937* to *July 8 1939*
I last saw him alive on *July 8 1939*, 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:

Cerebral Vascular Disease
Arteriosclerosis
Diabetes Mellitus
July 1937
*1938*Contributory causes of importance not related to principal cause:
Hypertension
July 1937
*1938*Name of operation *None* Date of *None*
What test confirmed diagnosis? *Cerebral* Was there an autopsy? *No*20 Was disease or injury in any way related to occupation of deceased?
If so, specify *None*(Signed) *John D. Williams* M.D.
(Address) *216 Broadway* Date *July 19 1939*21 *Holy Cross Cemetery*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *July 11 1939*22 NAME OF UNDERTAKER *St. Thomas Hill*
ADDRESS *14 Hancock St. Everett*Received and filed *July 11 1939*

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 HOUSEWOMAN in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when 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 cause name cause which did not directly cause death, but which was related to the principal cause, or conditions, if any, related to the principal cause, or any cause of complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 from whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 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 further necessary information which can be obtained as to the 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, 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. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by Traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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)
Hingham
(City or Town)

No. 38 Locust



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. 147

2 FULL NAME

Charles Payson Floyd

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 38 Locust 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

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widower

6a If married, widowed, or divorced

HUSBAND of

Eda Richardson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

8 IF STILLBORN, enter that fact here.

7

AGE

74

Years

1

Months

0

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Custom designer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Taylor

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City)

(State or country)

Hingham

Mass

13 NAME OF FATHER

Philip P. Floyd

14 BIRTHPLACE OF FATHER (City)

(State or country)

Hingham

Mass

15 MAIDEN NAME OF MOTHER

Abbie Allen

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Medford

Mass

17

Informant (Address)

My wife, Floyd 38 Locust St

Relation, if any

(2 Aug 1939)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7/13/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

12

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 10, 1939, to July 12, 1939.

I last saw him alive on July 11, 1939, death is said

to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis

Date of Onset

IMPORTANT

June 24 1939

Contributory causes of importance not related to principal cause:

Chronic Bronchitis

June 1939

Name of operation

none

Date of

What test confirmed diagnosis? Abundant

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B. Parker

M. D.

(Address) Hingham, Mass.

Date July 12, 1939

21 Hingham Cemetery Hingham Mass

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 14, 1939

22 NAME OF UNDERTAKER J. A. Waterman & Sons Inc

ADDRESS Boston Mass F. B. R.

Received and filed

JUL 20 1939

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 a woman whose only occupation was that of a school, or at home. For HOUSEWORK, in answer to Question 8 and 9, write HOME, in answer to 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 SPRINGER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATISTICAL ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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>Cerebral interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 by law, or in lieu thereof a certificate as hereinafter set forth. 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 is obtained hereunder. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.
...He shall in all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 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 physician.**—Will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 trauma (including resulting septic or electrical agents, and deaths following abortion, but also deaths from disease 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. This form should be filled out by the informant. The informant should state the 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. 143

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 Catherine J. (McQuade) Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran
specify WAR)(a) Residence. No. 24 Dolphin Ave St. Ward
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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) Widowed

18 DATE OF DEATH July 12 1939
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John J. Sullivan
(Husband's name in full)19 I HEREBY CERTIFY That I attended deceased from July 5, 1939 to July 12, 1939
I last saw him alive on July 11, 1939, death is said to have occurred on the date stated above, at 1:25 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 83 Years Months Days If less than 1 day Hours Minutes

Date of Onset IMPORTANT
Sudden pneumonia 7/15

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 1 month and 59 years 11 Total time (years) spent in this occupation 67

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Hartford
(State or country) ConnecticutContributory causes of importance not related to principal cause:
Heart degeneration
hypertension

13 NAME OF FATHER Henry McQuade

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

20 Was disease or injury in any way related to occupation of deceased? No

15 MAIDEN NAME OF MOTHER Mary McKenna

If so, specify

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)(Signed) C. J. McQuade M. D.
(Address) 24 Dolphin Ave Winthrop Date 7/12 193917 Informant Mrs. Joseph Bradley Daughter
(Address) 24 Dolphin Ave Winthrop21 Place of Burial, Cremation or Removal Winthrop Winthrop
(City or Town)

DATE OF BURIAL July 14 1939 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed JUL 20 1939 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 Health Officer (Date of Issue of Permit) 7/13/39

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 intentment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interfered, from one town to another within the commonwealth cannot be obtained 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 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 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 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 return NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when 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, nor the mode of dying, e. g., heart failure, asphyxia, asphyxiation. As principal cause name the disease causing death. As related causes name other contributory conditions if any "related to the principal cause and any important complication of the principal cause." Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1921
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be arranged in the order of onset, so that in a group of three causes the principal 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.

75m-2-30, No. 7997-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 267 Bowdian st. Winthrop St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 149

2 FULL NAME Harold C. Bartlett

(If deceased is a male, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 267 Bowdian 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

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed or divorced

HUSBAND of Edith E Ames

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 78

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Insurance

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

July 1, 1939

11 Total time (years)

present in this occupation

12 BIRTHPLACE (City)

Skowhegan

(State or country)

Maine

13 NAME OF FATHER

Ozias E Bartlett

14 BIRTHPLACE OF FATHER (City)

Skowhegan

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Caroline A Whyman

16 BIRTHPLACE OF MOTHER (City)

Skowhegan

(State or country)

Maine

17

Informant

Edith E Ames Bartlett (Wife)

(Address)

267 Bowdian ST Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

July

12

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 4, 1939, to July 12, 1939.

I last saw him alive on July 11, 1939, death is said

to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Chronic myocarditis

May 4, 1939

Coronary thrombosis

June 20, 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Abnormal Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Wm. B. Parker

M. D.

(Address) Winthrop Mass

Date July 13, 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

July 14, 1939

19

22 NAME OF UNDERTAKER

B. H. Whitcomb

ADDRESS 147 Winthrop St Winthrop Mass

Received and filed 19

JUL 20 1939

(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—half*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of 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>Chronic interstitial nephritis</i>	1915
<i>Arteriosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case shall have been factory 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 attendant physician, or if sufficient reasons, his certificate cannot be obtained easily, or for the purpose, or is insufficient, a physician who is in the power of the board of health, or employed by it or by the selectmen for the purpose, shall 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 related cause as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such related shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which can be obtained as to the deceased, or as to the manner of death, 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.

100m. 9. 37. No. 1859-1.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 150

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 108-A Quincy Ave., St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Clifford Telford

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 108-A Quincy Ave., Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of May Klasse Telford (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contract

10 Date deceased last worked at this occupation (month and year) 1936 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER William Telford

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) (State or country) not known

17 Mrs. May Klasse Telford (Wife) Relation, if any Informant 108-A Quincy Ave., Winthrop (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 7/21/39

18 DATE OF DEATH July 19 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 19, 1939, to July 19, 1939, last saw him alive on July 19, 1939, 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:

Carcinoma of Pancreas

Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Exploratory Date of July 18/39 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) 20 Essex St., Date 7/20/39

21 Woodlawn Everett, Mass. Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL July 21, 1939

22 NAME OF FUNERAL DIRECTOR Richard B. White ADDRESS 147 Winthrop St., Winthrop

Received and filed July 26 1939

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, and that the relative healthfulness of various pursuits can be known, and trace some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not busily 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, however, designate the occupation by the appropriate term, such as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

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.

10.—The month and year the deceased last worked at the occupation.

10.—the month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPRINGER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, "laborer" when a more precise statement of the occupation is secured. Do not use the word "mechanic," but give the exact classification, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement 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 diseases, name not related to principal cause, name other important

[illegible]

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Acute infectious</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhages</i>	July 5, 1927
<i>Concomitant 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.

CHINA, 20, DEC. 1950

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth or its agent appointed to issue such permits, or if there is no such board, the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to bury the case of the deceased, or cemetery or burial ground in which the interment is made. — Cemetery or burial ground, in which the interment

STAT., 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

(1) **Award:** The purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(c) **Mechanical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

BOSTON NOTIFIED

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

STANDARD CERTIFICATE OF DEATH

Registered No. 151

1 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 Catherine Ryan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 56 St Andrew Road 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 years months 21 days. How long in U.S., if of foreign birth? 40 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 Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Thomas Ryan (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) July 1939 11 Total time (years) spent in this occupation 39

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Bernard Laddy

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Smith

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Thomas Ryan (Son) (Address) 56 St Andrew Rd Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. Schudress
(Signature of Agent, Board of Health or other)

Ho. July 22/39
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH July 20 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from July 1 1939, to July 20 1939, last saw him alive on July 20 1939, 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:

Hypostatic Pneumonia and Chronic Heart Disease
Date of Onset IMPORTANT 7/10/39

Contributory causes of importance not related to principal cause: Carcinoma of breast with metastases 7/1/36

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) E. H. Schwartz M. D. (Address) 19 Quincy St Boston Date 7/21 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 24 1939

22 NAME OF UNDERTAKER R. C. Pirby
ADDRESS 17 Bennington St Boston

Received and filed July 26 1939 19

(Registrar)

Statement of occupation.—I prescribe statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write to housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, 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, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Acute influenza</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

A RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 that removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retical, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, 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 **suspected 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.**

tion 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)

Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 152

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 MATHEW M. KERNER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 18 Fuller

St., Brookline, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

18 DATE OF DEATH July 24 1939
(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 11 1939, to July 24 1939
I last saw him alive on July 24 1939, death is said
to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance in order of onset
were as follows:

6 IF STILLBORN, enter that fact here.

7 AGE 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.

PHARMASIST
DRUG 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) July 1939 11 Total time (years)
spent in this occupation 20

Ruptured Gall bladder
cholelithiasis
Pancreatitis
Date of Onset
IMPORTANT
8/11-39

Contributory causes of importance not related to principal cause:

Peritonitis due to
gastric juices
8/11-39

12 BIRTHPLACE (City) Somerville,
(State or country) MASS.

13 NAME OF FATHER Louis Kerner

14 BIRTHPLACE OF FATHER (City) Austria
(State or country)

15 MAIDEN NAME OF MOTHER Dora A. Shapiro

16 BIRTHPLACE OF MOTHER (City) Austria
(State or country)

Name of operation Gall bladder changes - Date of July 11-39
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) Frank F. Sandler M. D.
(Address) Brookline Date July 24 1939

21 Kenesseth Israel, Montvale, Woburn
Place of Burial, Cremation or Removal City or Town
DATE OF BURIAL July 25, 1939 19

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard St., Brookline.

17 Informant Mrs. B. F. Mann (Address) 18 Fuller St., Brookline. 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 Health Officer (Date of Issue of Permit) 7/24/39

Received and filed JUL 26 1939 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. At home, for a woman whose only occupation was that of housewife, put in housework in answer to Question 8 and answer 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—MORTG, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked: at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when 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 of causes causes death, not the mode of dying, e. g., heart failure, asphyxia, asstema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his life, or after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, furnish a certificate of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the date of the deceased, his supposed age, the disease of which he died, defined as required by section 9, where a claim was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall, by any other means, dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall expose the human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent abroad or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough 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, to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in writing, where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

PHYSICIANS should state CAUSE OF DEATH EXACTLY. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

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. 153

No. 63 Harbor View Avenue

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary Ann (Connelly) Stevens

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 63 Harbor View Avenue

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

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

6a If married, widowed, or divorced

HUSBAND of

John Henry Stevens

(or 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

6

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)

June 1939

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Bangor

(State or country)

Maine

13 NAME OF FATHER

Patrick Connelly

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Ann O'Brien

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant

Lucy J. Connelly

Relation, if any

(sister)

(Address)

14 Gridley St Bangor Me.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
Health Officer
(Official Designation)

7/26/39
(Date of Issue of Permit)

18 DATE OF DEATH

July

24

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 10, 1936, to July 24, 1939

last saw her alive on July 24, 1939, 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:

Acute Coronary Thrombosis
Date of Onset: July 24, 1939

Contributory causes of importance not related to principal cause:

Coronary heart failure May 1939
Atherosclerosis 1938
Senility 1939

Name of operation

none

Data of

What test confirmed diagnosis

Physician's Laboratory

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jaeger, J. Briggs M. D.

(Address) 502 N. 1st St. Bangor, Me. Date July 20, 1939

21 Mt. Auburn

Cambridge

Place of Burial, Creation or Removal (City or Town)

DATE OF BURIAL July 27 1939

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed July 26 1939 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 randomly employed only occupation was that of home housework. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and the certificate of the attending physician, if any, as required by law, shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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.

....The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into from the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 the **sudden deaths of persons found dead.**

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)

No. 62 Floyd

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 154

2 FULL NAME Georgia Anna (Crist) Jarvis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 62 Floyd

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 39 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
-----------------	--------------------------	--

6a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Cameron Dewitt Jarvis
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 1 Months 28 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) June 1939

11 Total time (years) spent in this occupation 48

12 BIRTHPLACE (City) Montgomery
(State or country) New York

13 NAME OF FATHER George Crist

14 BIRTHPLACE OF FATHER (City) _____
(State or country) New York

15 MAIDEN NAME OF MOTHER (?) Hinkley

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

17 Informant Cameron Dewitt Jarvis husband
(Address) 62 Floyd St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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 July 28 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to July 28, 1939.
I last saw him alive on July 28, 1939, death is said to have occurred on the date stated above, at 7:40 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Common infant
Acute myocarditis

Date of Onset
IMPORTANT

June 19 1939

July 3 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of _____
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify P B Park M. D.
(Signed) Winthrop Mass Date July 29 1939
(Address)

21 Puritan Lawn Peabody
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 30 1939 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19

AUG

1939

(Registrar)

CERTIFICAT

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—In the statement of occupation is very important so that the relative healthiness of various occupations can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not regularly employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service 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.

It is important to carefully list the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish between a person who sells goods, should be called a SALESMAN and not a SALEER.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. *e.g.*, heart failure, asphyxia, asbestosis, etc. As the mode of dying is the disease causing death, asphyxia related cause, name each 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

'The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 posted act, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . (GEN. LAWS, CHAP. 46, SEC. 9)

... GEN. LAWS, CHAP. 46, SEC. 9

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one place to another, without a permit from

to another, that one place or more other than the receiving town or the board of health is acting, or shall act, as clerk of the town where the body is being buried. No such permit shall be issued until there shall have been a written statement from the agent or clerk, as the case may be, a satisfactory certificate containing the facts required by law to be returned and recorded, or a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinbefore provided. If there is no attending physician, or if for sufficient reason, or, if certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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 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 is obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States, or in any branch in which it has been engaged, such rectal shall appear in the death permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is given and the physician certifying the cause of death shall thereupon 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. (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 United States or only such persons as are subjected to violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as 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 board from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46, § 1. (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) **Model 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.

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. 6234

PLACE OF DEATH

(County)

(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 Joseph F Hickey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 382 Revere 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 M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Annie T Kelly
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 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. traffic mgr

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. brewery

10 Date deceased last worked at this occupation (month and year) 7/39 11 Total time (years) spent in this occupation -

12 BIRTHPLACE (City) Boston (State or country)

13 NAME OF FATHER Charles Hickey

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Margaret Hickey ok

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant wife (Address) Relation, if any

A TRUE COPY.

ATTEST: James R. Burke (Registrar of city or town where death occurred)

DATE FILED 7/11/39 19

18 DATE OF DEATH July 8 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/6/39, 19, to 7/8/39, 19,

I last saw him alive on 7/8/39, 19, 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:

cerebral arteriosclerosis
with hypertension
cerebral hemorrhage

Date of onset

6 days

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Osgood M. D.

(Address) P. Bent Brigham H. Date 7/8 19 39

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 7/10/39 19

22 NAME OF UNDERTAKER J F O'Maley

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)



AUG 1 1950 AM

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

PLACE OF DEATH

Franklin

(County)

Montague

(City or Town)

No. Farren Memorial Hospital St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Montague

(City or town making return)

Registered No. 153

2 FULL NAME Edmund A. Spence

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Tewksburg

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

White

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

Married

6a If married, widowed, or divorced

HUSBAND of

Mary E. Hahn

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 34

Years 10

Months 22

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Electrician

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Boston Elevated

10 Date deceased last worked at this occupation (month and year)

July 7

11 Total time (years)

spent in this occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Massachusetts

13 NAME OF FATHER

Edmund A. Spence

14 BIRTHPLACE OF FATHER (City)

Cannot Be Learned

(State or country)

New Jersey

15 MAIDEN NAME OF MOTHER

Margaret A. MacKeon

16 BIRTHPLACE OF MOTHER (City)

Cannot Be Learned

(State or country)

Scotland

17

Informant (Address)

Mary E. Hahn

Relation, if any

(Wife)

Winthrop, Mass.

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

Lawrence M. Killalea

DATE FILED

July 11

19

39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

10

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July

8

39

to July

10

1939

I last saw him alive on July 10, 1939, death is said

to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis

Chronic Valvular Disease ?

Chronic Nephritis ?

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) K. W. B. Jacobus

M. D.

(Address) Turners Falls, Mass. Date 7/10/39

21 Winthrop Cemetery, Winthrop, Mass.

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 13

1939

22 NAME OF UNDERTAKER

C. Eugene McCarthy

ADDRESS Greenfield, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



AUG-8 1932 AM

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g

Essex



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

PLACE OF DEATH

Danvers

STANDARD
CERTIFICATE OF DEATH

Registered No. 157

Danvers State Hospital

No. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Bessie Wingersky

(If U. S.
War Veteran,
specify WAR)

2 FULL NAME.....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 206 Washington Ave. St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 4 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 WIDOWED or DIVORCED widowed

18 DATE OF DEATH July 10, 1939.
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Abraham Wingersky (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY That I attended deceased from Jan. 8, 1937 to July 10, 1939
I last saw him alive on July 10, 1939, death is said to have occurred on the date stated above, 8 P. m.

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE 80 Years Months Days If less than 1 day Hours Minutes

Cholelithiasis 5 yrs. Date of onset
Chr. Cholecystitis 5 yrs.
Perforation of gall bladder 1 day
Chr. Myocarditis 10 yrs.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Dutch Guinea (State or country) So. America

13 NAME OF FATHER Alfred Sarqui

14 BIRTHPLACE OF FATHER (City) Dutch Guinea (State or country) So. America

15 MAIDEN NAME OF MOTHER Rachael Mesquito

16 BIRTHPLACE OF MOTHER (City) Dutch Guinea, So. America (State or country)

17 Informant M. K. McPhillips (Address) DSH Relation, if any ()

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) DSH 7/14/39 19

21 Place of Burial, Cremation or Removal Harmony Grove Salem (City or Town) DATE OF BURIAL 7/13/39 19

22 NAME OF UNDERTAKER W. H. Crosby (Address) Danvers

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

Received and filed 19

DATE FILED 7/17/39 19

(Registrar of City or Town where deceased resided)



AUG 1 4 1933 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 STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 6326

PLACE OF DEATH

(County) **ESSEX**
(City or Town) **BOSTON**
No. **Mass General Hosp** St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Hector Brugnani

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

105 Cottage Ave

St., Ward,

(If U. S. War Veteran, specify WAR)

Wintthrop

(If nonresident, give city or town and state)

Length of residence in city 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

Eugenia Fauro

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

72

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.

cook

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hotel

10 Date deceased last worked at this occupation (month and year)

1935

11 Total time (years) spent in this occupation

50

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF FATHER

Giovanni Brugnani

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

Rosa ---

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

17

Informant (Address)

Relation, if any

()

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

18 DATE OF DEATH

Jul 11/ 39

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

7/5/39

19

7/11/39

19

I last saw **him** alive on **7/11/39**, 19death is said to have occurred on the date stated above, **7/11/39** m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

for pneumonia rt base**4 days**

Contributory causes of importance not related to principal cause:

art. sclerosis-coronary & acute

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. F. Houser

M. D.

(Address)

Mass Gen Hosp

Date

7/11/39

19

21

Place of Burial, Cremation, or Removal

(City or Town)

DATE OF BURIAL

7/13/39

19

22 NAME OF UNDERTAKER

J. Cincotti & Sons

ADDRESS

Boston

Received and filed

7/14/39

19

(Registrar of City or Town where deceased resided)



AUG 14 1939 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.

50m-11-36. No. 9080-g

PLACE OF DEATH

SUFFOLK
(County)
BOSTON



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6465

No. The Childrens Hosp St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Meltzer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 80 Sagamore Ave

St., Ward, Wintthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 1 Years - 15 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country)

13 NAME OF FATHER Jacob Meltzer

14 BIRTHPLACE OF FATHER (City) New York NY (State or country)

15 MAIDEN NAME OF MOTHER Shirley Litchman

16 BIRTHPLACE OF MOTHER (City) New York NY (State or country)

17 Informant (Address) father Relation, if any

A TRUE COPY.

ATTEST: James P. O'Brien (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jul 17/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/6/39, 19, to 7/17/39, 19. I last saw or alive on 7/17/39, 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:

cong. hemolytic anemia-hepato
megaly -enteroglandular hyper-
trophy-cardiac hypertrophy

Contributory causes of importance not related to principal cause:

Name of operation splenectomy Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) D. Riser, M. D. (Address) 300 Longwood Ave Date 7/17/39 19

21 David Vicur Cholin Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL 7 /17/39 19

22 NAME OF UNDERTAKER B F Solomon ADDRESS Brookline 7/19/39

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



AUG 14 1933 AM

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 report)

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)

No. 20th Israel Hosp

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 100

(If U. S.
War Veteran,
specify WAR) Winthrop

2 FULL NAME Matilda Rudginsky (Tillie)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 29 Ocean Ave St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Harry Rudginsky (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER David Vigorda

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) husband

A TRUE COPY.

ATTEST: James A. B. Burch (Registrar of city or town where death occurred)

DATE FILED 19

18 DATE OF DEATH Jul 18/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

7/1/39 19 to 7/18/39 19

I last saw him or alive on 7/16/39 19, death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

metastatic cancer of brain ?

Contributory causes of importance not related to principal cause: cancer of left breast ?

Name of operation craniotomy Date of operation 8/22/39

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) A. L. Segel M. D.

(Address) 330 Brookline Av Date 7/18/39

21 Place of Burial, Cremation or Removal Winthrop-Everett (City or Town)

DATE OF BURIAL 7/18/39 19

22 NAME OF UNDERTAKER M Stanetsky

ADDRESS Boston

Received and filed 7/20/39 19

(Registrar of City or Town where deceased resided)

RECEIVED



AUG 14 1939 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.

Suffolk



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

Chelsea

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 519 431

PLACE OF DEATH

(City or Town) Soldiers' Home

No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Frank E. Walton

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) World War

(a) Residence. No.

(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 M 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 of wife in full)

(or) WIFE of (Husband's name in full)

8 IF STILLBORN, enter that fact here.

7 50 10 16 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. Photo Engraver
9 Industry or business in which work was done, as 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) Revere, (State or country) Mass.

13 NAME OF FATHER Wm. A. Walton

14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

15 MAIDEN NAME OF MOTHER Amy Fredericks

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Hospital Records Informant (Address) Relation, if any

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sept. 5, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 24, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan. 18 1938 to Aug. 24 1939
I last saw him alive on Aug. 24 1939 death is said to have occurred on the date stated above, at 7.10 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral accident
Hypertension
Hypertensive heart disease
Chronic nephritis

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) Lewis Glazer M. D. (Address) Soldiers' Home Date Aug. 24 1939

21 Winthrop Cemetery, Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Aug. 26, 1939

22 NAME OF UNDERTAKER R. H. White ADDRESS 147 Winthrop St. Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



SEP-9 1899 AM

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 162

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Sta Hosp Ft Banks, Mass. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH R. BOILY
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, WW specify WAR)

(a) Residence. No. 53 Ash St St. Ward, Manchester, NH
(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. 0 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 *never* Single

6a If married, widowed, or divorced HUSBAND of Rose Lussier (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 39 Years 3 Months 1 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC
10 Date deceased last worked at this occupation (month and year) July 29, 1939 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Manchester, N. H. (State or country) New Hampshire

13 NAME OF FATHER Dedine Boily

14 BIRTHPLACE OF FATHER (City) Canada (State or country)

15 MAIDEN NAME OF MOTHER Rebecca Houle

16 BIRTHPLACE OF MOTHER (City) Canada (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 Health Officer) (Date of Issue of Permit) 8/3/39

18 DATE OF DEATH August 1, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 31, 1939, to August 1, 1939

I last saw him alive on Aug 1, 1939, death is said

to have occurred on the date stated above, at 12:50 PM

The principal cause of death and related causes of importance in order of onset were as follows:

Peritonitis, acute, general, severe. IMPORTANT. Unknown

Contributory causes of importance not related to principal cause:

Ulcer, perforated ileum. Unknown
Para lytic ileus. Unknown

Name of operation None Autopsy Date of - Yes
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: (Signed) J. O. Hays, Capt MC US Army M. D. (Address) Fort Banks, Mass. Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary - Manchester (Cemetery) (City or town) N. H.

DATE OF BURIAL Aug 4 1939

22 NAME OF UNDERTAKER J. A. Benson ADDRESS Wintthrop, Mass.

Received and filed 19

AUG 2 1939 (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.
- Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause, of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health upon application to issue such permits. If the body of a deceased person is the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 suppressible 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 randomly employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write *HOUSEWORK* in answer to Question 8 and *OWN HOME* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *HOUSEKEEPER*—*PRIVATE FAMILY*, *COOK*—*HOTEL*, etc. For a person who had no occupation whatever write *NONE*.)

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *SPRINGER*, *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*, etc.

Distinguish carefully the different kinds of occupations by stating the full descriptive titles, as *CIVIL ENGINEER*, *MECHANICAL ENGINEER*, *MINE ENGINEER*, *STATIONARY ENGINEER*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *CARPENTER*, *PAINTER*, *MACHINIST*, etc. Distinguish carefully between *RETAIL MERCHANTS* and *WHOLESALE MERCHANTS*. A person who sells goods should be called a *SALESMAN* and not a *CLERK*.

Statement of 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 complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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, the physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the 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 by the undertaker. 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 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; the funeral is to be held, or from a 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 transmission (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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 64

No. 180 Somerset Avenue

St.

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Addie Mabel (Stonehouse) Bucknam

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 180 Somerset 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

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
-----------------	--------------------------	--

(write the word)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Oscar O. Bucknam
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 6 Months 21 Days
If less than 1 day
Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	House work
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Own home
	10 Date deceased last worked at this occupation (month and year)	June 1939

11 Total time (years)
spent in this occupation 4012 BIRTHPLACE (City) Boston
(State or country) Massachusetts

13 NAME OF FATHER Cuthbert Stonehouse

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Sarah Conohan

16 BIRTHPLACE OF MOTHER (City) New Brunswick
(State or country)17 Informant Oscar N. Bucknam (husband)
(Address) 180 Somerset Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers

(Signature of Agent of Board of Health or other)

Agent
(Official designation)Aug 4/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 3 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 12, 1939, to Aug. 3, 1939.

I last saw her alive on Aug. 3, 1939, 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:

Cerebral Hemorrhage	June 5, 1939
Arterio-Sclerosis	1935
Hypostatic pneumonia	July 31-39

Date of Onset
IMPORTANT

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) Sybil M. Kirkpatrick M. D.
(Address) Winthrop Mass. Date 8-4-193921 Woodlawn Cemetery Everett Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 5, 1939 1922 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

PLACE OF DEATH

Winthrop
(County)Suffolk
(City or Town)

Winthrop Community Hospital

No.

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

165

2 FULL NAME Nellie E. (Sheerin) Butler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 440 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

8 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>married</u>
------------------------	---------------------------------	--

(write the word)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)(or) WIFE of Raymond W. Butler

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home10 Date deceased last worked at this occupation (month and year) Aug. 193911 Total time (years) spent in this occupation 3012 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

13 NAME OF FATHER Patrick Sheerin14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)15 MAIDEN NAME OF MOTHER Susan Sheehy16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant R.W. Butler Relation, if any (Husband)
(Address) 440 Winthrop St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

165

2 FULL NAME Nellie E. (Sheerin) Butler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 440 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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 4, 1939
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from August 1, 1939, to August 4, 1939I last saw her alive on August 4, 1939; 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:

Internal Hemorrhage
(probably from stomach)
or duodenum

Date of Onset

8/1/39

Contributory causes of importance not related to principal cause:

HypertensionyearsName of operation..... Date of.....
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.....

(Signed) Arthur C. Murray, M. D.(Address) Winthrop, Mass. Date 8/4, 193921 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)DATE OF BURIAL Aug. 7, 193922 NAME OF UNDERTAKER John F. O'MalleyADDRESS Winthrop

Received and filed..... 19.....

A TRUE COPY ATTEST:

AUG 7 1939

(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, the cause as required by law, and the date of death, and the date of his last illness when last seen alive by the physician or officer and the date of his death.

(GEN. LAWS, CHAP. 46, SEC. 9.)

No undertaker or other person shall bury or otherwise dispose of a human body in a town, unless he has therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, 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 buried, from one town to another within the commonwealth cannot 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, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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. (TERRENTREARY EDITIONS)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. (GEN. LAWS, CHAP. 38, SEC. 6.)

He shall, in all cases, according to the town clerk or registrar in the place where the deceased died, call as may be, and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERRENTREARY EDITIONS.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting scot-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 ascertained. Make some entry in this section for every person aged 10 years and over. If the occupation had been given by the deceased, or by some one of his family, report the occupation changed or different from the occupation prior to his illness, report the occupation prior to retirement. Children, gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write the occupation in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or inflammation which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease cause, e. g., death 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:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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. 91 Sargent St.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles A. Evans

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 91 Sargent 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 27 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
Male4 COLOR OR RACE
White5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(write the word)
Married

5a If married, widowed or divorced

HUSBAND of Mary Walls

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 74

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.

Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Traveling

10 Date deceased last worked at this occupation (month and year)

1934

11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City)

Newburyport

(State or country)

Mass.

13 NAME OF FATHER

Abbott Evans

14 BIRTHPLACE OF FATHER (City)

Newburyport

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Mary Lane

16 BIRTHPLACE OF MOTHER (City)

not known

(State or country)

17

Informant (Address)

Addie T. Addinison

91 Sargent St., Winthrop

Relation, if any

(Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.

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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug 6, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

September 15, 1938, to August 6, 1939

I last saw him alive on August 6, 1939, death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

IMPORTANT

Coronary Thrombosis

Sept 15

1938

Contributory causes of importance not related to principal cause:

Arterio-sclerosis

Name of operation

Date of

What test confirmed diagnosis? Chemo. Sign. Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Daniel H. O'Brien M.D.

(Address) 27 W. 4th St. Winthrop Date Aug 7, 1939

Groveland

Groveland, Mass.

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug. 8, 1939

19

22 NAME OF FUNERAL DIRECTOR

Richard T. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed Aug 8, 1939

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 a woman whose only occupation was that of home housework. For housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY**, **COOK—HOTEL**, etc. For a person who had no occupation whatever write **NONE**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER**, **WEAVER**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE**, **SOAP FACTORY**, **COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER**, **MECHANICAL ENGINEER**, **MINING ENGINEER**, **STATIONARY ENGINEER**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as **CARPENTER**, **PAINTER**, **MACHINIST**, etc. Distinguish carefully between **RETAIL MERCHANTS** and **WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

Statement of 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 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 law, when last seen alive by the physician or officer and the date of his death. —GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 the facts shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if 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 or, if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician or, if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, shall upon application make it or by the selectmen 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 desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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, served in the army, navy or marine corps, that the deceased in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, through its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 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. (TENTH CENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposed to be from injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septic or electrical agents, and deaths following abortion, but also deaths from disease results, and deaths following abortion, but also deaths the sudden death of persons **not disabled by recognized disease**, and those of persons found dead.

BOSTON NOTIFIED

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent:

PLACE OF DEATH

Suffolk 9/17/39
(County)
Wintthrop Mass.
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 107

1 No. Wintthrop Community Hospital Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Salamone (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 335 Maverick St., 1 Ward, E B. (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 (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 dayHours.....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 Mass (State or country)

13 NAME OF FATHER James Salamone

14 BIRTHPLACE OF FATHER (City) Boston, Mass (State or country)

15 MAIDEN NAME OF MOTHER Evelyn Brace

16 BIRTHPLACE OF MOTHER (City) Malden Mass (State or country)

17 Informant James Salamone (Father) (Address) 335 Maverick 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) 9/11/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 7, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Aug. 7, 1939, to Aug 7, 1939

I last saw him alive on, 19.., death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance in order of onset were as follows:

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation.....Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) (Address) 335 Maverick St. E B. Date 8/11/1939 M. D.

21 Place of Burial, Cremation or Removal (City or Town) St. Michael's Boston Mass

DATE OF BURIAL August 12, 1939

22 NAME OF FUNERAL DIRECTOR James J. Santos

ADDRESS 104 Maverick 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 may be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given on a previous report, repeat the occupation causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person 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, 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 RETURN OF CERTIFICATE OFFICER OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, and the medical examiner shall make such certificate. If such permit is issued, the removal of the body from the commonwealth cannot be obtained 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 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 **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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Cliff Ave., Winthrop

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

Registered No. 103

2 FULL NAME Emma Forsyth Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 125 Cliff 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 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 George C. Brown (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years 1 Months 28 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) St. John (State or country) N. B.

13 NAME OF FATHER James Forsyth
14 BIRTHPLACE OF FATHER (City) not known (State or country)15 MAIDEN NAME OF MOTHER not known
16 BIRTHPLACE OF MOTHER (City) not known (State or country)

17 Informant Walter H. Gordon (Address) 65 Park St., Roxbury, Mass. Relation, if any 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) (Date of Issue of Permit) 8/10/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 8 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 6 1939 to Aug. 8 1939. I last saw her alive on August 7 1939, death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Generalized arteriosclerosis 1930
Chronic myocarditis 1935Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Syphilis M. Dickerson M. D.
(Signed) (Address) Winthrop, Mass. Date Aug. 9 193921 Mt. Wollaston, Quincy
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 10, 193922 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed. 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, i. e., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

After the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease 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 bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or 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 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 for the purpose, and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit 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. (TERMINAL EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have been called, cause during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 trauma (including resulting septal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 27 Tileston Road

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 29

2 FULL NAME Sarah Louise (Anderson) Tewksbury

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 27 Tileston Road

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 63 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) Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frank E. Tewksbury (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years 9 Months 2 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 1923 11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Boothbay Harbor (State or country) Maine

13 NAME OF FATHER Andrew Anderson

14 BIRTHPLACE OF FATHER (City) Boothbay Harbor (State or country) Maine

15 MAIDEN NAME OF MOTHER Margaret Garney

16 BIRTHPLACE OF MOTHER (City) Boothbay Harbor (State or country) Maine

17 Informant Myron W. Tewksbury (son) (Address) 27 Tileston 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)

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 August 8 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to Aug 8, 1939.

I last saw him alive on Aug 8, 1939, death is said

to have occurred on the date stated above, at 7:35 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary artery disease

Date of Onset

Dec 6 1935

Contributory causes of importance not related to principal cause:

Myocardial infarction
Chronic myocarditis

Name of operation none Date of operation none
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 Chronic heart disease

(Signed) W. H. T. Mearns M. D.

(Address) Winthrop Mass Date Aug 9 1939

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 10, 1939

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed. 1939

(Registrar)

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

James P. Leahy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence

No. 225 Webster

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

years

months 4 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 (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

6a If married, widowed or divorced

HUSBAND of

Helen M. Burke

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

38

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Route Driver

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Harold Traveler

10 Date deceased last worked at this occupation (month and year)

Aug 5 1939

11 Total time (years) spent in this occupation

2 yrs

12 BIRTHPLACE (City)

(State or country)

East Boston Mass.

13 NAME OF FATHER

Patrick Leahy

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Joyce

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17 Informant

(Address)

Helen M. Leahy (WIFE)

225 Webster St. E. Boston

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Mulheese

(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.

Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran
specify WAR)

18 DATE OF DEATH

August 9 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 5 1939, to Aug 9 1939

I last saw him alive on Aug 7 1939, death is said

to have occurred on the date stated above, at 8:30 AM.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Cardiac Failure

Date of Onset

IMPORTANT

8/9/39

Contributory causes of importance not related to principal cause:

Cholecystectomy

8/6/39

Appendicitis

8/6/39

Intestinal Obstruction

8/6/39

Name of operation

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred B. O'Regan M. D.

(Address) 670 Saratoga St. Boston 1939

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 12 1939

22 NAME OF FUNERAL DIRECTOR

ADDRESS 135 London St. E. Boston

Received and filed

(Registrar)

Statement of occupation.—Exercise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the 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 housework in answer to Question 8 and of home housework, write HOUSEWORK in answer to Question 9. For a person engaged in domestic service for wages, however, designate ~~domestic service~~ ^{MAIDLY}, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINE ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When 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, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of diseases, name other important causes.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb over to the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as required. 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, is required, the permit shall, 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 removal, unless a permit is obtained hereunder. If the removal of such body has, been sooner as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps, the United States in any war in which it has been engaged, such permit shall appear upon the permit. The board of health, through its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 if known; if otherwise the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 by trauma (including resulting septic 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.

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. 154

No. 510 Pleasant St., Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Averill Ordway
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 510 Pleasant 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 49 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 Charles A. Ordway (City, maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE 74 Years 3 Months 16 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) At sea
(State or country) Maine Jurisdiction

13 NAME OF FATHER Henry Averill

14 BIRTHPLACE OF FATHER (City) Frankfort
(State or country) Maine

15 MAIDEN NAME OF MOTHER Susan Treat

16 BIRTHPLACE OF MOTHER (City) Frankfort
(State or country) Maine

17 Informant Marion Ordway Relation, if any (Daughter)
(Address) 510 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Gildress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/9/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 9 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 28, 1932, to August 9, 1939.
I last saw her alive on August 9, 1939, death is said to have occurred on the date stated above, at 11 PM.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Corneary Thrombosis Aug 7/39

Contributory causes of importance not related to principal cause:
Diabetes Mellitus 1932

mid. thigh amputation of right leg Oct. 1938
Name of operation
What test confirmed diagnosis? Laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob A. Abrams M.D.
(Address) 1562 Parker St. Date Aug 9, 1939
Winthrop Cemetery Winthrop

21 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 11 1939

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St., Winthrop

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 up or changed on account of the 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. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEWIFE—MAYNIE TAYLOR, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The number and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when 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, 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>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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to his knowledge and belief the date of death, the deceased, his supposed age, the disease of which he died, 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 from a human body the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, if required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a 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 and tendered. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been 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 **directly or indirectly by trauma**ism (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)

Winthrop

(City or Town)

No. 2 Maple Road

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 1472

2 FULL NAME Harry Clinton Graff

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 2 Maple 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 20 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

6a If married, widowed, or divorced HUSBAND of Ella M. Kennedy (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 2 Months 6 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman (retired)

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy business

10 Date deceased last worked at this occupation (month and year) 1929 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) New York (State or country) New York

13 NAME OF FATHER Barney Graff

14 BIRTHPLACE OF FATHER (City) Gloversville (State or country) New York

15 MAIDEN NAME OF MOTHER Catherine Smith

16 BIRTHPLACE OF MOTHER (City) Gloversville (State or country) New York

17 In/formant (Address) Ella M. Graff (wife) 2 Maple Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William S. Childers (Signature of Agent of Board of Health or other Agent) Aug 18/29 (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 Aug 16 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 12 1939, to Aug 16 1939

I last saw him alive on Aug 16 1939, 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:

Cerebral Hemorrhage 2 mos. Cardiac insufficiency

Contributory causes of importance not related to principal cause:

Arteriosclerosis 2 yrs. Hypertension

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) Roy W. Layton M. D. (Address) 270 Cambridge St. Date 7/6 1939

21 Mt. Auburn Cemetery Cambridge

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug. 19, 1939 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed AUG 22 1939 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the human body, and 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 from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the facts shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts as may be, a satisfactory written statement, which shall be accompanied, in case of an original interment, by a certified copy of the attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 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, shall upon receipt of such statement and certificate, shall forthwith, upon sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 of 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 septic or electrical agents, and deaths following abortion, but also deaths from disease results from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been 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 the occupation be returned as AT SCHOOL, or AT 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 clerk 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, ELECTRIC ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "labourer." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as 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>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

1

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 38 Beach Rd.

St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME David Joseph Donovan
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U.S.
War Veteran
specify WAR)(a) Residence. No. 38 Beach rd
(Usual place of abode)St. Ward,
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 Margaret 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 60 Years Months Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner, salesman
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill, Plumbing
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and year) June 1931 11 Total time (years)
spent in this occupation 3512 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER Daniel Donovan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Larkin

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Margaret Donovan (Wife) Relation, if any
(Address) 38 Beach RdI 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 18/39
(Official Designation) (Date of Issue of Permit)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 173

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 16 1939
(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 8:30 P.m.The principal cause of death and related causes of importance in order of onset
were as follows:Natural Causes probably
Cerebral Hemorrhage Aug 16 1939

Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation hme Date of What test confirmed diagnosis? histology Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymont B Parker (Signed) M. D.
(Address) Winthrop Branch of Health Date Aug 18 193921 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 19 1939

22 NAME OF UNDERTAKER John H. O'Neale
ADDRESS Winthrop

Received and filed 19...

A TRUE COPY ATTEST:

(Registrar)

A physician or registered hospital medical officer shall forthwith

Statement of occupation. The precise statement of occupation is very important, so that the relative healthfulness of various occupations can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.**

Distinctions carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact nature of the work, as MECHANICAL FITTER, etc. Distinguish carefully between the terms WHOLESALE MERCHANTS and RETAIL MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestosis, etc. As principal cause, name the disease causing death. As related causes, name the other morbid conditions, if any, related to the principal cause and any substantial complication of the principal cause. Under contributory causes of diseases, not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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

with, 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 to the proper authorities a true and correct certificate of death, stating to the best of his knowledge and belief the date of death, the cause of death, the age, the disease of which he died, and the date of his last illness, when last seen alive by the physician or officer and the name of this last seen alive. GEN. LAWS, CIVIL, 46, SEC. 9.

of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or his 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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health, or his agent, atforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such permit board, or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate, as 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 the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously issued, the medical examiner 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; if it was removed within the usual form for the removal of 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 way in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. If the person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish or register any other necessary information which can be obtained, as 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. (TERRITORIAL 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 such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — CIVIL RIGHTS, § 46, G. L. (PERMANENT 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.

Doctors and health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medial Examiners** will investigate an entity 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. 31 Prospect Ave.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan Ball Donahue

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Prospect Ave Winthrop

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

7 years

months

days.

How long in U.S., if of foreign birth?

40 years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

J. Frank Donahue

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

82

2

1

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)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

Sherbrook
Canada

13 NAME OF FATHER

NOT KNOWN

14 BIRTHPLACE OF FATHER (City)

" " "

(State or country)

15 MAIDEN NAME OF MOTHER

NOT KNOWN

16 BIRTHPLACE OF MOTHER (City)

" " "

(State or country)

PARENTS

17

Informant (Address)

Harry B. Williams

Relation, if any

7 Norman Rd Newton Highlands Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 100-9-37

To be filed for burial permit
with Board of Health
or its Agent.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran
specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug 17 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

g. m. a. d. 1939, to Aug 17, 1939.

I last saw him alive on Aug 17, 1939, death is said

to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT

Cerebral Hemorrhage Aug 17

Contributory causes of importance not related to principal cause:

Chronic Nephritis

Name of operation.....Date of.....
What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Harry B. Williams M. D.

(Address) Winthrop Date 8/18/39

Winthrop Winthrop

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 19 1939

22 NAME OF FUNERAL DIRECTOR Richard B. White

ADDRESS 147 Winthrop St. Winthrop Mass.

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 illness, if the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For HOUSEWORK in answer to Question 8, and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "element of the occupation" as occupation, as CARPENTER, PAINTER, MECHANIC, but give the exact relationship between RETAIL MERCHANT and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *E. G.*, disease causing death, as pneumonia, etc. As principal cause name the conditions, if any, related to the principal cause, name earlier morbid complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the date 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 and the

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, 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 apply to the board of health or to the clerk of the town, and shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit 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, 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 known; otherwise the description as full as may be with the cause and manner of death. . . . Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 **unavoidably due to injury.** These include not only deaths directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, from electrical agents, and deaths following abortion, but also deaths from disease 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. 31 Belcher St.

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Owen William Flannery

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. 175

(a) Residence. No. 31 Belcher St.

(Usual place of abode)

St., Ward, { (If U.S.
War Veteran
specify WAR)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 Margaret M. Ferrins

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 67 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. Contractor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10 Date deceased last worked at this occupation (month and year) 934 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Ireland (State or country)

13 NAME OF FATHER William Flannery

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Donnelly

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Margaret Flannery (wife) (Address) 31 Belcher St Winthrop Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers

(Signature of Agent of Board of Health or other)

Agent

Aug 18/39 (Date of issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 17 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19, death is said

to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Cause Prose

Cerebral Palsy

Date of Onset

Aug 17 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Inquest Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B. Parker M. D.

(Address) Winthrop Board of Health Date Aug 18 1939

21 St. Patrick's Watertown Mass Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 20 1939

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed Aug 22 1939 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 otherwise authorized person or of any member of it, family of the deceased, furnish for registration a standard certificate of death, stating to his best knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 provided. If there is no attending physician, or if, for sufficient purpose, or is insufficiently, a physician who is a member of the board of health is not employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and shall make such certificate. If such a permit for the removal of a human body cannot previously be obtained, from one town to another within the commonwealth, from one town to another 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; provided, that such body shall be returned to the town from which it was removed within thirty-six hours for the removal, unless a permit is obtained hereunder. If the death certificate contains a recital, served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall 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. (189 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 known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (189 CENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease 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 or over. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not a woman whose only occupation was at school or at home. For housework in answer to Question 9 and own home in answer to 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, 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 a person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death, as related causes, name earlier morbid conditions, if they related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

PLACE OF DEATH

Suffolk
(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. 143

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 Lydia Marsh Halsall nee 'Marsh

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 27 Sewall av., Winthrop St., Ward, { (If U.S.
War Veteran
specify WAR)

Length of residence in city or town where death occurred 25 years months days. How long in U.S., if of foreign birth 25 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 Fred Wallace Halsall (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years 8 Months 9 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Five Islands (State or country) Nova Scotia

13 NAME OF FATHER George R. Marsh

14 BIRTHPLACE OF FATHER (City) Five Islands (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Mary McAuliffe

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Nova Scotia

17 Informant Fred W. Halsall (husband) (Address) 27 Sewall av., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent Aug 18/39 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 17 - 39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1939, to Aug 17, 1939

I last saw h. alive on Aug 17, 1939, death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Strokes & cancer in esophagus

Date of Onset
IMPORTANT
Aug 16

Contributory causes of importance not related to principal cause:

Chronic cholecystitis
cholecystitis

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) Tommie A. Costa, M. D. (Address) 261 ... Date Aug 18, 1939

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL August 20, 1939

22 NAME OF FUNERAL DIRECTOR F. J. E. Parker ADDRESS 300 Meridian St., E. Boston

Received and filed. 1939 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 the best of his knowledge and belief the name of the deceased, his sex, age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician; if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such 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 chapter forty-six, that the deceased in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (THIRTEENTH 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. (THIRTEENTH 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 to all deaths directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, E. G., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other 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>	1922
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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

DATE NOTIFIED

9/13/39
(County)

Winthrop

(City or Town)

No. 5 Otis

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. 1177

2 FULL NAME Eugene Aloysius McCarthy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 101 Russell St Charlestown, 2 Ward.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years 2 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)

5a If married, widowed, or divorced HUSBAND of Mary Ellen Devine (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 85 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Navy yard

10 Date deceased last worked at this occupation (month and year) July 1921 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Jeremiah McCarthy

14 BIRTHPLACE OF FATHER (City) Cork (State or country) Ireland

15 MAIDEN NAME OF MOTHER Johana Wall

16 BIRTHPLACE OF MOTHER (City) Waterford (State or country) Ireland

17 Informant Mrs Frank Melville (Address) 101 Russell St Charlestown Relation, if any Daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/23/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 20 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 15 1939 to Aug 15 1939 I last saw him alive on Aug 15 1939, 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:

Cerebral Thrombosis Sept 1938

Contributory causes of importance not related to principal cause:

Cerebral Arteriosclerosis Mar 1938

Name of operation None Date of None What test confirmed diagnosis? Clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) F. J. J. Patrick, M. D. (Address) 2 Austin St on Date Aug 20 1939

21 Holy Cross Malden Mass Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL August 23 1939 19

22 NAME OF FUNERAL DIRECTOR Frank H Carr ADDRESS 4 Main St Charlestown Mass

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 persons whose only occupation was that of home housework, write Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper, private family, cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc, as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of 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 causes.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during forth-lit 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, the duration of his illness, when last seen alive by the physician or officer and the date of his death.—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 written such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician or, 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 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 and 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 removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the removal of such body has been sooner as required by section ten of chapter forty-six, that 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 known: the place where the deceased died his name and residence, if and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth or which he has received a permit so to do from the board of health or its agent appointed 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. (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 **supposedly due to injury**. These include not only deaths caused directly or indirectly by Traumatism (including crushing, scalding, or electrical agents, and deaths following abortion or puerperal, thermal, from disease 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. 178

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 128 Bartlett Rd.

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Sarah Merritt Simmons

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 128 Bartlett Rd. 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 6 years 0 months 0 days. How long in U.S., if of foreign birth? 0 years 0 months 0 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Widowed (write the word)
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of Fred A. Simmons (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 5 Months 12 Days If less than 1 day
Hours 0 Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10 Date deceased last worked at this occupation (month end year) 1937 11 Total time (years) spent in this occupation 0

12 BIRTHPLACE (City) Norwell
(State or country) Mass.

13 NAME OF FATHER Charles Merritt

14 BIRTHPLACE OF FATHER (City) Norwell
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Frances Vinal

16 BIRTHPLACE OF MOTHER (City) Norwell
(State or country) Mass.

17 Informant Mrs. Leah Stainforth Relation, if any
(Address) 128 Bartlett 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)
Health Officer Wm. D. Childress
(Official Designation) (Date of Issue of Permit) 8/28/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 25 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 14 1939, to August 25 1939
I last saw her alive on August 25 1939, death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary Thrombosis Date of Onset Aug 13/39
IMPORTANT

Contributory causes of importance not related to principal cause:

Angina Pectoris 1937

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 heart changes

(Signed) Wm. D. Childress M. D.

(Address) 592 Hurley St. Winthrop Date Aug 28/39

21 Mt. Auburn Cambridge

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug. 28 1939 1939

22 NAME OF FUNERAL DIRECTOR Richard W. White

ADDRESS 147 Winthrop St. Winthrop

Received and filed Aug 31 1939 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness or at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whether same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or his agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, person shall exhum a another, or from one grave to another, from one cemetery to another, or from one tomb to another than the receiving tomb from the board of health or its agent abroad and from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by a satisfactory written statement, which shall be accompanied, in case of 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 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 removal shall constitute a permit for such removal, unless a such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a permit as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter- sign the same and transmit it to the clerk of the town for registration. If the person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases certify to the town clerk or registrar in known; otherwise the deceased died his name and residence, if and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths directly or indirectly by traumatism (including resulting scuffs, lacerations, and by the action of chemical (gases or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had, been in the past, or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. For example, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

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. 170

PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)

No. 20 Enfield Road

St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude C. Burke
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 20 Enfield 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 26 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7. 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 E. Burke
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years 2 Months 24 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) Aug. 1939 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Salem
(State or country) Mass

13 NAME OF FATHER James Bagley

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Bridget Keegan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Mary E. Bagley (sister)
(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 Health Officer) 8/29/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 27 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____, death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance to order of onset were as follows:

Natural causes Probably
Arterio-sclerotic of heart

Date of Onset
IMPORTANT

Aug 27, 1939

Contributory causes of importance not related to principal cause:

Chronic myopathy

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) Raymond B. Parker M. D.
(Address) Waiting Room of Health Date Aug 27, 1939

21 St. Paul's Cemetery Arlington
Place of Burial, Creation or Removal (City or Town)

DATE OF BURIAL August 30, 1939

22 NAME OF UNDERTAKER M. J. Kelly
ADDRESS 11 Meridian St. East Boston

Received and filed _____, 19____

AUG 31 1939 (Registrar)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Fort Banks St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ANNA SICO LACASSE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Clark St. St., Quincy, Mass. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred Unknown 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 Robert A. Lacasse (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 39 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. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) New Brunswick, N. J. (State or country)

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Poland

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Poland

17 Informant (Address) Registrar, Sta. Hosp. Ft. Banks, Mass. Relation, if any

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 29th 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 20, 1939, to August 29, 1939. I last saw her alive on August 29, 1939, death is said to have occurred on the date stated above, at 4:40 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Nephritis, acute, bilateral, severe with uremic poisoning, cause undetermined. Unknown

Contributory causes of importance not related to principal cause:

Tumor, benign, leiomyomata, massive, involving entire uterus. Unknown

Name of operation Hysterectomy Date of Aug 21, 1939
What test confirmed diagnosis? None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. E. DOVELL, Lt. Col. M. D. (Address) Fort Banks, Mass. Date 8/29/39

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, N. Y. (Cemetery) (City or town)

DATE OF BURIAL Sept 1 1939

22 NAME OF UNDERTAKER C. P. Bismarck ADDRESS Winthrop, Mass.

Received and filed AUG 31 1939 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. S. Childress Jr. (Signature of Agent of Board of Health or other)
Health Officer 8/29/39 (Official Designation) (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an official interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a ritual, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such ritual shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter obtain for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 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, . . . Sec. 6.
He 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 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*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name conditions or complications, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. 2 Edgar Ave.

St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Clarence Nathan Mundy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 2 Edgar 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)
WIDOWED OR DIVORCED Married

6a If married, widowed, or divorced
HUSBAND of Sarah Adolis
(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 6 Months 13 Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Salesman
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Lumber
10 Date deceased last worked at
this occupation (month and year) Jan/1933 11 Total time (years)
spent in this occupation 42

12 BIRTHPLACE (City) Plainfield
(State or country) New Jersey

13 NAME OF FATHER James J. Mundy

14 BIRTHPLACE OF FATHER (City) Plainfield
(State or country) New Jersey

15 MAIDEN NAME OF MOTHER Ada Laich Hankinson

16 BIRTHPLACE OF MOTHER (City) Vienna
(State or country) New Jersey

17 Informant Sarah Mundy Relation, if any
(Address) 2 Edgar Ave. (If 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. Childers
(Signature of Agent of Board of Health or other
Health Officer) (Date of Issue of Permit) 8/31/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 29, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
July 1st, 1935, to Aug. 29, 1939
I last saw him alive on Aug. 12, 1939, 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:

Generalized arteriosclerosis 1930
Chronic myocarditis 1935

Contributory causes of importance not related to principal cause:

Chronic Arthritis 1929.

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 Spinal Cord Disease M. D.
(Signed) Winthrop Mass. (Address) Winthrop Mass. Date Aug 30, 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 1 1939

22 NAME OF FUNERAL DIRECTOR E. P. Benson
ADDRESS Winthrop Mass.

Received and filed SEP 6 1939 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 where he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from town, from one cemetery to another, or from one grave or tomb other 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 of the town where the body is buried, or from the clerk issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as 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 of the town, shall upon application make the certificate required, for the purpose, of the death, if death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, for the removal of 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 removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the removal of such body has been so required by section ten of chapter forty-six, that 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 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. (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 writing the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 supposedly due to injury. These include, not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (including poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 or changed on account of the disease causing death, report 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 housework in answer to Question 8 and own home in answer to Question 9, furnish a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER, PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MILL ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "liberal." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the latter example happens to be the second cause given.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7136

PLACE OF DEATH

(County)

(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

John J Mulvanity

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

72 Harbor View Ave

St.,

Winthrop Beach

(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

Divorced

5a If married, widowed, or divorced

HUSBAND of

Mae Dubray

(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.

physician

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

1930

11 Total time (years) spent in this occupation. 10

12 BIRTHPLACE (City)

(State or country)

Nashua NH

13 NAME OF FATHER

Thomas Mulvanity

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Margaret Clancy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17 Informant (Address)

Sara A Williams

Relation, if any

sister

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

18 DATE OF DEATH

Aug 13/39

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/11/39 to 8/13/39

I last saw him alive on 8/13/39, 19, death is said

to have occurred on the date stated above, at 8:35 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

hypertension

10 yrs

cerebral vascular thrombosis

10 days

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W B Osgood

(Address) Peter B B Hosp

Date 8/13/39

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

J P Cleary & Son

ADDRESS

Boston

Received and filed 8/16/39 19

(Registrar of City or Town where deceased resided)



SEP 22 1933 AM

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. 123

1 No. 237-River Rd St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Wolfson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 237-River Rd. Ward, Winthrop
(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? 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 Rose Kramer
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
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) 12-26
11 Total time (years) spant in this occupation 4

12 BIRTHPLACE (City) Boston, Mass.
(State or country)

13 NAME OF FATHER Abraham J. Wolfson
14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Rachel-Carmichael learned
16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant (Address) Jacob Kramer
(Address) 43-Revere St. Boston
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.
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer 9/5/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 1, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 1936 to Sept 1, 1939
I last saw him alive on Sept 1, 1939 death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

dissected carcinoma of rectum
Date of Onset (IMPORTANT)

Contributory causes of importance not related to principal cause:

Name of operation no Date of
What test confirmed diagnosis? no Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Louis Cohen M. D.
(Address) 1084 Mendon St. 43 Date 9/21/39

21 Adath Israel Cem. W. Rox.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 3, 1939

22 NAME OF UNDERTAKER Samuel Stanetsky
ADDRESS 10-Wash St. W. Rox.

Received and filed SEP 6 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been 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 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 **SEWING**, **WEAVER**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE**, **SOAP FACTORY**, **COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER**, **MECHANICAL ENGINEER**, **MINING ENGINEER**, **STATIONARY ENGINEER**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **CARPENTER**, **PAINTER**, **MACHINIST**, etc. Distinguish carefully between **RETAIL MERCHANTS** and **WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

Statement of 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
<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, any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best 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 his agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 his 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 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 removal shall constitute a permit for 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, however soon obtained hereunder. If the certificate contains a statement as required by section ten of chapter forty-six, that 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 **supposablely due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting scorching), and by the action of chemical (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

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. *181*

No. *244 Shore Drive* St. *Ward* { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Joseph Kaufman* { (If U. S.
War Veteran
specify WAR)

(a) Residence. No. *21 Parkman St Brookline* 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 *male* 4 COLOR OR RACE *white* 5 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED *married.*

18 DATE OF DEATH *September 3 1939*
(Month) (Day) (Year)

6a If married, widowed, or divorced
HUSBAND of *Rebecca Jackson*
(Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from
never 19....., to....., 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 *6:30 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 *74* Years *1* Months.....Days..... If less than 1 day
Hours.....Minutes

Date of Onset
IMPORTANT

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)..... 11 Total time (years) spent in this occupation.....

Natural causes
Presumably coronary occlusion
Contributory causes of importance not related to principal cause:
Chronic cholecystitis

12 BIRTHPLACE (City)..... *England*
(State or country)

13 NAME OF FATHER *Jacob Kaufman*

14 BIRTHPLACE OF FATHER (City)..... *unknown*
(State or country)

15 MAIDEN NAME OF MOTHER *Rose unknown*

16 BIRTHPLACE OF MOTHER (City)..... *unknown*
(State or country)

17 Informant *Warren Kaufman* (..... Son) Relation, if any
(Address) *244 Shore Drive Winthrop*

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 E. Donovan* M. D.
(Address) *100 North Beacon St Boston* Date *1939*

21 *Temple Ohabei Shalom E. Boston*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Sept 5 1939* 19.....

22 NAME OF FUNERAL DIRECTOR *J. S. Waterman Son*
ADDRESS *Boston Mass.*

Received and filed..... 19.....

SEP 6 1939

(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. Gulderson
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *9/2/39* (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

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 his best knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other 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, satisfactory certificate of the attending physician. If any, as provided by law, or in lieu thereof a certificate, as hereinafter 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 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 provide such removal shall constitute a permit for such removal; provided, 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 recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith contravene it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the contrary a registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITIONS.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases, certify to the town clerk or registrar in writing the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERMINAL EDITIONS.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending 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 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 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, not the mode of dying. It is 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:

Attributable	Date of Onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
Cerebral hemorrhage	July 5, 1921

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

NOTIFIED
11/11/39The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 123

To be filed for burial permit
with Board of Health
or its Agent.No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME (Stillborn) Tyrer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 93 1/2 Princeton St., Ward E. Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Female White

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE.....Years.....Months.....Days If less than 1 day
Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

13 NAME OF FATHER John W. Tyrer

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Emma L. Teed

16 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass.17 Informant John L. Tyrer (father)
(Address) 93 1/2 Princeton St., E. Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH September 4, 1939
(Month) (Day) (Year)I HEREBY CERTIFY that I attended deceased from
Sept. 4, 1939, to Sept. 4, 1939

I last saw him alive on Sept. 4, 1939, death is said

to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance in order of onset
were as follows:Date of Onset
IMPORTANTStillborn
Macnated foetus
6 month pregnancy

Contributory causes of importance not related to principal cause:

Placenta cord

Name of operation Version Date of 9/4/39
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Signed J. E. Parker M. D.
(Address) 300 Meridian St., E. Boston Date 9/5/3921 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL September 6, 1939NAME OF FUNERAL DIRECTOR L. E. Parker
ADDRESS 300 Meridian St., E. Boston

Received and filed SEP 12 1939

(Registrar)

RETURN OF CERTIFICATE OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposition as to the cause of death, the date of death, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a certificate as required by law, and 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 of health, or employed by it or by the selectmen for the purpose of health, or employed by it or by the selectmen for the purpose of health, application make the certificate required of the attending physician. If death is caused by violence, the medical examination of a human body, not previously interrupted, from one town to another within the Commonwealth cannot be obtained early enough for the purpose of the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the removal of such body has been sooner as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such removal shall appear upon the permit. The board of health, or its agent, upon 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. 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, age, residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 directly or indirectly by Traumatism (including resulting scuffs, cuts, abrasions, 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. Those of persons not disabled by recognized disease, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement 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 first, second, or third position. The principal cause may appear in either 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 STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

No.

62 Summit Ave.

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Bertha Bergman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

62 Summit Ave

(If U. S.

War Veteran

specify WAR)

(a) Residence. No.

(Usual place of abode)

Winthrop

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

8

years

months

days.

How long in U.S., if of foreign birth?

45

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)

Widowed

6a If married, widowed, or divorced

HUSBAND of

Jacob Bergman (give designation 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.

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)

Sept 3 1939

11 Total time (years)
spent in this
occupation 45

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF
FATHER

Raphael Moritz

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Hannah

Unknown

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Fannie Goldberg

Relation, if any

Informant
(Address)

62 Summit Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

H. M. S. Childers

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of issue of Permit)

18 DATE OF
DEATH

Sept.

4

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

me

1939, to

Sept 4

1939

I last saw him alive on Sept 3, 1939, 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:

Hypertensive Heart Disease
Coronary Thrombosis

Date of Onset
IMPORTANT

1934

9/3/39

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)

Tifereth Israeli

M. D.

(Address)

212 Elm St Dor Mass

Date Sept 4 1939

21 Tifereth Israeli Everett Mass

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL Sept 5 1939

19

22 NAME OF
FUNERAL DIRECTOR Jacob H. Levine

ADDRESS 394 Wash St Dor Mass

Received and filed SEP 6 1939 19

(Registrar)

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.

(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 *Alice Bunker*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *19 Moore St. Wintthrop* 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 *78* Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year) *Dec 1922* 11 Total time (years)
spent in this occupation *39*

12 BIRTHPLACE (City) *Nantucket*
(State or country) *Mass*

13 NAME OF FATHER *James M. Bunker*

14 BIRTHPLACE OF FATHER (City) *Nantucket*
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Macy*

16 BIRTHPLACE OF MOTHER (City) *Nantucket*
(State or country) *Mass*

17 Informant *Austin T. Bunker (Bro)*
(Address) *5 Worthen Rd. Wintthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Sept- 4 - 1939*
(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
Senility
Recent Fracture Right Femur
Fell accidentally at her home on
August-9-1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? *Wintthrop*
(Signed) *John P. Bricker* M. D.
(Address) *Boston* Date *Sept 4 - 1939*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Woodlawn - Everett*
(Cemetery) (City or town)

DATE OF BURIAL *Sept 7 - 1939*

22 NAME OF UNDERTAKER *Mann & Mann, Ed Mann*
ADDRESS *Boston, Mass.*

Received and filed *SEP 6 1939* 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.)*

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 **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 anesthetic." "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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 39 Seaview Ave

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Lightbown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Seaview 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 years

months

days

How long in U.S., if of foreign birth? 29 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 Miriam (Brindle)

(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 10 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.	Engineer
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Stationary
	10 Date deceased last worked at this occupation (month and year)	11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Lancaster
(State or country) England

13 NAME OF FATHER William Lightbown

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Not Known

16 BIRTHPLACE OF MOTHER (City) Not Known
(State or country)17 Informant Miriam Lightbown (wife)
(Address) 39 Seaview 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 123

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 4 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 19 1939, to Sept 4 1939

I last saw him alive on Sept 2 1939, 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:

Concussion of brain

Date of Onset
IMPORTANT
Mar. 19. 39

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Abundant Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Raymond B Parker(Signed) Raymond B Parker M. D.
(Address) Winthrop Mass. Date Sept 6 193921 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL September 6, 1939 1922 NAME OF FUNERAL DIRECTOR Richard N. White
ADDRESS 147 Winthrop St Winthrop

Received and filed SEP 11 1939 19

(Registrar)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 65 Court Rd.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 123

2 FULL NAME Edwin Francis Fitzgerald

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 65 Court Rd.

(Usual place of abode)

St.

Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

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

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Mary E. O'Brien

(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

If less than 1 day

Years.....Months.....Days

Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Dredge Insp.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U.S. Gov.

10 Date deceased last worked at this occupation (month and year)

Dec 1938

11 Total time (years) spent in this occupation 7

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF FATHER

Michael Fitzgerald

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Bridget Elmore

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17 Informant (Address)

Mary E. O'Brien Fitzgerald (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress

(Signature of Agent of Board of Health or other)

Agent (Official Designation)

Sept 7/39 (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

Sept

5

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

19....., 19....., 10....., 19.....

I last saw him alive on....., 19....., death is said

to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANTNatural Cause, Probably
Carcinoma of Bladder

Feb. 1939

Contributory causes of importance not related to principal cause:

Name of operation Exploratory

Date of June 1939

What test confirmed diagnosis? histology Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Raymond B. Parker

M. D.

(Address) Winthrop Road 71 North Date Sept 7 1939

21 Holy Cross Cem. Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 7 1939

19

22 NAME OF FUNERAL DIRECTOR Kirby Bros

ADDRESS 178 Bennington St. W. 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.

—CHAP. 114, SEC. 46, G. L. (REPRESENTATIVE EDITION.)

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker, from the clerk of the town where the human body and remove it from a town, or other person shall exhume a human body, or from one grave or tomb other 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 provided by law, or in lieu thereof a certificate, as hereinafter 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 for the purpose, shall make such certificate. If such a permit for the removal of a human body, not previously obtained, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to have provided removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it 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 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 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 clerk, or registrar may require.—CHAP. 114, SEC. 45, G. L. (REPRESENTATIVE EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—CHAP. 114, SEC. 38, G. L.

If he shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth or until he has received a permit, so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, upon which a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (REPRESENTATIVE 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 attention, or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths directly or indirectly by traumatic (including resulting septal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or lack of action 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 only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. E. heart failure, asphyxia, asthma, 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 first, second, or third position. The principal cause in the above example happens to be the second cause given.	

PLACE OF DEATH

Suffolk
(County)Wintthrop
(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 150

No. 4 Belcher St Wintthrop Mass. If death occurred in a hospital or institution, (give its NAME instead of street and number)

2 FULL NAME Gaetano Lanza Davison (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 4 Belcher St Wintthrop St., Ward. (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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced
HUSBAND of Martin Cora Belcher (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 5 Months 14 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mfg
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grand Stone Cement - Valt Mfg
10 Date deceased last worked at this occupation (month and year) Nov 1937 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Wintthrop (State or country) Mass

13 NAME OF FATHER John W. Davison

14 BIRTHPLACE OF FATHER (City) Gloucester (State or country) Mass

15 MAIDEN NAME OF MOTHER Lovicy P. White

16 BIRTHPLACE OF MOTHER (City) New Woodstock (State or country) Vermont

17 Informant Joseph E. Davison (Address) 31 Lincoln St Wintthrop Relation, if any (Brother)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 9 10 39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/25, 1939, to 9-10, 1939.

I last saw him alive on 9-9, 1939, death is said to have occurred on the date stated above, at 4:42 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary Haemorrhage 9/10/39

Contributory causes of importance not related to principal cause: Parkinson's Disease

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Harvey's injury

(Signed) Chas R. Beaman M. D. (Address) Wintthrop Date 9/11 1939

21 Wintthrop Cemetery Wintthrop Place of Burial, Cremation or Disposal (City or Town)

DATE OF BURIAL Wintthrop 9/12 1939

22 NAME OF FUNERAL DIRECTOR Chas R. Beaman

ADDRESS Wintthrop Mass

Received and filed SEP 12 1939

(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 a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, housewife—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operating," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINE ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or diseases which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed 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, satisfactory certificate of the attending physician, and if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if of sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States near, upon the permit. It has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign the permit and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the clerk or registrar in the manner or cause of the death, which the CENSUS may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of persons such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases, certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (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 scuffs, abrasions, and by the action of chemical (gases or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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-9-37 No. 1859-h.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

BOSTON NOTIFIED
9/11/39



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 31

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 John B. Moffet
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U.S. War Veteran specify WAR) U.S. Army

(a) Residence. No. 473 Center St. St., Ward, Jamaica Plain, Mass.
(Usual place of abode) (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 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 60 Years 8 Months 8 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. 3rd Inf.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Mass. (State or country)

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)

17 Informant Registrar, Sta Hosp Ft Banks Mass. (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent or B. of Health or other) H. M. S. Childress
(Official Designation) (Date of Issue of Permit) Sept. 16/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 16 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1939, to Sept. 16, 1939. I last saw him alive on Sept. 16, 1939, death is said to have occurred on the date stated above, at 3:25 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:
Nephritis, chronic, interstitial severe. Arteriosclerosis generalized. Type and cause undetermined.

Valvular heart disease, mitral insufficiency with severe regurgitation. Uremia, terminal, secondary to 1.

Contributory causes of importance not related to principal cause: Sept. 14/39

Name of operation None Date of What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? If so, specify C. W. SALE Lt. Col. U.S.A. (Signed) (Address) Fort Banks, Mass. Date 9/16/39

21 Place of Burial, Cremation or Removal St. John's - Worcester Mass. (City or Town) DATE OF BURIAL Sept 19 - 1939 19

22 NAME OF FUNERAL DIRECTOR Daniel H. Shea ADDRESS Jamaica Plain

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

SEP 21 1939

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work 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 description, as CARPENTER, PAINTER, MECHANIST, etc. Distinguish occupations as 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. A 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.

'The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 cause of his death. . . . **GEN. LAWS, CHAP. 46, SEC. 9**

No undertaker or other person shall bury or other

No Undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law; or in lieu thereof a certificate as hereinafter pro-

vident. 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 for the purpose, and the certificate of the attending physician, if the attending physician shall make such certificate. If such a permit for the removal of a human body, not previously examined, for the removal of 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 retail, as required by section ten of chapter forty-six, that the deceased, as recruited 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. (TERMINAL EDITIONS)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—*GEN. LAWS, CHAP. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and 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** will

(2) Board of Health shall have authority to suspend from disease unrelated to any form of injury

(2) **Doors or Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unusually due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septemia), 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 402

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital (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 Max Morris
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 16-Dana St., Ward, Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? 40 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)

5a If married, widowed, or divorced HUSBAND of (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

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Prop
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 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) (State or country) Massachusetts

13 NAME OF FATHER Harry Morris

14 BIRTHPLACE OF FATHER (City) (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Libbie (Lamont) learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Massachusetts

17 Informant (Address) Anna Morris (Wife) 16-Dana St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other Agent)
Sept. 16/39
(Date of Issue of permit)18 DATE OF DEATH Sept 16 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935, to Sept. 16, 1939.

I last saw him alive on Sept. 16, 1939, death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis 1935
Coronary Thrombosis Sept. 16, 1939

Contributory causes of importance not related to principal cause:

Cardiac failure Sept. 16, 1939

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? M

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Frank J. Smoller, M. D.
(Address) 38 Ely Ave. Boston Date 9/12/193921 Montserrat, Ceylon, Western
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 17 1939

22 NAME OF UNDERTAKER Maxine Storchly

ADDRESS 10-10 West St. Boston

Received and filed Sept 21 1939

(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 be liable.

of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, satisfactory certificate of the attending physician if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for whatever reason, his certificate cannot be obtained early enough for the purpose of health, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the board of health, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above, provided removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it 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 permit as required by section ten of chapter forty-six, that 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 certificate and certificate, shall forthwith convey thereon it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 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 writing where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (TENTH EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons from whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such 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 septic or electrical agents, and deaths following abortion, but also deaths from disease 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 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 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, STEAM ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when 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, 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 death name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may appear in the above example happens to be the second cause given.

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.

193

No. Win. Comm. Hospital St.

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Gil Baby Rahilly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 11 Miles St.

St. Cha Ward Charlestown
(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 Girl 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as applier, 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 John Rahilly

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Margaret Mahoney

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant John Rahilly (Father) (Address) 11 Miles St. Charlestown Relation, if any

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)

18 DATE OF DEATH Sept 17 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 19 to Sept 17, 1939

I last saw him on stillborn, 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 & mother's monstrosity

Contributory causes of importance not related to principal cause:

Hydramnios of mother

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Frank G. Bandler

(Signed) (Address) Date 9/18/39

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 21 1939

22 NAME OF UNDERTAKER Thomas D. Russell

ADDRESS 1409 Ser. Ave. Ser.

Received and filed 19

SEP 21 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person upon whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of 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. If, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the board shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk, registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY 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, PLUMBER, MECHANIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, nor the mode of dying, e. g., heart failure, apoplexy, 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 first, second, or third position. The principal may appear in either example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance to whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths directly or indirectly by traumatic (including resulting from 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.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 232 Shirley Street

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U.S.
War Veteran
specify WAR)(a) Residence. No. 232 Shirley 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

8 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 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. Gardener

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Landscape

10 Date deceased last worked at this occupation (month and year) Sept 1930 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Cork (State or country) Ireland

13 NAME OF FATHER Michael

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Bridget Donohue

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Theresa M. Horan (Address) 232 Shirley St. Winthrop Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transport permit was issued:

(Signature of Agent of Board of Health or other)

(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

Registered No. 194

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 20 1939
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from Sept 19 1939, to Sept 20 1939
I last saw him alive on Sept 20 1939, death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis
Chronic myocarditisDate of Onset
1930
1935

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 Judie W. Dickinson, M. D.
(Signed) (Address) Winthrop, Mass Date Sept 21, 193921 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 22 1939

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed SEP 21 1939 19

A TRUE COPY ATTEST:

(Registrar)

A physician or registered hospital medical officer shall forth-

For a woman whose only occupation was that of home housework, write **HOUSEWORK** in answer to Question 8 and **OWN HOME** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER-PRIVATE FAMILY**, **COOK-HOTEL**, etc. For a person who had no occupation whatever write **NONE**.

8.—The trade, profession, or particular kind of work 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.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact name of the occupation, as "machinist," etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Example

Arteriosclerosis

Cerebral hemorrhage

Cerebral hemorrhage

100

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by this section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body, which has not been buried, until he has received a permit from the board of 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 exhum a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. . . . If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased was 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 examinations The dead bodies of only such persons as are supposed to have died by violence. . . .—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 septically), and by the action of chemical (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 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** shall have authority to suspend or revoke the license of any person who is found to be ill from disease unrelated to any form of injury.

as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Meal 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.

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.

No. 185 Grover Ave. - St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Emanuel Marcus
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 185 Grover 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 22 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 married (write the word)

6a If married, widowed, or divorced HUSBAND of Martha Kissell
(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. Cigar-maker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar-factory
10 Date deceased last worked at this occupation (month and year) 1929 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) (State or country) Germany

13 NAME OF FATHER Morris Marcus

14 BIRTHPLACE OF FATHER (City) (State or country) Germany

15 MAIDEN NAME OF MOTHER Fredrika Hartman

16 BIRTHPLACE OF MOTHER (City) (State or country) Germany

17 Informant (Address) Martha Marcus (wife) 185 Grover Ave., Winthrop
Relation, if any (wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm. A. Childress
(Signature of Agent of Board of Health or other)

Ho. Sept 21/39
(Official Designation) (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 21 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1 1934, to Sept 21 1939
I last saw him alive on July 21 1939, death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Embolism

Contributory causes of importance not related to principal cause:

arteriosclerosis
hypertension

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) P. F. Finkbeiner M. D.
(Address) 100 Washington St. Boston, Mass. Date 9/21 1939

21 Place of Burial, Cremation or Removal (City or Town) Hand in Hand, West Roxbury
DATE OF BURIAL Sept 21 1939

22 NAME OF FUNERAL DIRECTOR Benjamin Y. Solomon
ADDRESS 420 HARVARD ST. BROOKLINE, MASS.

Received and filed 19

SEP 21 1939

(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 it from a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, person shall exume a another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, 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 given, by a satisfactory certificate of the attending physician. If, when, by a quired by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-signe it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERRENTREARY 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 certifying to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, if the funeral is to be held, or from a person authorized to have the care of the cemetery or burial ground in which the interment is made. . . —CHAP. 114, SEC. 46, G. L. (TERRENTREARY EDITION)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting cephalic, or electrical agents, and deaths following abortion, but also deaths from disease 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 knowingly 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 SPINNERS, WEAVERS, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement 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.

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 Anna (Scadt) Dean

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 91 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 35 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Harry B. Dean (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 20 Months 19 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Allentown
(State or country) Pa.

13 NAME OF FATHER Moses B. Scadt

14 BIRTHPLACE OF FATHER (City) Not Known
(State or country) Pa. Pa.

15 MAIDEN NAME OF MOTHER Lucinda E. Sterner

16 BIRTHPLACE OF MOTHER (City) Pa. Pa.
(State or country)17 Informant Dorothy D. Sheldon Daughter
(Address) Univ. Cal. Bekkley Cal.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 193

To be filed for burial permit
with Board of Health
or its Agent.(If U. S.
War Veteran
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept. 24 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1936, to Sept. 24, 1939.

I last saw him alive on Sept. 24, 1939, death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANTChronic Myocarditis Sept. 10 1936
Acute Myocarditis Sept. 23 1939

Contributory causes of importance not related to principal cause:

Acute Bronchitis Sept. 8 1939

Name of operation none Date of What test confirmed diagnosis? Aspiration Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Dr. B. Parker M. D.
(Address) Winthrop Mass. Date Sept. 25 1939

Forest Hills Boston Mass.

Place of Burial, Cremation or Removal DATE OF BURIAL Sept. 26 1939

22 NAME OF FUNERAL DIRECTOR R. A. White
ADDRESS 147 Winthrop St. Win

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 the deceased, furnished by his knowledge and belief the date of 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 illness, when last seen alive by the physician, or officer and the date of his death. . . . GEN. LAWS, Chap. 58, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 a person shall exume another, or from one grave or tomb or other place, one cemetery to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, 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 is obtained hereunder. If the removal of such body has been sooner as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war, he shall be engaged, such reinterment shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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. 58, Sec. 6.

He shall in all cases certify to the town clerk or registrar in known; the place where the deceased died, his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, Chap. 58, 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 **unavoidably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septic, or electrical agents, and deaths following abortion, but also deaths from disease 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 or over. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children, not a woman whose only occupation was that of home-housework, write Question 9. 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, 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 affliction which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, 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 complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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. 88 Somerset Avenue

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 197

2 FULL NAME Robert Bentley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 88 Somerset Avenue

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? 50 years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX
Male4 COLOR OR RACE
White5 SINGLE
MARRIED
WIDOWED
or DIVORCED
Married (write the word)18 DATE OF DEATH Sept 24 1939
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of Mabel Frost
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)19 I HEREBY CERTIFY. That I attended deceased from
Jan. 27, 1936, to Sept 24, 1939.

I last saw him alive on Sept 24, 1939, death is said

to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANTHypertensive arteriosclerotic heart
disease
Coronary sclerosis
Angina pectoris
1934
1934
1936

Contributory causes of importance not related to principal cause:

Chronic arthritis
1935

6 IF STILLBORN, state that fact here.

7 AGE 62 Years 7 Months 5 Days
If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Road Master9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. railroad10 Date deceased last worked at
this occupation (month and
year) 1937 11 Total time (years)
spent in this occupation 1112 BIRTHPLACE (City)
(State or country) Oldham
England13 NAME OF
FATHER Mark Bentley14 BIRTHPLACE OF
FATHER (City)
(State or country) England15 MAIDEN NAME
OF MOTHER Caroline Gray16 BIRTHPLACE OF
MOTHER (City)
(State or country) England17 Mrs. Mabel F. Bentley Relation, if any
Informant (Address) 88 Somerset Ave Winthrop Mass wifeI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Childers
Health Officer
(Official Designation)
(Date of Issue of Permit) 9/26/39Name 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) Eudice Dickerson M. D.

(Address) Winthrop Mass. Date Sept 25 1939

21 Mt. Auburn Cemetery Cambridge

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 26 1939

22 NAME OF
UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed. 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

any person or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his usual place of abode, 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

GEN. LAWS, CHAP. 46, SEC. 9

Statement of occupation.—Briefer statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the disease had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of housewife, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as HOUSEKEEPER—PRIVATE FAMILY COOK—NORE, etc. For a person who had no occupation whatever—write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work 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.**

Distinguishing carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc., and the word "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINE, etc. Distinguish between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a TEACHER.

Statement of 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 to the principal cause, 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.

'The principal cause of death and related causes of importance in order of onset were as follows:

Example

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes</i> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 dead bodies of only such persons as are supposed to have died by violence. ...—GEN. LAWS, CHAP. 38, SEC. 6.

...I 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. 6.

—GEN. LAWS, CHAP. 38, SEC. 11.

CHAP. 114, SEC. 45, G. L. (TER-
CENTENARY 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 from the selectmen of the town in which the funeral is to be held. —CHAP. 112. § 2. Burial ground in which the interment made. —

....., 22, DEC. 40, G. L. (PERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) **Board of Health physicians** shall certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

As those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

Medical Examiner 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 dead of heart disease, and deaths

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Norfolk

(County)

Norwood

(City or Town)

No. Norwood Hospital

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 123

2 FULL NAME

Rita Gallagher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

53 Beech 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

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 16

Years

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)

Charlestown

Massachusetts

13 NAME OF
FATHER

Francis W. Gallagher

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston

Massachusetts

15 MAIDEN NAME
OF MOTHER

Eileen O'Brien

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Dover

New Hampshire

17 Informant

(Address)

Francis W. Gallagher

Relation, if any

53 Beech Road, Winthrop, Mass

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

September 26,

19 39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

September 24,

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully)

Fracture of skull

Fracture of left leg

Multiple contusions of face,
arms & Body

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Accident

Date of Injury Sept. 22, 1939

Where did

injury occur?

Norwood, Mass.

(City or town and State)

Manner of

Injury

Struck by Automobile

Nature of

Injury

See 19.

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otho L. Schofield

M. D.

(Address) Wellesley, Mass. Date 9/24 1939

22 Winthrop

Winthrop, Mass.

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

September 27,

1939

23 NAME OF
UNDERTAKER

John F. O'Maley

ADDRESS

Winthrop, Mass.

Recalvd and filed

Oct 16

129

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 199

2 FULL NAME Josephine F. Liston

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 176 Crescent Ave

(Usual place of abode)

St. Ward, Revere

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months 19 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

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James M. Liston

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 61

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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, year)

Jan. 1938

11 Total time (years) spent in this occupation 39

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF FATHER

William W. Hendricken

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Elizabeth A. Doyle

16 BIRTHPLACE OF MOTHER (City)

Lynn

(State or country)

Mass.

17

Informant (Address)

James M. Liston

Relation, if any

(husband)

176 Crescent Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer)

(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

September 26 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Sept 7 1939 to Sept 26 1939

I last saw her alive on Sept 26 1939, death is said

to have occurred on the date stated above, at 3:00 P.

The principal cause of death and related causes of importance in order of onset

were as follows:

Pulmonary Edema

Hypertensive heart disease

Hypertension

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Cholelithiasis

Date of Onset

IMPORTANT

9/25/39

1934

1934

Name of operation

What test confirmed diagnosis? X-Ray

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. Revere

(Address) Revere Mass. Date 9/26 1939

21 Calvary Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 30 1939

22 NAME OF UNDERTAKER Michael J. Rosella

ADDRESS 10 N. Bennet St., Boston

Received and filed

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. —GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or his agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of one to the receiving tomb from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if 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, shall be the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the removal of such body has been sooner as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, as 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 known; otherwise a description as full as possible, with the cause and manner of death. —GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths directly or indirectly by traumatism (including resulting septic or electrical agents, and deaths following abortion, but also deaths the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not a woman whose only occupation was that of home housework, write Question 9. For person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and restate 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 correctly between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the conditions, if any, related to the principal 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>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 first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 94 Lincoln

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert Stanley Macgowan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. 200

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 94 Lincoln

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

5 years 6 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 Mary Adalaide Wider (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 28 Years 4 Months 17 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. 10 Date deceased last worked at this occupation (month and year) Sept. 30, 1939 11 Total time (years) spent in this occupation 7

12 BIRTHPLACE (City) New York (State or country) New York

13 NAME OF FATHER Robert Macgowan

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Unknown

15 MAIDEN NAME OF MOTHER Helen Stanley

16 BIRTHPLACE OF MOTHER (City) New York (State or country) New York

17 Informant Mary (Wider) Macgowan (Address) (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)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 30 1939 (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 8:30 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Natural Cause. Probably

Cerebral Embolism Sept. 30, 1939

Contributory causes of importance not related to principal cause:

Chronic Indurated Rheumatism 1928.

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 Raymond B. Parker (Signed) Winthrop Board of Health (Address) Date Oct 2, 1939, M. D.

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL October 7, 1939 19

22 NAME OF FUNERAL DIRECTOR Richard B. White ADDRESS 147 Winthrop ST Winthrop

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, of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 9, the date and place where the death occurred, the duration of the illness, when last seen alive by the physician or officer and the date of his death.

—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a grave, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or 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 one cemetery 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 the 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 no 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, shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town and another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit 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.

It shall in all cases certify to the town clerk or registrar in which place where the deceased died his name and residence, in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit, so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from a 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 been bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include, not only deaths caused directly or indirectly by traumatic causes (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from 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 changed up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only may be returned as at home, or at work. For a woman whose only occupation was that of house or farm work, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which caused 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 cause of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

Essex



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

(County)

Danvers

(City or Town)

Danvers State Hospital

No. _____ St., _____ Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

201

2 FULL NAME

George Asa Everbeck

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

St., _____ Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

27

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

6a If married, widowed or divorced

HUSBAND of

Lillian Manwaring

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

74

If less than 1 day

AGE

Years

Months

Days

Hours

Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

13 NAME OF FATHER George S. Everbeck

14 BIRTHPLACE OF FATHER (City)

Boston

15 MAIDEN NAME OF MOTHER

Alzada M. Dill

16 BIRTHPLACE OF MOTHER (City)

Maine

17 M. R. McPhillips

Relation, if any

Informant (Address)

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

9/18/39

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sep. 10, 1939.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from August 14, 1939, to Sep. 10, 1939

I last saw him alive on Sep. 10, 1939, death is said to have occurred on the date stated above, at 7:55 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

General arteriosclerosis 1920
Chr. myocarditis 1934

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) Myer Asekoff, M. D.

(Address) 1311 Date 9/15/39

21 Winthrop Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL 9/18/39 19

22 NAME OF UNDERTAKER Richard White

ADDRESS Winthrop

Received and filed _____ 19

(Registrar of City or Town where deceased resided)



00116100 AN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8086 202

1 PLACE OF DEATH

(County)

(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

William J Rivers

(If deceased is a married, widowed or divorced woman, give also maiden name.)

77 Terrace Ave

(If U. S. War Veteran, specify WAR)

Winthrop

(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

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE

42

Years

7 Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

WPA

10 Date deceased last worked at this occupation (month and year)

5/39

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Malden

13 NAME OF FATHER

Henry Rivers

14 BIRTHPLACE OF FATHER (City)

(State or country)

Holyoke

15 MAIDEN NAME OF MOTHER

Anastasia B O'Neil

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Newfoundland

17

Informant (Address)

Relation, if any

Mother

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept 19/39

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

8/26/39

19

to 9/19/39

19

I last saw him alive on 9/19/39

to have occurred on the date stated above

The principal cause of death and related causes of importance in order of onset were as follows:

carcinoma of pancreas-head-with metastases

12/38

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)

W B Osgood

Date

9/19/39

19

21

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

9/21/39

19

22 NAME OF UNDERTAKER

C R Dennison

ADDRESS

Winthrop

Received and filed

9/21/39

19

(Registrar of City or Town where deceased resided)



OCT 21 1994 AM

WHILE IN PLAIN, WITH AN OCCUPATION, THIS IS A FAVORABLE RECORD. Every item of information should be carefully supplied. AGE should be stated 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

Chelsea

(City or town making return)

Registered No. 203

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles F. Moore

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR) panish

(a) Residence. No. 70 Summit 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 (write the word) WIDOWED or DIVORCED married

5a If married, widowed, or divorced William Pearson

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 2 Months 2 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paymaster 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mass. Bonding Ins. Co. 10 Date deceased last worked at this occupation (month and year) 1936 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) New Britain (State or country) Conn.

13 NAME OF FATHER Leonard Moore

14 BIRTHPLACE OF FATHER (City) Litchfield (State or country) Conn.

15 MAIDEN NAME OF MOTHER (cannot be learned)

16 BIRTHPLACE OF MOTHER (City) (State or country) (cannot be learned)

17 Informant Hospital Records Relation, if any (Address)

A TRUE COPY.

ATTEST: Joseph A. Spruell (Registrar of city or town where death occurred)

DATE FILED Oct. 13, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 13, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1939, to Oct. 13, 1939

I last saw him alive on Oct. 13, 1939, death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Generalized arteriosclerosis yrs. Arteriosclerotic heart disease yrs. Cardiac decompensation 10/4/39 Date of onset

Contributory causes of importance not related to principal cause:

? Old cerebral accident ? May 1939

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify John F. Conlin

(Signed) Soldiers' Home Date 10/13/39 M. D.

(Address) Chelsea

21 New Britain, Conn. (City or Town)

Place of Burial, Cremation or Removal.

DATE OF BURIAL Oct. 16, 1939 19

22 NAME OF UNDERTAKER Richard White

ADDRESS Winthrop, Mass.

Received and filed Oct. 13, 1939 19

(Registrar of City or Town where deceased resided)



NOV-9 1900 AM

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-12-34. No. 2938-g

1 PLACE OF DEATH Suppor (County) Winthrop (City or Town) No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent Registered No.	
2 FULL NAME Martha Stee Vinnean (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 8 Vine Ave Winthrop St. Ward,		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of Stanley J. Vinnean (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					
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) July 1939 11 Total time (years) spent in this occupation 45					
12 BIRTHPLACE (City) (State or country) Vermont					
13 NAME OF FATHER (Unknown) Cushing					
14 BIRTHPLACE OF FATHER (City) (State or country) Canada					
15 MAIDEN NAME OF MOTHER Matilda Counnelly					
16 BIRTHPLACE OF MOTHER (City) (State or country) Cannot be learned.					
17 Informant Stanley J. Vinnean (Address) 8 Vine Ave Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
Wm. D. Guldberg, Jr. (Signature of Agent of Board of Health or other Health Officer) 10/9/39					
Official Designation (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Oct - 8 - 1939 (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.) Septic Throat Semi-literate Recent Fracture Right Femur Said to have fallen accidentally to floor in home at Newton Mass about July - 21 - 1939					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Newton (Signed) M. D. Buckley (Address) Boston Date Oct 8 1939					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Concord N.H. (Cemetery) (City or town)					
DATE OF BURIAL October 10 1939					
22 NAME OF UNDERTAKER John F. O'Malley ADDRESS Winthrop Mass.					
Received and filed Oct. 9 1939 (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. (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)

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

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-9-37. No. 1859-1.

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

205

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 135 Main



St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Angela Lirita Cascieri (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 135 Main St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 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 5 Years 11 Months 2 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) (State or country) Boston - Mass.

13 NAME OF FATHER Tito CASCIERI

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER LEXA PASCUCCI

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston - Mass.

17 Informant Lina Pascucci (Address) 135 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:
Wm. A. Chittenden (Signature of Agent of Board of Health or other Health Officer) 10/19/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 8 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April -, 1939, to October 8, 1939.

I last saw her alive on October 8, 1939, 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:

Nephros - nephritis
Chronic nephritis with
edema
Pulmonary edema

Date of Onset
10/8/39

9/1/39

10/1/39

Contributory causes of importance not related to principal cause:

Spina bifida

Repair of spina bifida
Name of operation Date of 1933
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 E. Murray, M. D.
(Signed) (Address) Winthrop, Mass. Date 10/8, 1939

21 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop

DATE OF BURIAL 10-11-39 1939

22 NAME OF FUNERAL DIRECTOR Wm. A. Chittenden

ADDRESS Cambridge 35

Received and filed Oct. 9 1939

(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 illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best 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, when 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 of his agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 a legal interment, by a satisfactory certificate of the attending physician, if any, as provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough or the purpose 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 and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; it provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body, has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINARY EDITIONS.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in known, otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, nor from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERMINARY EDITIONS.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposed due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septic or electrical agents, and deaths following abortion, but also deaths from disease 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 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 at school, or at home. For a woman whose only occupation was that of home housework, write **HOUSEWORK** in answer to Question 8 and own **HOME** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY**, **COOK—HOTEL**, etc. For a person who had no occupation whatever write **NONE**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER**, **WEAVER**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE**, **SOAP FACTORY**, **COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER**, **MECHANICAL ENGINEER**, **MINE ENGINEER**, **STATIONARY ENGINEER**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **CARPENTER**, **PAINTER**, **MACHINIST**, etc. Distinguish carefully between **RETAIL MERCHANTS** and **WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

Statement of 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 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>Cerebral intracranial embolism</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 principal cause given.

N. E.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. **206**

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **31** **North** **Ave.** Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Daniel John Sullivan**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **31** **North** **Ave.** Ward,

(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred **3** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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 **Oct. 9, 1939**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of **Mary E. Bernes**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 1, 1939 to **Oct. 9, 1939**
I last saw him alive on **Oct. 7, 1939**, 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:

6 IF STILLBORN, enter that fact here.
7 AGE **76** Years.....Months.....Days If less than 1 day
.....Hours.....Minutes

Cerebral Embolism
Contributory causes of importance not related to principal cause:
Arteriosclerosis
Name of operation.....Date of.....
What test confirmed diagnosis?.....Was there an autopsy? **h**

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **caretaker**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **State M.D.C.**
10 Date deceased last worked at this occupation (month and year) **Feb. 1935** 11 Total time (years) spent in this occupation **25**

12 BIRTHPLACE (City) **Boston**
(State or country)

13 NAME OF FATHER **Daniel Sullivan**

14 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

15 MAIDEN NAME OF MOTHER **Mary Tonce**

16 BIRTHPLACE OF MOTHER (City) **England**
(State or country)

17 Informant **Mary Spillane - daughter**
(Address) **31 North Ave. Winthrop**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **Cerebral embolism**, M. D.
(Signed) **D. Vincent Murray** Date **10/9/39**
(Address) **259 Beach St. Revere**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Holy Cross** **Malden**
(City or town)

DATE OF BURIAL **Oct. 12, 1939**

22 NAME OF UNDERTAKER **Murray + Murray** **J. Vincent Murray**
ADDRESS **259 Beach St. Revere**

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:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **10/10/39** (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

A **Physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, 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, when last seen alive by the physician or officer and the date of his death... *sen. Laws, Chap. 40, Sec. 9.*

In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation 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*, *plasterer*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of 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 cause of importance not related to principal cause, name other important diseases.

	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

no undertaker or other

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 place a body in a 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

as hereinafter provided. If there is no attending physician, or a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate

sufficient persons, his certificate cannot be obtained, or, if for the purpose, or is insufficient, a physician who is nearly enough board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth, is obtained early enough for the purpose, the certificate of such removal as above provided and in the possession of the undertaker desiring to remove the body, shall constitute a permit for such removal, provided the removal shall constitute a permit for such re-

After the death of a person, the body must be returned to the town from which it was removed within thirty-six hours after such removal, 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 service of the United States, the body may be returned to the town

[illegible]

Medical examiners shall make examination upon 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 sh in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received the order of the board of health or its agent appointed to issue such order. If there is no such board, from the clerk of the town where the body is to be buried or the funeral home to be held, or from a person appointed to be the care of the cemetery, or from the board of health, or from the clerk of the cemetery, or *in a town in which the interment is made*... (*Chap. 114, Sec. 46, G. L. amended*.)

RULES OF PRACTICE

ROLES OF PRACTICE
The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths 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) **Miscellaneous** 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.

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.

100-m-9-37. No. 1859-1.

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.

207

Registered No.

No. 1 Washington Terrace 5X Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Gerogianna (Prior) Hamilton { (If U. S.
War Veteran
specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 1 Washington Terrace 5X 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? 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 John Walter Hamilton
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years X Months 21 Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Sept. 1939 11 Total time (years) spent in this occupation 61

12 BIRTHPLACE (City) Duxbury
(State or country) Massachusetts

13 NAME OF FATHER George Prior

14 BIRTHPLACE OF FATHER (City) Duxbury
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Lydia Ann Sampson

16 BIRTHPLACE OF MOTHER (City) Duxbury
(State or country) Massachusetts

17 Informant Estella H. Palmer (daughter) Relation, if any
(Address) 639 Sumner Ave Springfield 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 Jr.
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 10/14/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 12 1939
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from January 10 1930 to October 12 1939
I last saw him alive on October 12 1939, death is said to have occurred on the date stated above, at 7:15 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 Sept 18 1939
Acute pulmonary edema Oct 12 1939

Contributory causes of importance not related to principal cause: Acute pulmonary edema Oct 12 1939

Name of operation none Date of
What test confirmed diagnosis clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Jacob G. Gagnier M.D.
(Signed) 502 State St. Boston Date Oct 13 1939
(Address) Chatham

21 Mayflower Cemetery Duxbury
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL October 14, 1939 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
Winthrop Mass
ADDRESS

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 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, or from the clerk of the town where the body is buried, addressed to or from the clerk issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be obtained and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or, for sufficient 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 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 provide removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it 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 as required hereunder. If the death certificate contains a social, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases, certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried; the care of the funeral is to be held, or from a 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 unrelated to any form of injury, have died without recent medical attendance 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 septi- or electrical agents, and deaths following abortion, but also deaths from disease resulting from infection related to occupation, the sudden deaths of persons not under medical attention, and 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 in Question 9, For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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, more remote conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes list importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:		Date of Onset
<i>Arteriosclerosis</i>		1915
<i>Chronic interstitial nephritis</i>		1921
<i>Cerebral hemorrhage</i>		July 5, 1927
Contributory causes of importance not related to principal cause:		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. **208**

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 **Harris A. Cusick**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. **26 Sagamore Ave.** St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Married** (write the word)
5a If married, widowed, or divorced HUSBAND of **Catherine McNamara** (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE **35** Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Steamship**
10 Date deceased last worked at this occupation (month and year) **Oct. 10 1939** 11 Total time (years) spent in this occupation **15**

12 BIRTHPLACE (City) **Winthrop** (State or country) **Mass**

13 NAME OF FATHER **John F. Cusick**

14 BIRTHPLACE OF FATHER (City) **Boston** (State or country) **Mass**

15 MAIDEN NAME OF MOTHER **Mary Harris**

16 BIRTHPLACE OF MOTHER (City) **Boston** (State or country) **Mass**

17 Informant **Mrs. Edward Casey** (Address) **241 Cottage Pk. Rd.** 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) **10/17/39**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct 14 1939**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Oct 11 1939**, to **Oct 14 1939**,
I last saw him alive on **Oct 14 1939**, 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:

acute hepatitis
secondary aneurysm
concha-pneumonia
Date of Onset **Oct 1**
Oct 5
Oct 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? **no**

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Louis Cohen** M. D.
(Signed) (Address) **108 Meridian St. Boston** Date **10/15 1939**

21 PLACE OF BURIAL **Holyhood Brookline** (Cremation or Removal) (City or town)

DATE OF BURIAL **Oct 17 1939**

22 NAME OF UNDERTAKER **John H. O'Malley**
ADDRESS **Winthrop**

Received and filed **Oct 31 1939**
(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 faintly employed only occupation was *at school* or *at home*. For a woman whose answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*optimal 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 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 mercantile salesman* and not a *clerk*.

Statement 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 only 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 exume a cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an official informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 conregister it and transmit it to the clerk of the town and to the registrar. The person to whom the permit is so given and to the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained, as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Temporary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the exsive thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the 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 interment is made.... *Chap. 114, Sec. 46, G. L., (Temporary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recent disease, unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatic causes (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m. 9 '37. No. 1859.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 9 Crystal Cove Ave

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Louise Bennett Jones*
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran
specify WAR)(a) Residence. No. 9 Crystal Cove 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 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 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 T9 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) Newton Mass.
(State or country)

13 NAME OF FATHER Francis Bennett

14 BIRTHPLACE OF FATHER (City) Newton Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Annie Tuskin

16 BIRTHPLACE OF MOTHER (City) Newton Mass.
(State or country)17 Informant Thomas Jones Relation, if any (nephew)
(Address) 9 Crystal Cove Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 209

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 20 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Discharged home from Lakeville 10/19, 1939.

I last saw her alive on October 19, 1939, death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Tuberculosis of Kidney (bilateral) 1927

Contributory causes of importance not related to principal cause:

Rheumatic Heart Disease 1930

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Arthur C. Morrison, M. D.
(Signed) (Address) Winthrop, Mass. Date 10/20/193921 Winthrop Cem. Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Oct 22 1939 1922 NAME OF FUNERAL DIRECTOR Virby Bros.
ADDRESS 178 Rennington St E. Boston

Received and filed 19

(Registrar)

GOVERNING THE

Gen. Laws, Chap. 46, Sec. 9

which shall be accompanied by law to be returned

any war in which it has been engaged

CENTENARY EDITION.)

violence. . . . — GEN. LAWS, CHAP. 38, SEC. 6

MANUAL OF HEALTH.—GEN. LAWS, CHAP. 38, SEC. 7.

made. . . .—CHAP. 114. Sec 46 C.T. (T. 1890)

RULES OF PRACTICE

1) **Attendance** - The following rules of practice:

2) **Board of Health physicians will** available to all victims of injury.

... death is needed.

...deaths of persons...

who had no occupation whatever write NONE

To be complete, an occupation return must state:

8.—The name, profession, or particular kind of work done.

2. The manner or business in which the work was done.

occupation.

at kind of work done and return that, as SPINNER, WEAVER, etc.

TON MILL, etc.

you due newswires & callu to salesmen and not a

to principal cause, name other important causes.

importance in order of onset were as follows:

	1915
<i>Arteriosclerosis</i>	
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Principal cause: _____ or importance not related to _____

example happens to be the second series.

STANDARD
 CERTIFICATE OF DEATH

Registered No. **210**

PLACE OF DEATH
 Suffolk
 County
 Winthrop, Mass.
 (City or Town)
 No. Winthrop, Hospital St., Ward



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Delia Baynes
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran specify WAR) No

(a) Residence. No. 62 Loring 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 year 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)

18 DATE OF DEATH October 21 1939
 (Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY That I attended deceased from May 27 1939, to October 1, 1939
 I last saw him alive on October 20 1939, death is said to have occurred on the date stated above, at 4:10 AM.

8 IF STILLBORN, enter that fact here.
 7 AGE 70 Years 8 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. Housekeeper
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
 10 Date deceased last worked at this occupation (month and year) 9 11 Total time (years) spent in this occupation 45

Carcinoma of Rectum 1837

12 BIRTHPLACE (City) Co. Mayo (State or country) Ireland

Contributory causes of importance not related to principal cause: Several carcinomatosis 1939

13 NAME OF FATHER Anthony Baynes

Name of operation Colostomy Date of March 1939

14 BIRTHPLACE OF FATHER (City) Co. Mayo (State or country) Ireland

What test confirmed diagnosis? Laboratory Was there an autopsy? No

15 MAIDEN NAME OF MOTHER Mary Mc Nulty

20 Was disease or injury in any way related to occupation of deceased? No

16 BIRTHPLACE OF MOTHER (City) Co. Mayo (State or country) Ireland

If so, specify (Signed) J. A. O'Connell M. D. (Address) 562 Park St. Date Oct 21 1939

17 Informant William Baynes Relation, if any (Nephew)

21 St. Francis Cem., Prov., R.I.

Address 62 Loring Rd

Place of Burial, Cremation or Removal (City or Town) 39

I HEREBY CERTIFY that a satisfactory standard 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) 10/21/39
 (Official Designation) (Date of Issue of Permit)

DATE OF BURIAL Oct. 23 1939

22 NAME OF UNDERTAKER McMurrough & Todd

ADDRESS 29 Fenner St., Prov., R.I.

Received and filed Oct 21 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

GEN. LAWS, CHAP. 46, SEC. 9

... 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581,

A manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION)

RULES OF PRACTICE

advance of the following rules of practice:

ness from disease unrelated to any form of injury.

significant of death is needed.

Sudden deaths of persons not disabled

PLACE OF DEATH

Suffolk
 (County)

Winthrop
 (City or Town)

No. 7 Somerset Terrace

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 211

2 FULL NAME Virginia (Allen) Mason

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran specify WAR)

(a) Residence. No. 7 Somerset Terrace

(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 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 Widowed (write the word)

18 DATE OF DEATH October 26 1939 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Frederick Mason (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from October 15 1939 to October 26 1939. I last saw her alive on October 25 1939, 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:

6 IF STILLBORN, enter that fact here. 7 AGE 90 Years 10 Months 27 Days If less than 1 day Hours Minutes

Generalized arteriosclerosis years
 Hypertensive heart disease years
 Cardiac decompensation 2 months
 Cerebral hemorrhage 10/23/39
 Contributory causes of importance not related to principal cause:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
 10 Date deceased last worked at this occupation (month and year) Oct. 1939 11 Total time (years) spent in this occupation 70

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Charles Allen

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Mary Gynge

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant (Address) 7 Somerset Terrace Winthrop Relation, if any son

Name of operation none Date of operation none
 What test confirmed diagnosis? none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
 If so, specify Arthur C. Bennett M. D.
 (Signed) Winthrop, Mass. Date 10/26/1939
 (Address)

21 Winthrop Cemetery Winthrop Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL October 28, 1939 19

22 NAME OF FUNERAL DIRECTOR 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 Health Officer) 10/28/39
 (Official Designation) (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

Statements of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school. For a woman whose only occupation was that of home housework, write **HOUSEWORK**. In answer to Question 8 and own home, answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL**, etc. For a person who had no occupation whatever write **NONE**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—In the month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER, WEAVER, etc.**

In stating the industry or business, avoid the use of such 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, an CIVIL ENGINEER, a MECHANICAL ENGINEER, a MINING ENGINEER, a STATISTICAL ENGINEER, etc., and the term "laborer" when a more precise statement of the occupation is required. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MASON, etc. Distinguish a clerk from a retail merchant and a wholesale merchant. A clerk who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, anaphy, 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 death, name those not related to principal cause, name other important influences.

Example

'The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Acute leukemia</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.

Any 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 to the undertaker a standard certificate of death, stating to the best of his 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 illness, when last seen alive by the physician or officer, and the date of his death. (G. & G. LAW, CHAP. 46, SEC. 9.)

No **undraker or other person** shall bury or otherwise dispose of a human body in a town, or remove it from a town, which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other 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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, altho a permit from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original permit, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein, as provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough 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 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 the undertaker early enough, and in the possession of the undertaker as above provided, removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it 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 herebefore. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States, or in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, as to the date of burial or registration require—*Gen. Sts. c. 114, Sec. 45, G. L. (Ter-*

(TENTH EDITION.)

Medical examiners shall make examination upon the view of the dental borders of only such persons as are supposed to have died by violence. . . . (GRN LAWS, CHAP. 38, SEC. 6.)

"He shall in all cases certify to the town clerk or register in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death." (GRN LAWS, CHAP. 38, SEC. 7.)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received in person, or through the board of health or its agent, appointed to issue such permission, the order of the board, from the clerk of the town where the body there is no such order, the funeral is to be held, or from a person appointed to issue the order of the cemetery or burial ground in which the interment is made. . . . (Chap. 114, Sec. 46, c. 1. (TRANSLATED 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) **Dod or Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Meal.** Examiners will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including leathery septum), 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, 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. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-37. No. 1859-1.

PLACE OF DEATH

Suffolk
(County)
Wentworth
(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. **212**

No. *64 Cliff Ave* St., *Wentworth* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Katherine F. E. Hare* { (If U.S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *64 Cliff Ave* St., *Wentworth* 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 *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Widow* (write the word)
6a If married, widowed, or divorced *Robert H. O'Hare*
HUSBAND of (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. *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) *Charlestown*
(State or country) *Mass*

PARENTS 13 NAME OF FATHER *Michael Murphy*
14 BIRTHPLACE OF FATHER (City) *Cork*
(State or country) *Ireland*

15 MAIDEN NAME OF MOTHER *Francis Sullivan*
16 BIRTHPLACE OF MOTHER (City) *Cork*
(State or country) *Ireland*

17 Informant *Ellen G. Murphy* Relation, if any *Sister*
(Address) *64 Cliff Ave Wentworth*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Wm. D. O'Hare
(Signature of Agent of Board of Health proper)
Health Officer (Official Designation) *10/28/39* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct. 26* 19 *39*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Apr.* 19 *38* *Oct. 26* 19 *39*
I last saw him alive on *Oct. 26* 19 *39*, 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:

Cancer of Stomach
metastases liver Apr 38
Peritonitis
Oedema of lung Oct. 26
Contributory causes of importance not related to principal cause:

Name of operation *None* Date of *Oct. 26*
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 *Stomach*
(Signed) *Dr. Strong* M. D.
(Address) *62 Monmouth St. Oct. 28/39*

21 Place of Burial, Cremation or Removal *Waterbury*
(City or Town)
DATE OF BURIAL *Oct 30* 19 *39*

22 NAME OF FUNERAL DIRECTOR *J. F. McE. & Son*
ADDRESS *1083 Broadway Chelsea*

Received and filed *10/28/39* (Registrar)

A physician or registered hospital medical officer shall (not)

date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

human body and remove it from a town, from one

... CENTENARY EDITION.)

violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6

and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

made. . . . --CHAR. 114, Sec. 46, G. L. (TERCENTENARY EDITION)

RULES OF PRACTICE

irrelevance of the following rules of practice

ness from disease unrelated to any form of injury.

certificate of death is needed.

those of persons found dead.

who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

occupation.

11.—The number of years the deceased followed the occupation.

ar kind of work done and return that, as SPINNER, WEAVER, etc.

TON MILL, etc.

person who was found at the scene and not a
ERK.

... diseases.

	Date of Onset
	1915
<i>Arteriosclerosis</i>	1921
<i>Chronic interstitial nephritis</i>	
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

Principal cause:

sample happens to be the second cause given.

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Pinellas 3001
Precinct NON RESIDENT COPY State File No. 9465
or (Write name, not number)
Inc. Town St. Petersburg City or Town No. 29-511 Registered No. 479
City St. Petersburg No. Suwannee Hotel St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. if of foreign birth? 5 yrs. 5 mos. 5 ds.

2. FULL NAME Harriet A. Whitney

(a) Residence: No. 90 Cottage Ave. St. _____ Ward Winthrop, Mass.
20 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, married, widowed or divorced (write the word) Married
6a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles H. Whitney
6. DATE OF BIRTH (month, day and year) April 22, 1865
7. AGE Years 74 Months 0 Days 14 If LESS than 1 day, hrs. or min.
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, sawmill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Dec 6, 1938 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) England

FATHER 13. NAME Booth 14. BIRTHPLACE (city or town) (State or country) England

MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Charles H. Whitney (Address) Winthrop, Mass.

18. ~~PLACE OF DEATH~~ REMOVAL Place Winthrop, Mass. Date May 6 th 1939

19. UNDERTAKER Baynard Inc St. Petersburg (Address) By [Signature]

20. FILED May 6, 1939 W. A. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to May 6, 1939
I last saw her alive on May 5, 1939, death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Thrombosis
Hypertensive Heart Disease

Date of onset

5/4/39
10 years

Contributory causes of importance not related to principal cause:

Name of operation none Date of _____

What test confirmed diagnosis? EKG Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) N. Milton Rogers M.D.

95B (Address) 205 - First Federal Bldg.

in plan 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.

RECEIVED



NOV 15 1883 AM

Wm. H. H. H.

Pinellas

(County)

St Petersburg

(City or Town)



Florida State Board of Health

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

State File # 9465
(City or town making report)

STANDARD

CERTIFICATE OF DEATH

Registered No. 479

No. Suwannee Hotel

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet A Whitney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

(specify WAR)

(a) Residence. No. 90 Cottage Ave.

(Usual place of abode)

St.,

Ward, Winthrop, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years 5 months

days.

How long in U.S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

SEX F	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	(write the word)
----------	--------------------------	--	------------------

If married, widowed, or divorced

BAND of

(Give maiden name of wife in full)

) WIFE of Charles H. Whitney

(Husband's name in full)

IF STILLBORN, enter that fact here.

E. 74 April 22, 1865	If less than 1 day
Years.....Months.....Days	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.	Home
---	------

10 Date deceased last worked at this occupation (month and year)	Dec 6, 1938	11 Total time (years) spent in this occupation	44
--	-------------	--	----

BIRTHPLACE (City)	England
(State or country)	

13 NAME OF FATHER	Booth
-------------------	-------

14 BIRTHPLACE OF FATHER (City)	England
(State or country)	

15 MAIDEN NAME OF MOTHER	Unknown
--------------------------	---------

16 BIRTHPLACE OF MOTHER (City)	England
(State or country)	

Informant (Address)	Charles H. Whitney (Winthrop, Mass.)	Relation, if any	--
---------------------	--------------------------------------	------------------	----

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH	May	6	1939
	(Month)	(Day)	(Year)

19 I HEREBY CERTIFY, That I attended deceased from	January	19 38	May 6th	1939
--	---------	-------	---------	------

I last saw her alive on May 5th, 1939, death is said

to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis	5/4/39
Hypertensive Heart Disease	10 yrs.

Contributory causes of importance not related to principal cause:

Name of operation	None	Date of	
What test confirmed diagnosis?	E.K.G.	Was there an autopsy?	NO

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify	H. Milton Rogers	M. D.
(Signed)	205 First Federal Bldg.	19 --
(Address)		

21 Winthrop, Mass.	May 6th, 1939
DATE OF BURIAL	-----

22 NAME OF FUNERAL DIRECTOR	Baynards Inc St Petersburg
-----------------------------	----------------------------

ADDRESS	By L. W. Baynard
---------	------------------

Received and filed May 6, 1939

Wm. M. Davis

A TRUE COPY ATTEST:

E.K.

(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 housewife, write to husband in answer to Question 8 and own 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, ashlensia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal 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, file with the health officer a certificate of death, signed by him, in the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a record as required by section ten of chapter forty-six, that the body was served in the army, navy or marine corps of the United States in any war in which it has been engaged, such special shall appear upon the permit. The board of health 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 deceased, 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36, No. 9080-g

Suffolk



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8766 211

PLACE OF DEATH

(County)

Mass Memorial Hosp

No. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Greenstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 190 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

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days 2 If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country)

13 NAME OF FATHER Everett H Greenstein

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Sally Cohen

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

17 Informant (Address) Redden if any

A TRUE COPY.

ATTEST: James R. Burke
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 22/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/22/39, 19, to 9/22/39, 19
I last saw him alive on 9/22/39, death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

prematurity-5mos

Contributory causes of importance not related to principal cause:

bilateral atelectasis-virtually complete

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) C. A. Powell, M. D.

(Address) Mass Mem. Hosp Date 9/22/39

21 Place of Burial, Cremation or Removal Mt Lebanon Bath Bl (City or Town)

DATE OF BURIAL 10/15/39 19

22 NAME OF UNDERTAKER J H Levine

ADDRESS Boston

Received and filed 10/17/39 19

(Registrar of City or Town where deceased resided)

NEGATIVE



NOV 29 1933 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

8423 215
Registered No.

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)

No. Boston City Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. St., Ward, (If U. S. War Veteran, specify WAR)
(Usual place of abode) 23 Coral Ave (If nonresident, give city or town and state)

Length of residence in city or town 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 F Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (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

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (Month) (Day) (Year)

19 I HEREBY CERTIFY that I 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 injuries including fractured ribs-pelvis-femur-humerus-fibula

20 If death was due to external causes (VIOLENCE) fill in the following: Accident, Suicide or Homicide? Date of Injury 10/2/39 19

Where did Injury occur? Boston (City or town and State)
Manner of Injury crushed in elevator well
Nature of Injury

Was there an autopsy?

21 Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) T Leary M. D. (Address) Boston Date 10/2/39 19

22 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL 19

23 NAME OF UNDERTAKER J R Levine ADDRESS Boston

Received and filed 10/4/39 19

(Registrar of City or Town where deceased resided)



NOV 29 1930 AM

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.

Essex



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

Danvers

STANDARD
CERTIFICATE OF DEATH

Registered No. 216

PLACE OF DEATH

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Danvers State Hospital

Frank Sigabroed

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 U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

Lillie Harris

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE

70

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

bookkeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Syracuse,

(State or country)

New York

13 NAME OF FATHER

Walter Sigabroed

PARENTS

14 BIRTHPLACE OF FATHER (City)

New York,

(State or country)

N.Y.

15 MAIDEN NAME OF MOTHER

Helen Wooltruff

16 BIRTHPLACE OF MOTHER (City)

New York,

(State or country)

N.Y.

17 Informant

Mary R. McPhillips

Relation, if any

(Address)

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

10/17/39

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

October 12, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sep. 29, 1939, to Oct. 12, 1939

I last saw him alive on Oct. 12, 1939 death is said

to have occurred on the date stated above m.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchopneumonia primary 11/11/39

Chronic myocarditis 1936

Generalized arteriosclerosis 1934

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) Igor Aschhoff, M. D.

(Address) DSH

Date 10/14/39

21 Cambridge, Cambridge (City or Town)

DATE OF BURIAL 10/14/39

19

22 NAME OF UNDERTAKER David Pudge & Son

ADDRESS Danversville

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



NOV 14 1933 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.

50m-11-36. No. 9080-g

Suffolk



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH
(County) Boston
(City or town making return) Boston
Registered No. 8757 217
No. James J Sheerin St., Winthrop Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J Sheerin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 451 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.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX M 4 COLOR OR RACE W 5 SINGLE Married (write the word)
MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced Louise Dolan
HUSBAND of (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 10 Months 3 Days 15 If less than 1 day Hours 15 Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pipe fitter Hosp
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 10/39 11 Total time (years) spent in this occupation 15
12 BIRTHPLACE (City) Boston (State or country)
13 NAME OF FATHER Patrick Sheerin
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
15 MAIDEN NAME OF MOTHER Susan Sheehy
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Frances Monti Relation, if any sister
(Address)

A TRUE COPY.
ATTEST: James Q. Burke
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH Oct 13/39
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from 10/8/39 to 10/13/39, 1939
I last saw him alive on 10/13/39, 1939, death is said to have occurred on the date stated above, 10p m.
The principal cause of death and related causes of Importance in order of onset were as follows:
dissect. aneurism of the aorta
with rupture of the pericardial cavity
5dys
Contributory causes of importance not related to principal cause:
coronary heart dis. 1yr
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 N.C. Baker M. D.
(Signed) (Address) Mass Gen. Hosp Date 10/14/39
21 Winthrop Winthrop (City or Town)
Place of Burial, Cremation or Removal
DATE OF BURIAL 10/16/39 1939
22 NAME OF UNDERTAKER J F O'Malley
ADDRESS Winthrop
Received and filed 10/17/39 1939
(Registrar of City or Town where deceased resided)

RECEIVED



NOV 29 1930 AM



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8996 **218**

PLACE OF DEATH

(County)

(City or Town)

No. Mass. Memorial Hosp St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gerald Jenkins { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 51 Ingleside Ave St. Ward Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of Amelia M. Swift
(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 1 Months 14 Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plumbing Inspector
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Town Winthrop
10 Date deceased last worked at this occupation (month end year) 10/39 11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER Henry Jenkins

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Martha Mallinsoon

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant (Address) wife Relation, if any

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 21/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 10/20/39, 1939, to 10/21/39, 1939.
I last saw him alive on 10/21/39, 1939, death is said to have occurred on the date stated above, at 5:55pm.

The principal cause of death and related causes of importance in order of onset were as follows:

ax gangrenous appendicitis with
opr therefor 10/39
localized peritonitis

Contributory causes of importance not related to principal cause:
bilateral br pneumonia 10/20/39
chr pyelonephritis 1937

appendectomy 10/29/39
Name of operation Date of
What test confirmed diagnosis? yes Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) C A Powell M. D.
(Address) Mass Mem. Hosp Date 10/22/39

21 Place of Burial Winthrop (City or Town)
DATE OF BURIAL 10/24/39 1939

22 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop
10/25/39

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



NOV 29 1030 AM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36, No. 9080-g

Suffolk



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 219

PLACE OF DEATH

(County)

Boston

(City or town) City Hosp

No. _____ St. _____ Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Julia Lavelle

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. _____ St. _____ Ward, _____

(Usual place of abode)

(If U. S.
War Veteran,
specify WAR) Winthrop

Length of residence in city or town 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 **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 _____

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) 8/39 11 Total time (years) spent in this occupation _____

12 BIRTHPLACE (City) _____ Clifton Springs NY
(State or country)

13 NAME OF FATHER Peter Lavelle

14 BIRTHPLACE OF FATHER (City) _____ Ireland
(State or country)

15 MAIDEN NAME OF MOTHER --- Cavanaugh

16 BIRTHPLACE OF MOTHER (City) _____ Ireland
(State or country)17 Informant Mrs Ida McDermott Relation, if any
(Address) (Niece)

A TRUE COPY.

ATTEST: _____ (Registrar of city or town where death occurred)

DATE FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 23/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/3/39, 19, to 10/23/39, 19

I last saw _____ alive on _____, 19, death is said to have occurred on the date stated above at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

art. soler. heart dis. with
auricular fibrillation
decompensation-cardiac asthma 1 yrContributory causes of importance not related to principal cause:
art. soler. gangrene 12 wksName of operation ampt. rt leg-mid thigh stump 9/3/39 skin Date of 8/3/39
What test confirmed diagnosis? Draft 1 Was there an autopsy? 10/13/39

20 Was disease or injury in any way related to occupation of deceased?

If so, specify J V Sacchetti
(Signed) City Hosp M. D.
(Address) Date 10/23/3921 Place of Burial, Cremation or _____ Holy Cross Malden (City or Town)
DATE OF BURIAL 10/23/39 1922 NAME OF UNDERTAKER F F Hill
ADDRESS Everett
10/26/39

Received and filed _____ 19 _____

(Registrar of City or Town where deceased resided)

RECEIVED



NOV 29 1968 AM

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. 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)

No. 258 Court Road

XX
St.Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 220

2 FULL NAME Emily Lurenda (Brewster) Newton
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran
specify WAR)(a) Residence. No. 258 Court Road
(Usual place of abode)XX
St.

Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 50 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(or) WIFE of Edward Bartlett Newton
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years 2 Months 22 Days If less than 1 day
Hours MinutesOCCUPATION 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. 1939 11 Total time (years) spent in this occupation 6512 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS 13 NAME OF FATHER Daniel Brewster

14 BIRTHPLACE OF FATHER (City) Tamworth
(State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Sarah Marden

16 BIRTHPLACE OF MOTHER (City) Portsmouth
(State or country) New Hampshire17 Informant Allen E. Newton (Son, if any)
(Address) 258 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) 10/3/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Ward, (If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 1 1939
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Mar 14 1929, to Nov 1 1939.

I last saw her alive on Nov 1 1939, death is said

to have occurred on the date stated above, at 2:25 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis
Date of Onset IMPORTANT
Mar 14 1929

Contributory causes of importance not related to principal cause:

Name of operation hme Date of
What test confirmed diagnosis Obstruction Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker M. D.
(Signed) Winthrop, Mass. Date Nov 2 1939
(Address)21 Woodlawn Cemetery Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 3, 193922 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop MassReceived and filed 19
Mass. Registrar (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various persons can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. (Children not readily employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write "housework" in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, housekeeper—private family, cook—domestic, etc. For a person who had no occupation whatever write none.)

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "foreman," etc. Print out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement 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 complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Coronary hemorrhage</i>	July 5, 1927
The principal cause of death and related causes of importance in order of onset were as follows:	
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by this section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. — GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 abroad and from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original 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 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 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. (TERRESTRIAN EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit, so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . — CHAP. 114, SEC. 46, G. L. (TERRESTRIAN 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 **unavoidable due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septic or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. 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)

No. 105 Ocean View St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 221

2 FULL NAME Charles Alfred Roberts

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 105 Ocean View

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

54

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)

Married

6a If married, widowed, or divorced

HUSBAND of Jane Margaret McDonald

(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 1 Months 21 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Motor man

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Boston, Revere Beach & Lynn, MA

10 Date deceased last worked at this occupation (month and year)

Nov. 1939

11 Total time (years) spent in this occupation 36

12 BIRTHPLACE (City)

East Boston

(State or country)

Massachusetts

13 NAME OF FATHER

Hugh William Roberts

14 BIRTHPLACE OF FATHER (City)

Liverpool

(State or country)

England

15 MAIDEN NAME OF MOTHER

Margaret Edwards

16 BIRTHPLACE OF MOTHER (City)

Liverpool

(State or country)

England

17

Informant Ann Jane Roberts

(Address)

105 Ocean View St Winthrop

Relation, if any

(sister)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran
specify WAR)

18 DATE OF DEATH Nov 7 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1939, to Nov 7, 1939

I last saw him alive on Nov 7, 1939, death is said

to have occurred on the date stated above, at 11:25 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

IMPORTANT

Cyanide Poisoning Nov 4 1939

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) Raymond B. Parker, M. D.

(Address) Winthrop, Mass. Date Nov 9, 1939

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 10 1939

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed Nov 11 1939

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth-

with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other 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 proposed. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if 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 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 and in the possession of the undertaker desiring to provide 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 retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in known; otherwise the description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits. . . . If there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (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 directly or indirectly by Transfusion (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 on occupation card on account of the disease causing death, report the illness upon the occupation prior to retirement. Children not voluntarily employed may be returned as AT SCHOOL or AT HOME. For women whose only occupation was that of home housework, write Question 9. If a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use 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, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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.

Every item of information should 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

1

Suffolk
(County)

Winthrop
(City or Town)

No. 169 Cottage Pk. Road

St.

Ward

2 FULL NAME Mary M. Burke Hayes
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 169 Cottage Pk. Rd. St. Ward
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 Thomas J. Hayes
(Give maiden name of wife in full)
(or) WIFE of Thomas J. Hayes
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) Oct. 1939

11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Middleton
(State or country) Conn.

PARENTS

13 NAME OF FATHER John Burke

14 BIRTHPLACE OF FATHER (City) Connecticut
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Conway

16 BIRTHPLACE OF MOTHER (City) Connecticut
(State or country)

17 Informant Eileen Hayes Relation, if any (Daughter)
(Address) 169 Cottage Pk. Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Mulder
(Signature of Agent of Board of Health or other Health Officer) 11/9/39
(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. 222

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran specify WAR) 222

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 7 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov. 1 1939, to Nov. 7 1939
I last saw him alive on Nov. 7 1939, 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:
Cerebral hemorrhage
Contributory causes of importance not related to principal cause:
hypertension
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) C. J. Mulder M. D.
(Address) 169 Cottage Pk. Rd. Date 11/9/39 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov 10 1939 1939

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed 19
James J. Mulder
(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, 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>	1922
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose of interment, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a 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 removal shall constitute a permit for such removal; provided, 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, or if the removal of such body has been sooner as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such removal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (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.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-f

1 PLACE OF DEATH { Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital St. Ward {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
		Registered No. 223		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Laura Bell (Wood) Sears (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 30 Orlando 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)	18 DATE OF DEATH November 8 1939 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of John Sears (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from October 5, 1939, to November 8, 1939.		
6 IF STILLBORN, enter that fact here.			I last saw her alive on November 8, 1939, death is said to have occurred on the date stated above, at 8:10 P.M.		
7 AGE 58 Years 10 Months 14 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: Pgo. Hydronephrosis		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work		Date of Onset IMPORTANT Oct. 7, 1939		
	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. 1939 Total time (years) spent in this occupation 25				
12 BIRTHPLACE (City) Baltimore (State or country) Maryland			Contributory causes of importance not related to principal cause:		
PARENTS	13 NAME OF FATHER Arthur Wood		Name of operation Nephrectomy Date of Nov 1-39		
	14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)		What test confirmed diagnosis? Operation Was there an autopsy? No		
	15 MAIDEN NAME OF MOTHER Annie Unable to obtain maiden name		20 Was disease or injury in any way related to occupation of deceased? No		
	16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)		If so, specify Edward J. Franigan (Signed) 200 Washington St. (Address) Nov 9 1939 (Date)		
17 Informant John H. Sears (son) (Address) 24 Orlando Ave Winthrop Mass			21 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Salem Mass (Cemetery) (City or town)		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 11/10/39 (Date of Issue of Permit)			22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass		
			Received and filed 11/10/39 (Registrar)		

See back of certificate for instructions

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 his occupation had been given up or changed on account of the disease being dealt with, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school*.

only occupation was that of *housewife*, a woman whose answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*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 *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, 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.

Exemplo

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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.... *Laws, Chapt. 46, Sec. 9*

Gen. Laws, Chap. 46, Sec. 9.

of no undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health, or its agent, 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 a written statement, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinbefore provided. If there is no attending physician, or if no sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purposes shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a 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 above provided and in the possession of the undertaker, desired to make such removal, shall constitute a permit for such removal; which it was removed within thirty-six hours after such removal, obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter 278A, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, or the clerk shall appear upon the certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall 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. (Medical 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 poisoning) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-37. No. 1859-1.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 56 Sagamore Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 224

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 William T. Dunn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 56 Sagamore 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

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(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.

Retired Custodian

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Public Works Dep't

10 Date deceased last worked at
this occupation (month and
year)

June 1925

11 Total time (years)
spent in this
occupation

47

12 BIRTHPLACE (City)
(State or country)

Boston
Massachusetts

13 NAME OF
FATHER

Walter F.

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Halifax
Nova Scotia

15 MAIDEN NAME
OF MOTHER

Jane Flynn

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Ireland

17

Informant
(Address)

Hannah Doherty

Relation, if any

56 Sagamore Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

November 8, 1929
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 1929, to November, 1929.

I last saw him alive on November 3, 1929, 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:

Generalized arteriosclerosis
Chronic myocarditis

Date of Onset
IMPORTANT

years
years

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John C. Doherty, M. D.

(Address) Winthrop, Mass. Date 4/9/1929

21 Holy Cross Malden Mass

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 10, 1929

22 NAME OF
FUNERAL DIRECTOR John A. O'Malley

ADDRESS Winthrop Massachusetts

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 Question 9. For a person engaged in domestic service, fill in, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MARINER, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 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 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, the physician who is a member of the board of health, or employed by or for the selectmen for the purpose, shall upon application make to the board of health, or to the attending physician, if death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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. The funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TRICENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia, or else), and by the action of chemical (drugs or poisons), thermal, from 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.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or shall bury or otherwise dispose which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 permit, by a satisfactory certificate of the attending physician if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town and 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 removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body, has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases, certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from where the body is to be buried if the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERMINAL EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, 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 **supposablely due to injury**. These include not only deaths caused directly or indirectly by trauma (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—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should 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 each in its own 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

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 225

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)



No. 93 Court Rd. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Kelley
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 193 Court Rd. St. Ward
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 F 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

18 DATE OF DEATH Nov 10 1939
(Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Daniel Kelley (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Nov 1 1939, to Nov 10 1939.
I last saw her alive on Nov 10 1939, death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

6 IF STILLBORN, enter that fact here.
7 AGE 92 Years Months Days If less than 1 day Hours Minutes

Contributory causes of importance not related to principal cause:
Date of Onset IMPORTANT Nov 1, 1939

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Yes 11 Total time (years) spent in this occupation

Contributory causes of importance not related to principal cause:
Myocarditis
Sept 1939

12 BIRTHPLACE (City) (State or country) Ireland

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

13 NAME OF FATHER Daniel McLaughlin

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

20 Was disease or injury in any way related to occupation of deceased? If so, specify Louis F. Salerno, M. D.
(Signed) (Address) 175 Pleasant St. Date Nov 10 1939

17 Informant (Address) Mrs. Mary Salerno 91 Court Rd. Wentworth Relation, if any (Dress)

21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov 12 1939

22 NAME OF UNDERTAKER John P. Costello
ADDRESS Boston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/11/39 (Date of Issue of Permit)

Received and filed Nov 11 1939
R. S. M. Head (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 internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder, or if the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certified health, or its agent, upon sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death, shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, 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 internment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of 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.

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-9-37 No. 1856-i.

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. 227

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 Justin Cronin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 170 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 27 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 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 27 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. Telephone Co.
10 Date deceased last worked, at this occupation (month and year) October 1939 11 Total time (years) spent in this occupation 2 Mos

12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

13 NAME OF FATHER Eugene

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Emma Bernier

16 BIRTHPLACE OF MOTHER (City) Quebec (State or country) Canada

17 Informant Eugene Cronin (father) (Address) 170 Washington Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) Health Officer
(Official Designation) (Date of Issue of Permit) 11/14/39

18 DATE OF DEATH Nov 12 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct 15, 1939 to Nov 12, 1939
I last saw him alive on Nov 12, 1939 death is said to have occurred on the date stated above, at 4:51 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:
Date of Onset IMPORTANT Oct 15

Name of operation Date of What test confirmed diagnosis? Feb Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. Cronin (Address) 170 Washington Ave Date 11/13 1939 M. D.

21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL November 15 1939

22 NAME OF FUNERAL DIRECTOR John G. O'Malley ADDRESS Winthrop, Massachusetts

Received and filed Ronald S. M. S. (Registrar)

Statement of occupation.—Price statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this column for every person aged 10 years or over. If the occupation had been the same up or changed on account of the disease causing death, remove the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children 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.

8.—The trade, profession, or particular kind of work 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 between retail and wholesale merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of 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 earliest and most important 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.

Example

The principal cause of death and related causes of importance in order of 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.

RETURN OF CERTIFICATES OF DEATH

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.

death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits; and 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, or remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb of the board of health or its agent, at or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be written and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, 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 examination shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained in such form for the removal of such body has been sooner obtained by section. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate of death, for registration, sign it and transmit it to the clerk of the town, for registration, notifying the cause of death shall therefore furnish a registration any other necessary information which can be obtained, as to the 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 EXAMINATIONS)*

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.*

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) **Meal 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 scalds, burns, and electrical agents, and deaths following abortion but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. **228**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 114 Lincoln St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Arthur Webster Menchin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 114 Lincoln St., Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 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 Married
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Ella G. Meyer (Per marriage Record)
(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 7 Months 25 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner, Fireman
sawyer, bookkeeper, etc.
9 Industry or business in which
work was done, as silk mill, Winthrop Fire Dept
saw mill, bank, etc.
10 Date deceased last worked at
this occupation (month and year) 1939
11 Total time (years)
spent in this 33
occupation.

12 BIRTHPLACE (City) Woburn
(State or country) Massachusetts

13 NAME OF FATHER John Menchin

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Unable to obtain

15 MAIDEN NAME OF MOTHER Mary E. Webster

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Unable to obtain

17 Informant Ella G. Menchin (Relation, if any wife)
(Address) 114 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:

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
(Date of Issue of Permit) 11/15/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 12 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
November 8, 1939, to November 12, 1939

I last saw him alive on November 11, 1939, 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:

Acute Coronary Thrombosis Nov 12/39

Contributory causes of importance not related to principal cause:

Fr. prev. Pectoris Nov 7/39

Name of operation None Date of operation
What test confirmed diagnosis Physical Examination Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles R. Benmsion M. D.

(Address) 114 Lincoln St Winthrop Mass Date Nov 14 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL November 15, 1939

22 NAME OF UNDERTAKER Charles R. Benmsion

ADDRESS Winthrop Mass

Received and filed Nov 15 1939

(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 funeral director, furnish 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, where a name 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. If removed or from the clerk of the town where the body is buried to such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, in any, as required by law, or in lieu thereof a certificate as heretofore provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall not previously interred. If from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to remove such body shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a 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, and only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall, in all cases, certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the cure of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (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 epilepsies); and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection, related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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.

100-9-37, No. 1859-4.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 16 Pleasant St.,

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William F. Edgar

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 Pleasant 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

52

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)

Married

6a If married, widowed, or divorced

HUSBAND of Harriett Albee Edgar

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

69

Years

9

Months

2

Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Foreman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Milk

10 Date deceased last worked at this occupation (month and year)

1939

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF FATHER

Thomas Edgar

14 BIRTHPLACE OF FATHER (City)

Scotland

(State or country)

15 MAIDEN NAME OF MOTHER

Sarah Mooney

16 BIRTHPLACE OF MOTHER (City)

Maine

(State or country)

17

Mrs. Harriett A. Edgar (Wife)

Relation, if any

(Informant)

16 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other Health Officer

(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.

229

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November

14

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1939, to Nov 14, 1939

I last saw him alive on Nov 13, 1939, death is said

to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocardial Coronary Disease

Date of Onset

IMPORTANT

3/1/39

Contributory causes of importance not related to principal cause:

Unknown

Name of operation

Date of

What test confirmed diagnosis? Phos. am. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) S. H. Natchezian, M.D.

(Address) 5. Nichols St., Boston Date 11/14/39

21 South Gardner Maine (11/14/39)

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 17, 1939

22 NAME OF FUNERAL DIRECTOR

ADDRESS 147 Winthrop St., Winthrop

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, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 and, in such 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, 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 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.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TRICENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 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 term, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. 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, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLEAK.

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, assthenia, 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>Anthrax</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.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Station Hospital, Fort Banks, St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick J. Finneran

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

230

(a) Residence. No. 31 Iffley Road St., Ward Jamaica Plain, 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 Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 21 Years 4 Months 5 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC

10 Date deceased last worked at this occupation (month and year) February 24, 1939. 11 Total time (years) spent in this occupation Unknown

12 BIRTHPLACE (City) Unknown (State or country) Mass New Hampshire

13 NAME OF FATHER Unknown Patrick J.

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Unknown Boston Mass

15 MAIDEN NAME OF MOTHER Unknown Mary Murphy

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Unknown Ireland

17 Informant Registrar, Sta. Hosp. Ft. Banks, Mass. (Address) 31 Iffley Rd. J.P.C.

I HEREBY CERTIFY that a satisfactory standard 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

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)

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

18 DATE OF DEATH November 16, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

November 2, 1939, to November 16, 1939

I last saw him alive on November 16, 1939, 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:

Date of Onset

Sarcoma, Osteogenic, left tibia
with Metastases all lobes of both
lungs and left femur May, 1939

Contributory causes of importance not related to principal cause:

Fracture, simple, complete, spontaneous, neck of left femur Oct. 14/39

Name of operation None Date of What test confirmed diagnosis? X-Ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. J. Finneran M. D.

(Address) 11 Inwood, 1st St., J.P.C. Date 19

21 Mt. Benedict Boston Mass

Place of Burial, (Cremation or Removal) (City or Town)

DATE OF BURIAL Nov 20, 1939 19

22 NAME OF FUNERAL DIRECTOR Daniel J. Shea Mass.

ADDRESS 2193 Washington St., Jamaica Plain,

Received and filed

(Registar)

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PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 44 Quincy Ave.

St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

231

2 FULL NAME Eugenia Geraldine (Piccardo) Terrile

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)(a) Residence. No. 44 Quincy 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 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 (Give maiden name of wife in full)

(or) WIFE of Peter Terrile
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) October 1939 11 Total time (years) spent in this occupation 44

12 BIRTHPLACE (City) Philadelphia (State or country) Pennsylvania

13 NAME OF FATHER Bartholomew Piccardo

14 BIRTHPLACE OF FATHER (City) Genoa (State or country) Italy

15 MAIDEN NAME OF MOTHER Josephine Ratto

16 BIRTHPLACE OF MOTHER (City) Italy (State or country)

17 Informant Darien Terrile (son) (Address) 19 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:

(Signature of Agent of Board of Health or brother)

(Official Designation)

(Date of Issue of Permit) 11/20/39

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.{ (If death occurred in a hospital or institution,
give its NAME instead of street and number){ (If U. S.
War Veteran
specify WAR)St. Ward.
(If 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

18 DATE OF DEATH Nov. 18 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 13, 1939, to Nov. 18, 1939.

I last saw her alive on Nov. 17, 1939, death is said

to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris
Date of Onset
IMPORTANT
May 13
1936

Contributory causes of importance not related to principal cause:

Chronic Myocarditis Nov. 8, 1934

Name of operation None Date of What test confirmed diagnosis? Abnormal Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker, M.D.

(Signed) Winthrop Mass Date Nov. 19, 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 21, 1939

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed Ronald S. McLeod 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 or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

Notwithstanding the foregoing, if a person who is 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 an undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in any case by an original and recorded, satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 designing to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it 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 from whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septic or electrical agents and deaths following abortion), but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons in any or inaction 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, state the date of this change, 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, state **HOUSEWORK** in answer to Question 8 and own **HOME** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as **HOUSEKEEPER—PRIVATE FAMILY**, **COOK—HOTEL**, etc. For a person who had no occupation whatever write **NONE**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER**, **WEAVER**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE**, **SOAP FACTORY**, **COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER**, **MECHANICAL ENGINEER**, **MINE ENGINEER**, **STATIONARY ENGINEER**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as **CARPENTER**, **PAINTER**, **MACHINIST**, etc. Distinguish carefully between **RETAIL MERCHANTS** and **WHOLESALE MERCHANTS**. A person 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, 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 they related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 plan 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-9-37. No. 1859-4.

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. **232**

PLACE OF DEATH

Suffolk

(County)

Dorchester

(City or Town)

No. 887 Shirley St.

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Margaret J. O'Neill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

(specify WAR)

(a) Residence. No.

887 Shirley

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

F

4 COLOR OR RACE

W

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John J. O'Neill

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

5-7

Years

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)

Ireland

13 NAME OF FATHER

Patrick Murphy

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Catherine Shea

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

(Address)

John P. O'Neill

Relation, if any

(Husband)

HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or Agent)

Wm. D. O'Connell
Health Officer

(Official Designation)

(Date of Issue of Permit)

11/23/39

18 DATE OF DEATH

November

20

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 10

1939

to November 20

1939

I last saw her alive on November 20, 1939, 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:

Cerebral Hemorrhage

Date of Onset

IMPORTANT

November 20, 1939

Contributory causes of importance not related to principal cause:

Hypertension

1939

Name of operation

none

Date of

What test confirmed diagnosis

clinical

Was there an autopsy?

No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Jacob O'Connell

(Signed)

(Address)

562 Shirley St.

Date

Nov 21

M. D.

1939

21 Old Calvary

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Nov 23

1939

22 NAME OF FUNERAL DIRECTOR

John J. O'Connell

ADDRESS

178 Bendington St. C. Boston

Received and filed

DEC 1 1939

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 readily employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write "HOUSEWORK" in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as "HOUSEKEEPER—PRIVATE FAMILY," "COOK—HOTEL," etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and 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 G. heart failure, asphyxia, asbhenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</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 first a second, or third position. The principal cause in either example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by this section, and where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of 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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may have been delivered to such board, agent or clerk, the facts required by law to be returned and recorded, which shall be accompanied by a satisfactory written statement containing the facts in the case of an original internment, if a satisfactory certificate of the attending physician, if 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 is caused by violence, the medical examination of a human body, not previously interred, for the removal of other within 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, hereinafter 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 sign it and transmit it to the clerk of the town for registration, and the person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk, or, as to the manner or cause of the death, which the registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITIONS).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall . . . all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth or until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERMINAL EDITIONS).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septic or electrical agents, and deaths followed by abortion, but also deaths from disease resulting from injury or infection related to occupation, those of persons found dead.

PLACE OF DEATH

No.

2

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

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 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.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Data deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Chelsea Mass

13 NAME OF FATHER

Enrico Lopilato

14 BIRTHPLACE OF FATHER (City)

(State or country)

Mirabella Italy

15 MAIDEN NAME OF MOTHER

Viola Palermo

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Mass.

17

Informant (Address)

Enrico Lopilato (Father)
Fairfield St Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

No.

(City or Town)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

{ If U. S.

War Veteran

specify WAR

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Nancy Lopilato

(a) Residence. No.

(Usual place of abode)

Fairfield St Revere

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

18 DATE OF DEATH

November 21 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov. 15 1939, to Nov. 21 1939.

I last saw her alive on Nov. 21 1939, death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute suppurative appendicitis Nov. 18 1939

Contributory causes of importance not related to principal cause:

Broncho-pneumonia

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) Pasquale Delap M. D.

(Address) 31 Palmer St Boston Date 12 1 1939

21 Holy Cross Malden

Place of Burial, Creation or Removal (City or Town)

DATE OF BURIAL Nov 24 1939

22 NAME OF UNDERTAKER Michael Della Russa

ADDRESS 28 1/2 Prince St Boston

Received and filed DEC 10 1939

19

(Registrar)

To be filed for burial permit
with Board of Health
or its Agent.

233

Revere Notched
12/12/39

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 generally employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write in answer to Question 8 and own home in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HONEY, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, 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, MIXING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods, should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication with 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 authority, furnish to the requestor 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, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such 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 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 necessary information which can be obtained as to the clerk or registrar may require. . . . GEN. LAWS, CHAP. 46, SEC. 45, G. L. (TERMINARY EDITIONS).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death. . . . GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERMINARY EDITIONS).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons from whom they have given bedside care during a last illness, from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to an injury, have died without recent medical attendance 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**, which include not only deaths caused directly or indirectly by traumatic (including resulting septal or electrical agents, action of death following abortion, but also deaths from disease 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. 24 Beacon

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

231

2 FULL NAME Thomas Mead Evans

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Beacon
(Usual place of abode)

St.,

Ward,

(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

MEDICAL CERTIFICATE OF DEATH

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 Mabel B. Lawson
(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 9 Months 25 Days If less than 1 day
Hours Minutes8 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. Shoe factory
10 Date deceased last worked, at
this occupation (month and day 1939) May 1939 11 Total time (years)
spent in this occupation 2012 BIRTHPLACE (City).....Dorchester
(State or country).....Massachusetts

13 NAME OF FATHER Hugh Evans

14 BIRTHPLACE OF FATHER (City).....Wales
(State or country).....England

15 MAIDEN NAME OF MOTHER Susan Wilder

16 BIRTHPLACE OF MOTHER (City).....Hingham
(State or country).....Massachusetts17 Informant Mabel B. Evans (wife)
(Address) 24 Beacon St Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
issued 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 November 21 1939
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
May 21, 1939, to Nov 21, 1939
I last saw him alive on Nov 20, 1939, death is said
to have occurred on the date stated above, at 11:10 A.M.
The principal cause of death and related causes of importance in order of onset
were as follows:

Cancer of liver

Date of Onset
IMPORTANT

Feb. 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. W. Bickman, M.D.
(Address) Winthrop Mass Date Nov 22, 193921 Riverside Cemetery Saugus
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 24 1939 1922 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed DEC 9 1939 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, the date and place of death, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

NEEDLEMAN, or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained fairly enough for the purpose, or is insufficient, a physician or a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate, and the attending physician, if death is caused by violence, the medical examiner of a human body, not previously caused, shall make such certificate. If such a certificate, the medical examiner of a human body, not previously caused, shall make such certificate for the removal of a human body, the certificate of death made as above provided and in the possession of the undertaker desiring to move such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a statement as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been 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 the cause unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 trauma (including resulting septic or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury, or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children born to a woman whose only occupation was that of home housework, or a woman who was only engaged in domestic service for wages, in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as ~~HOUSEKEEPER—PRIVATE FAMILY~~, ~~COOK—HOTEL~~, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, 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.

In stating the industry or business, avoid the use of such 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 with care the different kinds of engineers by stating the full descriptive titles, as ~~CIVIL ENGINEER~~, ~~MECHANICAL ENGINEER~~, ~~MINE ENGINEER~~, ~~STATIONARY ENGINEER~~, etc. Avoid the term "laborer." Do not use the word "mechanic," the occupation can be ascertained. Do not use the word "operator," give the exact occupation, as ~~CARPENTER~~, ~~PAINTER~~, ~~MACHINIST~~, etc. Distinguish carefully between ~~RETAIL MERCHANTS~~ and ~~WHOLESALE MERCHANTS~~. A person who sells goods should be called a ~~SALESMAN~~ and not a ~~CLERK~~.

Statement 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>Coronary hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three, causes the principal 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**

Cambridge
(City or town making return)

Registered No. 149235

1 PLACE OF DEATH

Middlesex
(County)

Cambridge
(City or Town)

No. Holy Ghost Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Stokes Wallace
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Grover Ave., St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED M (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Herbert F. Wallace
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 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.

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) Germantown, (State or country) Penn.

13 NAME OF FATHER Charles Harvey Stokes

14 BIRTHPLACE OF FATHER (City) Germantown, (State or country) Penn.

15 MAIDEN NAME OF MOTHER Bettine Davis

16 BIRTHPLACE OF MOTHER (City) Wilmington, (State or country) Delaware

17 Informant Herbert F. Wallace (husband) (Address) 45 Grover Ave., Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov. 24, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 22, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1939, to Nov. 22, 1939

I last saw her alive on Nov. 19, 1939, 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:

Chronic myocarditis 2 yrs.

Contributory causes of importance not related to principal cause: Diabetes mellitus 1937

Name of operation None Date of operation --
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) John A. Fraser, M. D.
(Address) 396 Medford St., Som Date 11/22/39

21 Wildwood - Winchester
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 24 1939

22 NAME OF UNDERTAKER Kelley & Hawes
ADDRESS 1 Elmwood Ave., Winchester

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.

RECEIVED



DEC-9 1033 AM

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32, No. 5469

PLACE OF DEATH

1

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)

Length of residence in city 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 (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. *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)

13 NAME OF FATHER *Henry J. Fisher* FISHES

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER *Alison Harrington*

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant (Address) *Henry J. Fisher - father* *797 Winthrop St. Revere*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit)

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

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

18 DATE OF DEATH *Nov 24 1939*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Nov 24*, 19*37*, to *1939*

I last saw him alive on *Nov 24*, 19*39*, death is said to have occurred on the date stated above, at *Revere* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Stillborn
macerated fetus
premature separation
of placenta -

Contributory causes of importance not related to principal cause:

nothing in auto accident
Oct 14 - 1939 -

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) *Frank J. Sandler* M. D. (Address) *Revere Mass* Date *11/24 1939*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Walden* (Cemetery) (City or town)

DATE OF BURIAL *Nov 24 1939*

22 NAME OF UNDERTAKER *Henry J. Vincent Murray*

ADDRESS *254 Beach St Revere*

Received and filed *DEC 1 1939*

(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 of over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8, and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private janitor*, *cook*, *help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "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*, *pointer*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or 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, addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or 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 it is a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 41A, Sec. 13, G. L., as amended by Chap. 48, Act of 1927 and Chap. 414, Act of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical drugs or poisons, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Funeral Home
54 Beach Street, Revere

Residence
20 Harrington Avenue

Funeral Parlor
9 Atlantic Avenue

MURRAY & MURRAY

J. Vincent Murray

.... Funeral Service

Telephone Revere 1127 - 1236

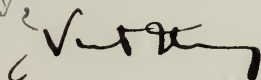
Feb 26, 1940.

Dear Sir;

Hereafter I will print. I apologize for the hand wring.

The still borns name was Fisher that died on the 23rd of Nov., 1939.,
at the Winthrop Community Hospital.

Respectfully,



J. Vincent Murray



FEB 27 1940 AM

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. 237

No. 126 Winthrop St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Elizabeth M. Sanford Leonard { (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 126 Winthrop 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 Widowed (write the word)

6a If married, widowed or divorced HUSBAND of William Leonard (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 93 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. Retired
10 Date deceased last worked at this occupation (month and year) Nov 1939 11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Robert Sanford

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Margaret

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Margaret Brown (Address) 126 Winthrop St. (Relation, if other)

I HEREBY CERTIFY that a satisfactory standard 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) 11/28/39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 27 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Nov 27, 1939

I last saw him alive on Nov 26, 1939, death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis 1905

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Tellurium Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Sydney Gale M.D. (Address) 627 Elm St. Date Nov 27 1939

21 Place of Burial, Cremation, Removal Winthrop Winthrop DATE OF BURIAL Nov 29 1939

22 NAME OF FUNERAL DIRECTOR John H. Maly ADDRESS Winthrop

Received and filed Nov 29 1939 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, asbesthemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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, the date of death, the section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town; and, if a person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as returned 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 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 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, under his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 death, or electrical agents, and deaths following abortion, but also deaths from disease 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. 238

Registered No.

PLACE OF DEATH

No.

Suffolk
(County)
Wentworth
(City or Town)

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward L. Gibbs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

289 Meridian

St. One Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos. 18

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Kelli A. Sanders

(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

Months

12 Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Interior Decorator

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Paper Hanging, E.C.

10 Date deceased last worked at this occupation (month and year)

Aug 1912. 6

11 Total time (years)

spent in this occupation

50 yrs

12 BIRTHPLACE (City)

Birmingham

(State or country)

Mass

13 NAME OF FATHER

Albert E. Gibbs

14 BIRTHPLACE OF FATHER (City)

Sudbury

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Sarah Ferring

16 BIRTHPLACE OF MOTHER (City)

Birmingham

(State or country)

Mass

17 Informant

(Address)

Kelli A. Gibbs
289 Meridian 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

November 29, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov 29, 1939, to Nov 29, 1939

I last saw him alive on Nov 29, 1939 death is said

to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Pulmonary edema 11/28/39

Contributory causes of importance not related to principal cause:

Central Hemorrhage 11/2/39

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)

George H. Schumacher

M. D.

(Address)

19 Meridian St E.B.

Date

11/30, 1939

21 PLACE OF BURIAL

Woodlawn Cemetery

CREMATION OR REMOVAL

Everett

DATE OF BURIAL

Dec 3, 1939

22 NAME OF UNDERTAKER

Frank E. Brown

ADDRESS

East Boston

Received and filed

DEC 1 1939

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 of over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or at any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as fully as the physician, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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 in writing, signed by its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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. 9-37. No. 1859-i.

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. 239

No. 71 Grover Ave

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph H. Dwelley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 71 Grover Ave

St. Ward (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? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) MARRIED or DIVORCED

6a If married, widowed, or divorced Mary M. Gillis HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 38 Years - Months - Days If less than 1 day Hours - Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tools etc 10 Date deceased last worked at this occupation (month and year) Nov 1939 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Boston Mass (State or country)

13 NAME OF FATHER John F. Dwelley

14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

15 MAIDEN NAME OF MOTHER Eliza Blundell

16 BIRTHPLACE OF MOTHER (City) Beverly Mass (State or country)

17 Informant Sarah Smith (sister) (Address) 635 Pennington St E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 12/11/39

18 DATE OF DEATH November 29 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from September 3, 1936 to November 29, 1939. I last saw him alive on November 29, 1939, death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Rheumatic Heart Disease 1930. Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause: Acute dilatation of heart 11/20/39

Name of operation none Date of operation none What test confirmed diagnosis clinical & laboratory Was there an autopsy No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Jacob A. Abayas M.D. (Address) 502 Dudley St Date 11/29/39

21 Place of Burial, Cremation or Removal Winthrop Mass (City or town)

DATE OF BURIAL Dec 1 1939

22 NAME OF FUNERAL DIRECTOR Charles H. Treavor ADDRESS East Boston

Received and filed DEC 11 1939 (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, the deceased, his supposed age, the disease of which he died, defined as required by illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a 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 permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided 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 permit as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been 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 known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a 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 from whom they have given bedside care during a last illness, from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septic, or electrical agents, and deaths of chemical (drugs or poisons), thermal, from disease 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 actually employed may be returned as at school. For a woman whose only occupation was that of home housework, 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, a **HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL**, etc. For a person who had no occupation whatever write **NONE**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER, WEAVER**, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **CARPENTER, PAINTER, MACHINIC**, etc. Distinguish carefully between **RETAIL MERCHANTS AND WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if 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:

	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 cause should be given in the order of onset, so that in a group of three causes, the principal 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.9-37. No. 1859-i.

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. 240

No. 35- Sea Foam Ave Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Clara Petersiel
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 35- Sea Foam 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 12 years months days. How long in U.S., if of foreign birth? 18 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 Nov 30 1939
(Month) (Day) (Year)

6a If married, widowed, or divorced
HUSBAND of Nathan Petersiel (give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Nov 19, to Nov 19, 1939

6 IF STILLBORN, enter that fact here.
7 AGE 37 Years Months Days If less than 1 day Hours Minutes

I last saw her alive on Nov 19, 1939, death is said to have occurred on the date stated above, at 12 Noon
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 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

Natural Cause, Probably
Dark Myocarditis
Date of Onset IMPORTANT Nov. 3, 1939

12 BIRTHPLACE (City) (State or country) Austria

Contributory causes of importance not related to principal cause:
14 years

13 NAME OF FATHER Morris Bein

14 BIRTHPLACE OF FATHER (City) (State or country) Austria

15 MAIDEN NAME OF MOTHER Charlotte Pearlmutter

16 BIRTHPLACE OF MOTHER (City) (State or country) Austria

17 Informant Herman Bein (Address) 35 Sea Foam Ave
Relation, if any Brother

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 Raymond B. Parker, M. D.
(Address) Winthrop, Board of Health, Dec. 19, 1939.

21 Place of Burial, Cremation or Removal (City or Town) Austrian Cem. Winthrop, Mass.
DATE OF BURIAL Dec. 19, 1939

22 NAME OF FUNERAL DIRECTOR Mamee Steneshy
ADDRESS 10 Wash. St. Wob.

Received and filed. DEC 1 1939
R. S. M. (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 12/1/39

RETURN OF CERTIFICATES OF DEATH

A physician or 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, the duration as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall remove the human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such 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, registrar or other officer may require. —CHAP. 114, SEC. 45, G. L. (TERRENTREMARK 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. (TERRENTREMARK 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 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 diseases, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and 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 principle 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 the 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-12-735, No. 6156E

PLACE OF DEATH

Suffolk
(County)Winthrop
(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.

241

No. 33 Hutchinson St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Johanna Hurley Regan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 33 Hutchinson 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)

Female

White

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 76

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10 Date deceased last worked at this occupation (month and year)

Aug 29 1939

11 Total time (years) spent in this occupation

50

12 BIRTHPLACE (City)

Toledo

(State or country)

Ohio

13 NAME OF FATHER

Michael Hurley

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Ellen Crane

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

Mary Regan

Relation, if any

(Daughter)

33 Hutchinson 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

Nov

30

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov 26

19 28

to Nov 30

19 39

I last saw him alive on Nov 29 19 39, 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

Contributory causes of importance not related to principal cause:

Atherosclerosis
Nephritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John D. Males

M. D.

(Address)

72 Grove St

Date

12/2 1939

21 Holy Cross Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

Dec 4 1939

19

22 NAME OF UNDERTAKER

John D. Males

ADDRESS

Winthrop

Received and filed

19

A TRUE COPY ATTEST:

(Registrar)

RETURN OF CERTIFICATES OFFER 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 a woman whose only occupation was that of home housework, write for housework. In answer to Question 8 and own home 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—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that 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 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 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, signed by the attending physician, of the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if 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 of health, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a 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 removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the removal of such body has been sooner as required by section ten of chapter forty-six, that the deceased in any war in which it has been engaged, such removal shall appear upon the permit. The board of health, or its agent, upon sign it and transmit it to the clerk of the town for registration. The person to whom the permit is 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. 3.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 directly and 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 **the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

PLACE OF DEATH

1

Bristol

(County)

Fall River

(City or Town)

No. Union Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward F. Harding

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 194 Somerset 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 M

4 COLOR OR RACE W

5 SINGLE MARRIED WIDOWED or DIVORCED Wid,

(write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time-keeper B&ARR

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) 1935

11 Total time (years) spent in this occupation. 50

12 BIRTHPLACE (City) Boston, (State or country) Mass.

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 Ruth B. Booth (Daughter) (Address)

A TRUE COPY. Emil F. Bergeron

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct. 16, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 6, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1939, to Oct. 6, 1939

I last saw him alive on Oct. 6, 1939, 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:

Uremia ?

Chronic Interstitial Nephritis ?

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) W. E. Wilson, Jr. (Address) Union Hospital, F.R. Date Oct 6, 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove, Dorchester (Cemetery) (City or town)

DATE OF BURIAL Oct. 10, 1939

22 NAME OF UNDERTAKER C. K. Bennison (Address) 170 Winthrop St., Winthrop, Mass

Received and filed 19

(Registrar of City or Town where deceased resided)



DEC 15 1934 AM

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.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



BOSTON

(City or town making return)

9797

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

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 --- Willett (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 243

(a) Residence. No. 188 Court Rd 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 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days If less than 1 day Hours 2 Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country)

13 NAME OF FATHER James Willett

14 BIRTHPLACE OF FATHER (City) Springfield Ill. (State or country)

15 MAIDEN NAME OF MOTHER Elsie Sawyer

16 BIRTHPLACE OF MOTHER (City) Boston (State or country)

17 Informant B L I Hosp (Address)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 18/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

11/15/39, 19, to 11/18/39, 19, I last saw him alive on 11/18/39, 19, death is said to have occurred on the date stated above, at 12:22p m.

The principal cause of death and related causes of importance in order of onset were as follows:

intra uterine asphyxia-pulmonary edema-aspiration of amniotic sac contents

Contributory causes of importance not related to principal cause:

Mother-placenta praevia

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. W. Knowlton M. D.

(Address) 221 Longwood Ave Date 11/18/39 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Gen. Chelsea (City or town)

DATE OF BURIAL 11/22/39 19

22 NAME OF UNDERTAKER B F Faunce

ADDRESS Chelsea

11/23/39

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JAN-21940 AM 1

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.

Michael Hayes, 12/3/39

100m-9-37, No. 1859 f.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 70 Thornton Pk.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 941

2 FULL NAME Annie F. Verdi

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR

NO

(a) Residence. No. 70 Thornton Pk.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 33 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)

Female

White

MARRIED

WIDOWED

or DIVORCED

Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George W. Verdi

(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.

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)

Nov. 39

11 Total time (years)

spent in this occupation. 40 y

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

PARENTS

13 NAME OF FATHER

Patrick Sullivan

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Ellen Regan

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

George W. Verdi

Relation, if any

(Husband)

(Address)

70 Thornton Pk. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

November 1

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

September 2, 1939, to December 1, 1939

I last saw her alive on December 1, 1939, death is said

to have occurred on the date stated above, at 1-7 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

IMPORTANT

Coronary Thrombosis

1939

Contributory causes of importance not related to principal cause:

Chronic Myocarditis

1937

Name of operation

None

Date of

What test confirmed diagnosis? Stethoscope Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Henry L. Plummer

(Signed)

M. D.

(Address)

726 Fairview St.

Date Dec 1 1939

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 4 1939

22 NAME OF FUNERAL DIRECTOR

Michael J. Hayes

ADDRESS 158 Warren Ave. Whitman

Received and filed. 1939

(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 and in the possession of the undertaker desiring to make such a removal, he shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 permitting 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. (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 **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of diseases not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis	Date of Onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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. 6156E

PLACE OF DEATH

Suffolk
(County)
Winthrop
(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. *245*

2 FULL NAME

(Baby girl) Lima
(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)

(a) Residence. No.

87 Revere

St.

Revere

(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

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF 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)

John Lima

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:

William D. Chelms

(Signature of Agent of Board of Health or other)

agent

(Official designation)

12/3/39

(Date of Issue of Permit)

18 DATE OF DEATH

Dec

(Month)

2

(Day)

1939

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 2, 19*39*, to *11:40 P.M.*, 19*39*I last saw him alive on *11:40 P.M.*, 19*39*, death is said to have occurred on the date stated above, at *11:40 P.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Macerated fetus -
(Full term)

Contributory causes of importance not related to principal cause:

knotted cord &
cord 5 times around fetus
neck. ? dead when mother

Name of operation

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. Cant & Sander*(Address) *Revere Mass*Date *12/3*, 19*39*21 *St Michael* *Boston*

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Dec 7*, 19*39*22 NAME OF UNDERTAKER *Joseph A. Egidio*ADDRESS *745 Cambridge St Camb.*Received and filed *DEC 3 1939*

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 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 certified, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death required as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, and, 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 previously 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, 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 **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, electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the sudden death of persons **not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as caretaker, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of 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.

100m-9-37, No. 1859-4.

See instructions and extracts from the laws on back of certificate.

Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important.

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. 245

No. 174 Cottage Park Road

St.

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charles Henry Allen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. 174 Cottage Park 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 40 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 Nellie Emeline Allen (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 6 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. Commission Agent 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) 1936 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Fall River (State or country) Massachusetts

13 NAME OF FATHER Charles Allen

14 BIRTHPLACE OF FATHER (City) Brookfield (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Julia M. Ayers

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) Maine

17 Informant Mrs. Nellie E. Allen Relation, if any (Address) 174 Cottage Pk. Rd. Winthrop 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) 12/5/39

18 DATE OF DEATH Dec 2 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 7:16 19 1937, to Dec 2 1939

I last saw him alive on Dec 2 1939, 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
IMPORTANT

Causes of Death
and Liver

Dec 19 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Obstruction Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Payson B. Carter, M.D. (Address) Winthrop Mass Dec 2 1939

21 Aspen Grove Cemetery Ware Mass DATE OF BURIAL December 5 1939

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison ADDRESS 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 nine, where same was contracted, the duration of his last illness when last seen alive by the physician, or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave to another, 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 a satisfactory certificate of death, 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 shall upon application make the certificate return 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 and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, which, if 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 recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been 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. (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 known, otherwise the deceased died his name and residence, if and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed 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. (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 from whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by violence (including resulting septic, or electrical agents, and deaths following abortion, but also deaths from disease 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 column for every person aged 10 years or over. If the occupation hath been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of 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 INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g

Essex



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

Danvers (County)

(City or town making return)

PLACE OF DEATH

(City or Town) State Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No. 247

No. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Frederick Francis Stotz

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

1069 Shirley

St., Ward,

(If U. S. War Veteran, specify WAR) 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. 7 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Ville Boynton

(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. Retired shipper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month end year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country)

13 NAME OF FATHER --- Stotz

14 BIRTHPLACE OF FATHER (City) Germany (State or country)

15 MAIDEN NAME OF MOTHER ---- Whitman

16 BIRTHPLACE OF MOTHER (City) Cannot be learned (State or country)

17 Informant M. K. McPhillips Relation, if any (Address) DSH

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 12/3/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 2, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Nov. 25, 1939 to Dec. 2, 1939

I last saw him alive on Dec. 2, 1939, death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchopneumonia "primary" Dec. 1939
Cerebral atrophy 1936

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) Myer Asukoff M. D.

(Address) DSH Date 12/3/39

21 Place of Burial, Cremation or Removal Cambridge (City or Town)

DATE OF BURIAL 12/4/39 19

22 NAME OF UNDERTAKER Charles R. Bannison

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JAN 11 1940 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. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-37. No. 1859-i.

As per Mrs. Bancroft

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Ralph Bancroft

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

19 Emerson 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 5 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)

Married

6a If married, widowed, or divorced

HUSBAND of

Beatrice Hunt

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

49

Years

8

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.

Office Executive

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

N. E. Power Co.

10 Date deceased last worked at this occupation (month, day, year)

Oct 16, 1939

11 Total time (years)

spent in this occupation

26 yrs

12 BIRTHPLACE (City)

Millbury

(State or country)

Mass.

13 NAME OF FATHER

Charles Bancroft

14 BIRTHPLACE OF FATHER (City)

Millbury

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Matilda Davidson

16 BIRTHPLACE OF MOTHER (City)

Millbury

(State or country)

Mass.

17

Informant

(Address)

Mrs Ralph Bancroft, Wife

19 Emerson Rd. Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 248

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veterans

specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

December 6

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

November 1, 1939, to December 6, 1939

I last saw him alive on December 6, 1939, 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 Coronary Thrombosis

Date of Onset

IMPORTANT

Dec 6/39

Contributory causes of importance not related to principal cause:

Congestive Heart Disease

Nov 1939

Hypertension

1939

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

Jacob Abraham

(Signed)

(Address)

362 Shirley St.

12/6/39 M. D.

21 Mt. Pleasant Arlington Mass

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 9, 1939

22 NAME OF FUNERAL DIRECTOR B. G. Smith

ADDRESS 792 Mass. Ave. Arlington

Received and filed. 19

(Registrar)

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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-9-37, No. 1859-i.

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. **249**No. **58 Brookfield**

Rd.

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Mary T. Ronan**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran
specify WAR)

(a) Residence. No. **58 Brookfield**

(Usual place of abode)

Rd.

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

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 **67** Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. **school teacher**

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. **retired**

10 Date deceased last worked at
this occupation (month and
year) **Jan. 27** 11 Total time (years)
spent in this
occupation **47**

12 BIRTHPLACE (City) **Boston**
(State or country) **Mass.**

13 NAME OF
FATHER **Jeremiah F. Ronan**

14 BIRTHPLACE OF
FATHER (City) **Ireland**
(State or country)

15 MAIDEN NAME
OF MOTHER **Margaret Doherty**

16 BIRTHPLACE OF
MOTHER (City) **Boston**
(State or country) **Mass.**

17 Informant **Agnes Ronan** (Relation, if any)
(Address) **58 Brookfield Rd.** (**sister**)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **9/31/39** (Date of Issue of Permit)

18 DATE OF DEATH **Dec 6** **1939**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Jan 36 to **Dec 6**, 19**39**

I last saw him alive on **Dec 6**, 19**39**; death is said

to have occurred on the date stated above, at **9:00** m.

The principal cause of death and related causes of importance in order of onset
were as follows:

Myocarditis
Hypertensive Heart Disease Date of Onset **1936**

Contributory causes of importance not related to principal cause:

Chronic Sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Ed. J. ...** M. D.(Address) **100m-9-37** Date **19**21 **Holy Cross** **Malden**

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Dec. 9** 19**39**22 NAME OF FUNERAL DIRECTOR **Michael J. ...**ADDRESS **10 No. Bennet St., 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 or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 90, 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 human body or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave 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, at or above and from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, or if a decemeter pro- sors, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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 re- moved within thirty-six hours after such removal, 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 ap- pear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith coun- 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 cer- tifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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- 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 known, otherwise the deceased died his name and residence, if and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or if from a 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 ob- servance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness 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 **supposedly due to injury.** These include, not only deaths caused directly or indirectly by traumatic (including resulting sepi- or electrical agents, and deaths following (drugs or poisons), thermal, 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 healthfulness of various pur- suits can be ascertained. Make some entry in this section for every individual case of death. If the occupation had been given per- son or changed on account of illness, if the deceased had retired from busi- ness prior to the occupation prior to the occupation prior to the occupation, report the occupation prior to the occupation prior to the occupation. 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, housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the partic- ular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such gen- eral terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical, engi- neer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when the precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, electrician, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of 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>Asbestosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-37. No. 1859-1.

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. 250

No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Stillborn) Davis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 75 Bay View 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 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

Female White

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

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 Arthur N. Davis

14 BIRTHPLACE OF FATHER (City) Somerville
(State or country) Mass

15 MAIDEN NAME OF MOTHER Dorothy Pottle

16 BIRTHPLACE OF MOTHER (City) Brunswick
(State or country) Me.

17 Informant Arthur N Davis (Father)
(Address) 75 Bay View Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH Dec. 7 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
on Dec. 7, 1939, 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:

Dead in uterus
General infarcted placenta

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? Yes

20 Was disease or injury in any way related to occupation of deceased? -----

If so, specify Edward J. Fraugh

(Signed) ----- M. D.

(Address) 200 Washington St. Date Dec. 8, 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 10, 1939

22 NAME OF FUNERAL DIRECTOR John H. O'Malley

ADDRESS Winthrop

Received and filed ----- 19-----

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use 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, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and 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 complication of the principal cause. Under contributory causes of disease, name other important causes.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Asphyxia</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal 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 a last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a 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 provide 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, for the removal of such body contains a rectal, as required by section ten of chapter forty-six, that the deceased in any war in which it has been marine corps of the United States served upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the 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 clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TRECENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in known; otherwise the description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TRECENTENARY 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 scapula, or electrical agents, and deaths following abortion, but also deaths from disease 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-12-34. No. 2038-g

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>Widowed</i>	(write the word)
6a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)		18 DATE OF DEATH <i>December - 2 - 1939</i> (Month) (Day) (Year)	
(or) WIFE of <i>Julia Balduzzi</i> (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.) <i>Septicemia due to Osteomyelitis of Left Tibia! Recent Fractures Left Tibia & Left Fibula accidental Pedestrian Said to have been injured by an auto at E. Boston on Oct 26-1939</i>	
6 IF STILLBORN, enter that fact here.		(See reverse side for description for unknown person)	
7 AGE <i>65</i> Years _____ Months _____ Days _____ If less than 1 day _____ Hours _____ Minutes _____	11 Total time (years) spent in this occupation _____		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House work</i>	20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED <i>Boston</i>		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	(Signed) <i>Wm. J. Brickley</i> M. D. (Address) <i>Boston</i> Dec-8-1939		
10 Date deceased last worked at this occupation (month and year) _____	21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Holy Cross Malden</i> (Cemetery) (City or town)		
12 BIRTHPLACE (City) <i>Italy</i> (State or country)	DATE OF BURIAL <i>Dec - 10 - 1939</i>		
13 NAME OF FATHER <i>Ferdinando Marosca</i>	22 NAME OF UNDERTAKER <i>John J. Raskins</i>		
14 BIRTHPLACE OF FATHER (City) <i>Italy</i> (State or country)	ADDRESS <i>2 Chichester St. E. Boston</i>		
15 MAIDEN NAME OF MOTHER <i>Adelaide De Filippo</i>	Received and filed _____ 19 _____		
16 BIRTHPLACE OF MOTHER (City) <i>Italy</i> (State or country)	(Registrar)		
17 Informant <i>Elvira Balduzzi (daughter)</i> (Address) <i>411 Franklin St. E. Boston</i>	I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>3637</i> (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. *251*

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 *Julia Balduzzi*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *8 Prescott St. East Boston* Ward, _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

(If U. S. War Veteran, specify WAR)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 **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)."

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

non should 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-9-37. No. 1859-L

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 29 Plummer Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 252

2 FULL NAME Betty (Anderson) Larson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 29 Plummer Ave Winthrop
(Usual place of abode)

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran
specify WAR)

Length of residence in city or town where death occurred 39 years months days. How long in U.S., if of foreign birth? 49 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)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Carl Larson
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 1 Months 5 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 44

12 BIRTHPLACE (City) (State or country) -- Sweden Sweden

13 NAME OF FATHER Peter Anderson

14 BIRTHPLACE OF FATHER (City) (State or country) Sweden Sweden

15 MAIDEN NAME OF MOTHER Laurena Larson ok

16 BIRTHPLACE OF MOTHER (City) (State or country) Sweden Sweden

17 Informant Laura Larson (Address) 29 Plummer Ave Winthrop Mass. Relation, if any (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH Dec. 9 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 31 1936 to Dec 9 1939

I last saw her alive on Dec 8 1939, 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:

Chronic Myocarditis Dec 31 1936

Contributory causes of importance not related to principal cause:

Name of operation home Date of
What test confirmed diagnosis blood test 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 Dec 12 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 12 1939

22 NAME OF FUNERAL DIRECTOR Richard B. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall follow, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if he is insufficient, a physician who is a 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 has been previously interred, from one town to another within the commonwealth, the certificate of death made for the purpose of the removal of the body shall 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 it was retained 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 countersigning the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of 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 disease, not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Acute interstitial nephritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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-9-37. No. 1859-4.

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 Edwin Luther Moore
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran specify WAR)

(a) Residence. No. 28 Pico Avenue
(Usual place of abode)

Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 49 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 Dec. 11 1939
(Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of Marietta S. White
(Give maiden name of wife in full)

19 I HEREBY CERTIFY That I attended deceased from Nov-3, 1939, to Dec. 11, 1939

(or) WIFE of (Husband's name in full)

I last saw him alive on Dec. 10, 1939, death is said to have occurred on the date stated above, at 7:52 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 75 Years 8 Months 27 Days if less than 1 day Hours Minutes

Date of Onset IMPORTANT

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial artist
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) 1936 11 Total time (years) spent in this occupation 35

Atherosclerosis 1929

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Lynn (State or country) Massachusetts

Coronary occlusion 12/3/39
Lobar Pneumonia Dec 8, 39
Gangrene of left foot

13 NAME OF FATHER Luther D. Moore

Name of operation. none Date of Dec 30, 39
What test confirmed diagnosis? Clinical Was there an autopsy? No

14 BIRTHPLACE OF FATHER (City) Newburyport (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Susan (Maiden name unknown)

20 Was disease or injury in any way related to occupation of deceased? No

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

21 If so, specify (Signed) Sydney W. Richardson, M. D.
(Address) Winthrop, Mass Date 12-12-1939

17 Informant (Address) Marietta S. W. Moore (wife) 28 Pico Ave. Winthrop Mass Relation, if any

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass
Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 13, 1939

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 12/13/39
(Official Designation) (Date of Issue of Permit)

Received and filed 19
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-235. No. 6156E

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 210 Somerset Ave

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 231

2 FULL NAME Margaret Mary Bennett

(If deceased is a married, widowed or divorced woman, give also maiden name)

{ (If U. S. War Veteran specify WAR)

(a) Residence. No. 210 Somerset 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 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)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 38 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10 Date deceased last worked at this occupation (month and year) 12/11/39 11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER John E. Bennett

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Ellen J. Collison

16 BIRTHPLACE OF MOTHER (City) Sydney (State or country) N.S.

17 Informant Ellen J. Collison (Address) 210 Somerset Ave 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 Health Officer) 12/12/39 (Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH 12/11/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/28, 1932, to 12/11, 1939.

I last saw him alive on 12/11, 1939, 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:

Spinal cord carcinoma of liver

Contributory causes of importance not related to principal cause:

Name of operation Exploratory laparotomy Date of 12/12/39 What test confirmed diagnosis? Biopsy Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Hanta virus (Signed) (Address) Date 12/12/39 M. D.

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL 12/12/39

22 NAME OF UNDERTAKER John F. O'Neale ADDRESS Winthrop

Received and filed 12/12/39

A TRUE COPY ATTEST:

(Registrar)

60 per phone call to M.C.

GOVERNMENT

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician and his last date of his death.

Gen. Laws, Chap. 44, Sec. 10.

GEN. LAWS, CHAP. 46, SEC. 9

Randomly employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such 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, PAINTER, MECHANIST, etc. Distinguish occupations by the use of the suffixes, as electrician, machinist, etc. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As a simple name, e. g., "heart disease" causing death. As related causes, name each 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

'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>	
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes</i> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required 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.

GEN. LAWS, CHAP. 46, SEC. 9

No Undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or remove it from one cemetery to another, without first obtaining a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died.

to another, the case of a case of a comorbid other than the receiving tomb from the board of health, or cemetery, until he has received a permit of the town where the body is being interred, or from the clerk of the town where the body is being interred, such permit shall be issued until there shall have been delivered to the board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and duly attested, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient rea-

sons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a body is not previously interred, from one town to another within the county, the certificate cannot be obtained early enough for the purpose, the certificate made as above provided and in the possession of the undertaker, pending the removal, and removal shall constitute a permit for such removal, and such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 retiral shall appear upon the permit. The board of health, or its agent, upon

receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the cause of death, and as to the manner or cause of the death, which the clerk shall transmit to the register.

TERMINAL 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 register in the place where the deceased died his name and residence, if known; otherwise a description as full as may be obtained in the manner of death. — *Gen. Law 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 of violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

“...The place in all cases certifies to the town clerk or registrar in the parish where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the town clerk or his agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, 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, I. (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 Examiner. will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting scot-crima), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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.

Suffolk

(County)

Chelsea

(City or Town)

No.

U.S. Marine Hospital, Chelsea, Mass.

St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 255

1

PLACE OF DEATH

2 FULL NAME

George F. Waite

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

84 Lowell 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.

3

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

Married

Male

White

5a If married, widowed, or divorced
HUSBAND of

Edith Brown

(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

8

Months

26

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Pilot

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Merchant Marine

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)Eureka,
California13 NAME OF
FATHER

Horace Waite

14 BIRTHPLACE OF
FATHER (City)Calais,
Maine15 MAIDEN NAME
OF MOTHER

Julia Washburn

16 BIRTHPLACE OF
MOTHER (City)Calais,
Maine

17 From hospital records

Relation, if any

Informant
(Address)

John W. Trask, Medical Director

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec. 14,

19

39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Dec. 12, 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 3, 1939 to Dec. 12, 1939

I last saw him alive on Dec. 12, 1939, death is said

to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Cardiac disease, Cardiorenal vascular

Over 1 year

ago.

Contributory causes of importance not related to principal cause:

Cardiac disease, arrhythmia, bundle

branch block, left Over 1

Hypertension, arterial year ago.

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) Wm. H. Meyer M. D.

(Address) U.S. Marine Hosp. 12/12/39

21 Mt. Auburn Cambridge

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 19

22 NAME OF
UNDERTAKER C.R. Bennison

ADDRESS 170 Winthrop St., Winthrop, Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JAN 10 1940 AM

tion should be carefully preserved. 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.9.37. No 1859.4.

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

Registered No. 253

2 FULL NAME

Nellie S. Ayer (deceased)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence.

No. 176 Woodside Ave

St.

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

5 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)

MARRIED
WIDOWED
or DIVORCED

female

white

widow

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Nellie S. Ayer

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

79

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

Dec 1939

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

(State or country)

Wentworth

England

13 NAME OF FATHER

Thomas Ayer

14 BIRTHPLACE OF FATHER (City)

(State or country)

Wentworth

England

15 MAIDEN NAME OF MOTHER

Not known

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Wentworth

England

17

Informant (Address)

Mrs. Doris Ayer

Relation, if any

(Daughter in law)

176 Woodside Ave. 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 or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 13

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

December 5, 1939, to December 13, 1939

I last saw her alive on December 13, 1939, 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:

Congestive Broncho-Pneumonia

Date of Onset

IMPORTANT

Dec. 1939

Contributory causes of importance not related to principal cause:

Chronic Myocarditis

1938

Atherosclerosis

1938

Name of operation

none

What test confirmed diagnosis

clinical & laboratory

Date of

Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Jacob A. Ayer M.D.

(Address) 562 Hurley St. Date 12/14/39

21 Place of Burial, Cremation or Removal (City or Town)

Wentworth

DATE OF BURIAL Dec. 12 1939

22 NAME OF FUNERAL DIRECTOR

Albert F. Douglass

ADDRESS 292 Wash. Ave. Chelsea

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, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 rather than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law; in lieu thereof a certificate, as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and shall make such certificate. If such a permit for the removal of a human body, not previously issued, is obtained, the medical examiner of a human body, not previously such a permit, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death 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 it was removed 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 interred which have been brought into the commonwealth or into the town, or remove therefrom a human body which has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or 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 medical attendance of any form of injury, have died without recent medical certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**, which include not only deaths caused directly or indirectly by traumatic (including resulting septal or electrical agents, and deaths following abortion, but also deaths from disease 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 designated, the occupation by the appropriate terms, as housekeeper, private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

on should be carefully supplied. Age should be stated 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-9-37. No. 1859-4.

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. 257

No. Winthrop Hospital

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(Baby) Thurston

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 150 Crescent Ave.

St.,

Ward,

Revere

(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

(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

5

Hours

30

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

13 NAME OF
FATHER

Franklin Thurston

14 BIRTHPLACE OF
FATHER (City)

Medford

(State or country)

Mass.

15 MAIDEN NAME
OF MOTHER

Amey Tatten

16 BIRTHPLACE OF
MOTHER (City)

Malden

(State or country)

Mass.

17

Informant
(Address)

Franklin Thurston

(Father)

150 Crescent Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH

Dec. 17 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Dec 16

19

39

to

Dec 17

19

39

I last saw him alive on Dec 17, 1939, death is said

to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance in order of onset
were as follows:

Atelectasis

Date of Onset
IMPORTANT

12-16-39

Prematurity

12-16-39

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)

(Address)

John F. Collins
Revere Mass

Date 12-17-1939

21 Woodlawn

Everett

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

Dec 21 1939

19

22 NAME OF
FUNERAL DIRECTOR

147 Winthrop St. Winthrop

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 it therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other place of interment to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and provided, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinbefore 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 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 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 medical examiner 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 writing the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 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), 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 HOUSEWOMAN in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating their descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods, should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 15 Siren

St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 253

2 FULL NAME Edwin Lyman Lougee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 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 52 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)

5a If married, widowed, or divorced HUSBAND of Mollie Louisa Haggerston
(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 5 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. Engineer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Met. Sewerage Dept 10 Date deceased last worked at this occupation (month and year) 1930 11 Total time (years) spent in this occupation 23

12 BIRTHPLACE (City) Roxbury (State or country) Massachusetts

13 NAME OF FATHER George Washington Lougee

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Sarah Elizabeth Stevens

16 BIRTHPLACE OF MOTHER (City) Charlestown (State or country) Massachusetts

17 Informant (Address) Mrs. Mollie H. Lougee Relation, if any (Address) 15 Siren St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.18 DATE OF DEATH December 18 1939
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from January 10, 1930, to December 18, 1939. I last saw him alive on December 18, 1939, 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:

Cerebral Hemorrhage 12/15/39

Contributory causes of importance not related to principal cause:

Sclerosis 1930

Senility 1935

Name of operation none Date of What test confirmed diagnosis laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob L. Chays M. D.

(Address) 568 Dunley St Date 12/19/39

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 20 1939 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

A RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a statement of the date, time, place, and cause of his knowledge and belief of the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was not contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk 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 from one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent, delegated or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as 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 of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained 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, giving the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town, where the body is to be buried at the funeral is to be held, or from a 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 been besides care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 (fracturing, resulting septal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should 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:

Aneurysm

Date of Onset
1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

non should be carefully supplied. Age should be stated in full. If persons should state PROSE 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-9-37. No. 1859-1.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 32 Irwin

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 259

2 FULL NAME Benjamin Walter Earle

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 32 Irwin

(Usual place of abode)

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

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 Ella Melissa Fogg

(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 1 Months 24 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stationary Engineer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Stationery

10 Date deceased last worked at this occupation (month and year) 1927

11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City)

Peabody

(State or country)

Massachusetts

13 NAME OF FATHER

Benjamin Proctor Earle

14 BIRTHPLACE OF FATHER (City)

Meredith

(State or country)

New Hampshire

15 MAIDEN NAME OF MOTHER

Sarah Curtis

16 BIRTHPLACE OF MOTHER (City)

Unable to obtain

(State or country)

17

In formant Mrs. Ella M. Earle (wife)

(Address) 32 Irwin St Winthrop Mass

Relation, if any

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 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

To be filed for burial permit
with Board of Health
or its Agent.

18 DATE OF DEATH

Dec.

18

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 9, 1939, to Dec. 18, 1939

I last saw him alive on Dec. 18, 1939, death is said

to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

IMPORTANT

Generalized arteriosclerosis 1929.

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. W. Dickinson, M. D.

(Address) Winthrop Mass. Date 12/19, 1939.

21 Cedar Grove Cemetery Peabody

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 21, 1939

19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS 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 human 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 from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk as there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if 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 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 removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit 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. (TELCENTENARY 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; 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. (TELCENTENARY 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, 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 lawfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of housewife, write HOUSEWOMAN in answer to Question 8 and own housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word mechanic, but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, 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.

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-9-37. No. 1859-i.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 278 Winthrop

St.

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 230

2 FULL NAME William Henry Creighton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran specify WAR)

(a) Residence. No. 278 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 50 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 Mary Jane Whittington

(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 5 Months 9 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner. Conductor Lynn rr
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Revere Beach
10 Date deceased last worked at this occupation (month and year) Oct. 1938 11 Total time (years) spent in this occupation 54

12 BIRTHPLACE (City) Charlestown (State or country) Massachusetts

13 NAME OF FATHER John Henry Creighton

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Alice Hornsby

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant Mrs. Mary J. Creighton wife Relation, if any (Address) 278 Winthrop St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH Dec. 19 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 14 1939 to Dec. 19 1939

I last saw him alive on Dec. 19 1939, 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 Dec 14, 1939 &

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis F. Salerno M. D.

(Address) 175 Pleasant St. Date Dec 20 1939

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 22, 1939 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith attend the death of a person whom he has attended during his last illness, and the death of a person who has been attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denuded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other 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 a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if 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, 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 and in the possession of the undertaker desiring to move, such removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been solemnly 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, giving the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 writing where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed 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. (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, although disabled by recognized medical attendance to any form of injury, have died without recent medical attendance 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 septal or electrical agents, and deaths following abortion, but also deaths from disease 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 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 engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of 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 immediate complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Contributory	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

on should be carefully supplied. See instructions and extracts from the laws on back of certificate.

100m-9-37. No. 1899-i.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 60 Quincy Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

231

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 James Joseph Grady

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

World

(a) Residence. No. 60 Quincy 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

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)

Male

White

MARRIED

WIDOWED

or DIVORCED

6a If married, widowed, or divorced

HUSBAND of Catherine E. Boylan

(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.

Inspector

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

State of Mass

10 Date deceased last worked at this occupation (month and year) 1939

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

13 NAME OF FATHER

Stephen Grady

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary A. Glancy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Mass

17

Informant (Address)

Catherine E. Grady (Wife)

60 Quincy 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:

William D. Childress
(Signature of Agent of Board of Health or other)

agent

12/13/39

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

December

22

1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1937, to December 1939

I last saw him alive on December 31, 1939, death is said

to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypertension

Cerebral Hemorrhage

Contributory causes of importance not related to principal cause:

Date of Onset

IMPORTANT

1937

12/19/39

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 E. Murray

(Signed) M. D.

(Address) Winthrop, Mass Date 12-22-1939

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec 24 1939

22 NAME OF FUNERAL DIRECTOR John P. O'Haley

ADDRESS Winthrop

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 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, 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 is 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 and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (TENTH MEDICAL EDITION).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . —*Chap. 114, Sec. 46, G. L. (TENTH MEDICAL 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, 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 **apparently due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septal, or electrical agents, and deaths follow abortion, but also deaths from disease 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 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 engineers by stating the full descriptive titles, as *CIVIL ENGINEER*, *MECHANICAL ENGINEER*, *MINING ENGINEER*, *STATIONARY ENGINEER*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *CARPENTER*, *PAINTER*, *MACHINIST*, etc. Distinguish carefully between *RETAIL MERCHANTS* and *WHOLESALE MERCHANTS*. A person who sells goods should be called a *SALESMAN* and not a *CLERK*.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause, name the disease causing death. As related causes, name earlier, morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Acute interstitial nephritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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 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. 262

2 FULL NAME

No. 18 - Wolphim

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Samuel Davidson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran
specify WAR)

(a) Residence. No. 18 - Wolphim

(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

4 COLOR OR RACE

5 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

6a If married, widowed, or divorced

HUSBAND of

Michael M. Burnce

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

55

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Charmist

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)

Dec 22, 1939

11 Total time (years) spent in this occupation

Yrs

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

David Jacob Davidson

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Dobie (cannot be learned)

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

David Davidson

Relation, if any

Son

18 Wolphim Ave 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.D.

(Official Designation)

(Date of Issue of Permit)

Dec 22/39

18 DATE OF DEATH

Dec 22nd 1939

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 22, 1939, to Dec 22, 1939.

I last saw him alive on Dec 22, 1939, 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:

Cerebral Hemorrhage

Date of Onset

IMPORTANT

Dec 22, 39

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Name of operation

Clinical

Date of

What test confirmed diagnosis

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Alfred Davidson

M. D.

(Address)

Chelsea

Date, 12/22/39

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

Dec 24th

1939

22 NAME OF UNDERTAKER

Margaret Davidson

ADDRESS

18 - Wolphim Ave

Received and filed 19

(Registrar)

Statement of occupation.—The statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease, call death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. If children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, for housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact classification, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication with 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 supposition age, 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 Undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent 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 on a satisfactory certificate of an original interment, by a person authorized by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been 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 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 register in the place where the deceased died his name and 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 to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Meal 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 death of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 253

1 PLACE OF DEATH (County) Winthrop (City or Town) Winthrop
No. 50-Pearl Ave. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Rachael Levine (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 50-Pearl Ave. 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 5 yrs. mos. days. How long in U. S., if of foreign birth? 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Widow
6a If married, widowed, or divorced HUSBAND of Joseph Levine (Give maiden name of wife in full) (or) WIFE of Joseph Levine (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. 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)..... Russia (State or country).....
13 NAME OF FATHER Israel Levine (Last name)
14 BIRTHPLACE OF FATHER (City)..... Russia (State or country).....
15 MAIDEN NAME OF MOTHER Sarah Camm
16 BIRTHPLACE OF MOTHER (City)..... Russia (State or country).....

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH December 27 1939 (Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from December 26 1939 to December 27 1939
I last saw her alive on December 27 1939, 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:
Acute Corary Thrombosis (IMPORTANT) 12/26/39
Contributory causes of importance not related to principal cause:
Atherosclerosis 1937
Name of operation none Date of.....
What test confirmed diagnosis clinical Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Jacob Grayes M.D. M. D.
(Address) 502 Thayer St. Date 12/27/39
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (City or town) at home (Cemetery)
22 DATE OF BURIAL Dec 28 1939
23 NAME OF UNDERTAKER Yvonne Stenrich
ADDRESS 10-Webb St. Dor.

17 Informant (Address) Yvonne Stenrich
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Underhill (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/28/39 (Date of Issue of Permit)

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 up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however designated, the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*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*, *colton mill*, etc.

Distinguish carefully the different kinds of engineers by stating *engineer*, *stationary engine*, as *civil engineer*, *mechanical engineer*, *mining* more precise statement of the 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 related to principal cause, name other important diseases.

Example

The principal cause of death and related causes Arranged in order of onset were as follows:	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cardiac hypertrophy</i>	1921
<i>July 5, 1927</i>	
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, which shall be accompanied by law to original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof of the attending physician, his certificate cannot be obtaining a certificate sufficient reasons. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit of such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 was in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of his 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 scalding, scorching, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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-9-37. No. 1859-4.

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. 6897

1 PLACE OF DEATH No. 15 George St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine F. M. Carthy (Barry) { (If U. S. War Veteran (specify WAR))

(a) Residence. No. 15 George St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 4 years 6 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) Widowed

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife fully) Catherine M. Carthy (Husband's name in full)

6 IF STILLBORN, enter that fact here. —

7 AGE 81 Years — Months — Days If less than 1 day Hours — Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work own 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) Dec. 1939 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) East Boston (State or country) Mass.

13 NAME OF FATHER William Barry

14 BIRTHPLACE OF FATHER (City) Co. Cork (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Hyde

16 BIRTHPLACE OF MOTHER (City) Co. Cork (State or country) Ireland

17 In formant (Address) Patrick W. Barry (brother)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other Health Officer 1/3/40 (Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH 12 31 39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/29, 1939, to 12/31, 1939

I last saw him alive on 12/31, 1939, death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arterio Sclerotic of Heart 12/29/39

Contributory causes of importance not related to principal cause: General Arterio Sclerosis

Name of operation — Data of — What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) H. J. Kelly, M. D. (Address) 11 Melrose St., E. B. Date 12/31/39

21 Holy Cross, Malden Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 3, 1940

22 NAME OF FUNERAL DIRECTOR M. J. Kelly ADDRESS 11 Melrose St., E. B.

Received and filed 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of any member of the family of the deceased, authorized for registration a standard certificate of death, stating to his best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. —Gen. Laws, Chap. 46, Sec. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, 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 the human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall 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 facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a certified copy of the certificate of the attending physician, if 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 is caused by violence, the medical examiner of a human body shall certify. If such a permit for the removal of a human body 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, for such removal; provided, that in the usual form for the removal of such body, has been sooner as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such 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 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 the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or 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 fulfilment of the purpose of these laws calls for the observance of the following rules of practice:
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting scalds, burns, 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, AT HOME. For HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying. E. g., heart failure, asphyxia, asstema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Coronary 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 the first, second, or third position. The principal cause may appear in either example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36, No. 9080-g

Suffolk



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1265

PLACE OF DEATH

(County)
Boston(City or town)
Mass Gen Hosp

No. Mary L Cawthorne 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.)
55 Seaview Ave(If U. S.
War Veteran,
specify WAR)

265

(a) Residence. No. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word) Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 2 3 If less than 1 day
Years Months Days 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) Malden
(State or country) George Cawthorne

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) Boston
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Everett
(State or country)

17 Informant (Address) Relation, if any (father)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 6/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/5/39 to 12/6/39, 19

I last saw him alive on 12/6/39, 19, death is said to have occurred on the data stated above, at 12:15a m.

The principal cause of death and related causes of importance in order of onset were as follows:

ac tracheobronchitis 2 days 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. F. Houser, M. D.

(Address) Mass Gen Hosp Date 12/6/39 19

21 Place of Burial, Cremation or Removal Holy Cross Malden (City or Town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER J A Farrell

ADDRESS Boston

Received and filed 12/8/39 19

(Registrar of City or Town where deceased resided)

RECEIVED



FEB-5 1940 AM

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 STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10742

PLACE OF DEATH

(County)

(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 Flora Mabel Gilpatrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 914 1/2 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 F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of Jothan F. Gilpatrick
(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. 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) 12/39 11 Total time (years) spent in this occupation 2512 BIRTHPLACE (City) Waltham
(State or country) Mass.

13 NAME OF FATHER Charles F. Chase

14 BIRTHPLACE OF FATHER (City) Bridgeton,
(State or country) Maine

15 MAIDEN NAME OF MOTHER Mary E. Lemp

16 BIRTHPLACE OF MOTHER (City) England
(State or country)17 Informant Husband Relation, if any
(Address) 914 1/2 Shirley St., Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 19, 1939.
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 12/9 1939, to 12/19 1939.
We last saw him alive on 12/19 1939, death is said to have occurred on the data stated above, at 5:28 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of bladder Mos.
Broncho pneumonia (bil.) ds.

Contributory causes of importance not related to principal cause:

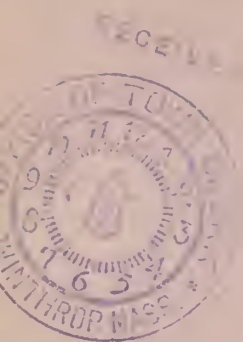
Supra pubic cystotomy with
Name of operation part. exc. of carcin Date of 12/17/39
What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify W. B. Osgood
(Signed) Peter B. Brigham M.D. 12/20/39
(Address) Data21 Mt. Feake Waltham
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec. 22, 1939. 1922 NAME OF UNDERTAKER R. C. Kirby
ADDRESS East Boston

Received and filed Dec. 26, 1939. 19

(Registrar of City or Town where deceased resided)



B-51940 AM

Suffolk



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10948

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Mass. General Hosp. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John W. Pepper

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 137 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. 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 Widowed	(write the word)
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5a If married, widowed, or divorced HUSBAND of Alma G. Forristall

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 4 Months 25 Days If less than 1 day Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Factory Manager
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Franklin Calk Co.
	10 Date deceased last worked at this occupation (month and year)	1929
	11 Total time (years) spent in this occupation	25

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

13 NAME OF FATHER ----- Pepper

14 BIRTHPLACE OF FATHER (City) -----
(State or country) -----

15 MAIDEN NAME OF MOTHER Sarah W. -----

16 BIRTHPLACE OF MOTHER (City) -----
(State or country) -----17 Informant (Address) Raymond T. Sewall (None)
232 Bay State Rd., Boston

Relation, if any

A TRUE COPY.

ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 28, 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That attended deceased from 12/10/39, 19, to 12/28/39, 19.

I last saw him alive on 12/28/39, 19, 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:

Pulmonary infarction 3 wks.

Contributory causes of importance not related to principal cause:

Pulmonary embolism 10 min.

Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify N. C. Baker
(Signed) Ass't. Director Date 12/28/39
(Address)21 Place of Burial, Cremation or Removal. (City or Town)
Woodlawn-Everett
DATE OF BURIAL Dec. 30, 1939 1922 NAME OF UNDERTAKER A. E. Long & Son, Inc.
ADDRESS 1979 Mass. Ave., Cambridge

Received and filed Jan. 2, 1940. 19

(Registrar of City or Town where deceased resided)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2012-11-28



FEB-5 1940 AM

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-4

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Lexington

(City or town making return)

Registered No. 111

PLACE OF DEATH

Middlesex

(County)

1 Lexington

(City or Town)

Medical and Surgical Bldg. M&S1

No. Metropolitan State Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Barclay

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

268

(a) Residence. No.

(Usual place of abode)

170 Pauline

St.

Winthrop, Mass.

Length of stay: In hospital or institution. 4 years 5 months 29 days.

(Specify whether)

(If nonresident, give city or town and state)
In this community 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 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years 11 Months 14 Days If less than 1 day Hours Minutes

9 Usual Occupation: Painter

10 Industry or Business: Last worked: About 1928

11 Social Security No. Boston

12 BIRTHPLACE (City) Mass.

13 NAME OF FATHER Peter Barclay

14 BIRTHPLACE OF FATHER (City) Cannot learn

(State or country) Scotland

15 MAIDEN NAME OF MOTHER Margaret Trotter

16 BIRTHPLACE OF MOTHER (City) Cannot learn

(State or country) Scotland

17 Metropolitan State Hosp. Records
Informant (Address) Waltham, Massachusetts

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Dec. 26, 1939

18 DATE OF DEATH December 24, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from October 14, 1938, to December 24, 1939

I last saw him alive on December 24, 1939, death is said to have occurred on the date stated above, at 7:16 P.M.

Immediate cause of death. Duration

Cirrhosis of Liver 10 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy yes

What test confirmed diagnosis? Clinico-pathological no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emeridf Friedman M. D.

(Address) Met. State Hosp., Waltham, Mass. Date 12/24/39

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem., Winthrop
(Cemetery) (City or Town)

DATE OF BURIAL 12/27/1899

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS 170 Winthrop St., Winthrop, Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



MAY 20 1940

