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No. 8036-10





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

PLACE OF DEATH

Suffolk

(County)

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. 1

No. 440 Winthrop St. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick J. Sheerin
(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. St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 40 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Susan J. Sheekin
(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 80 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Laborer

10 Industry or Business: P. W. D.

11 Social Security No. None

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER James Sheerin

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

15 MAIDEN NAME OF MOTHER Catherine

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

17 Informant Mrs. Frances Monty (daughter)
(Address) 293 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. D. Ouellette

Health Officer (Official Designation) 1/3/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 1 1 40
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 12-1-1939, to 1-1-1940, 1940

I last saw him alive on 12-29-1939, death is said to have occurred on the date stated above, at 12 P.M.

Immediate cause of death.....

Due to General Paresis

Due to

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) H. J. Ouellette, M. D.

(Address) 12 Main St. Date 1/2 1940

21 Holy Cross Malden Mass

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

DATE OF BURIAL January 1940

22 NAME OF FUNERAL DIRECTOR John F. Ouellette

ADDRESS Winthrop, Mass

Received and filed 19

(Registrar)

GOVERNING THE

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

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

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

(1) Attending physicians will certify to such deaths only as those of 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 must 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39. No. 8427-e

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. 2	
No. 255 Pleasant St. Winthrop		St. {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
1 FULL NAME - Henry Franklin Witherell (If deceased is a married, widowed or divorced woman, give also maiden name.)		Henry		{ (If U. S. War Veteran, specify WAR)	
(a) Residence, No. 255 Pleasant (Usual place of abode)		St. Winthrop		(If nonresident, give city or town and state)	
Length of stay: In hospital or institution..... years months days. (Specify whether)		In this community 16 yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed			
5a If married, widowed or divorced HUSBAND of Jennie Grant Witherell (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 86 Years 2 Months 2 Days If less than 1 day Hours..... Minutes					
9 Occupation: Arbitrator					
10 Industry or Business: Wholesale Fish Pier					
11 Social Security No. None					
12 BIRTHPLACE (City) Cambridge (State or country) Mass.					
13 NAME OF FATHER William Witherell					
14 BIRTHPLACE OF FATHER (City) So. Wellfleet (State or country) Mass					
15 MAIDEN NAME OF MOTHER Eunice - Eunice Stubbs					
16 BIRTHPLACE OF MOTHER (City) So. Wellfleet (State or country) Mass.					
17 Informant Lucille H. Brown Relation, if any (None) (Address) 255 Pleasant St. Winthrop					
1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. A. Childress (Signature of Agent of Board of Health or other) Health Officer 1/4/40 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan. 2 1940 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from Dec 8, 1939, to Jan 2, 1940. I last saw him alive on Jan 1, 1940, death is said to have occurred on the date stated above, at 12:10 A.M. Immediate cause of death: Hypertrophy of Prostate Gland Duration IMPORTANT 2 years					
Due to					
Due to					
Other conditions Uremia (Include pregnancy within 3 months of death) 13 days					
Major findings: none Of operations Date of Of autopsy none What test confirmed diagnosis? Clinical					
20 Was disease or injury in any way related to occupation of deceased? no					
If so, specify (Signed) G. A. W. Piskin M. D. (Address) Winthrop Mass Date 1/3 1940					
21 Jan. 4 1940 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Cambridge Cambridge 19					
22 NAME OF FUNERAL DIRECTOR Richard W. White ADDRESS 147 Winthrop St. Winthrop					
Received and filed 19					
(Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

RETURN OF CERTIFICATES OF DEATH

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

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SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-1'39, No. 8427-e

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.	
STANDARD CERTIFICATE OF DEATH		Registered No. 4			
1 PLACE OF DEATH Winthrop	No. 18	Atlantic	St.	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Grace F. Hain	(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)		
(a) Residence. No. 18	Atlantic	St.	(If nonresident, give city or town and state)		
Length of stay: In hospital or institution. 16 years months days.		(Specify whether)			
In this community 10 yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	18 DATE OF DEATH Jan. 2 - 1940		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)			19 I HEREBY CERTIFY. That I attended deceased from July 1939, to June 25, 1940		
(or) WIFE of James Hain (Husband's name in full)			I last saw her alive on Dec. 21, 1939, death is said to have occurred on the date stated above, at 5:40 p.m.	Duration 1938	
6 Age of husband or wife if alive 66 years			Immediate cause of death. Arteriosclerosis	IMPORTANT	
7 IF STILLBORN, enter that fact here.			Due to		
8 AGE 80 Years 6 Months 17 Days If less than 1 day Hours Minutes			Due to		
9 Occupation: At Home			Other conditions (Include pregnancy within 3 months of death)		
10 Industry			Major findings:	PHYSICIAN	
11 Social Security No.			Of operations	Underline the cause to which death should be charged statistically.	
12 BIRTHPLACE (City) Dunfermline Scotland (State or country)			Of autopsy		
13 NAME OF FATHER John Gifford			What test confirmed diagnosis? Clinical		
14 BIRTHPLACE OF FATHER (City) Dunfermline Scotland (State or country)			20 Was disease or injury in any way related to occupation of deceased? No		
15 MAIDEN NAME OF MOTHER Unknown			If so, specify		
16 BIRTHPLACE OF MOTHER (City) Dunfermline Scotland (State or country)			(Signed) Charles Meloni M. D.		
17 James Hain Relation, if any			(Address) 203 Ave. Webster Date Jan 3, 1940		
Informant (Address) 18 Atlantic St Winthrop			21 Place of Burial, Cremation or Removal Woodlawn Everett Mass (City or Town)		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			DATE OF BURIAL Tuesday Jan 3, 1940		
Wm. D. Childress, Jr. Health Officer			22 NAME OF FUNERAL DIRECTOR Frank E. Brown		
1/3/40			ADDRESS 286 Meridian St East Boston		
(Official Designation)			Received and filed 19		
(Date of Issue of Permit)			JAN 1940 (Registrar)		

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

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

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-30. No. 8427-d

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

(City or town making return)

5

Registered No.....

1 PLACE OF DEATH
Suffolk.
(County)
Winthrop, Mass.
(City or town)



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

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

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

(a) Residence. No. 280 River Road St. 1
(Usual place of abode)
Length of stay: In hospital or institution Hospital years months / days. In this community: 24 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: House - Wife
Industry or Business: at Home

11 Social Security No.....

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Saul 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 Mildred Waldron Relation, if any Daughter
(Address) 280 River Road Winthrop

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

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

Health Officer
(Official Designation)

1/8/40
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 6, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from December 29, 1939, to January 6, 1940

I last saw him alive on January 6, 1940, death is said

to have occurred on the date stated above, at 2:25 P. m. Duration

Immediate cause of death.....

Cerebral haemorrhage. 3 days

Due to

Due to

Other conditions Diabetes mellitus 4 years
(Include pregnancy within 3 months of death)

Major findings: Underline the cause to which death should be charged statistically.

Of operations

Date of

Of autopsy

What test confirmed diagnosis?.....

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

If so, specify.....

(Signed) Edward J. Franzen M. D.

(Address) 200 Washington Ave Date Jan 6, 1940

21 Prude of Jacob West Rox
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan 8 1940

22 NAME OF FUNERAL DIRECTOR Jacob H. Berme

ADDRESS 1914 Washington St Dor

Received and filed..... 19.....
A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

PLACE OF DEATH

1

Middlesex
(County)
Winthrop
(City or Town)
No. 52 Center St.



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

STANDARD

CERTIFICATE OF DEATH

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

6

Registered No.

2 FULL NAME

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

St. { (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.

52 Center St.

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....
(Specify whether)

years

months

days.

In this community 6 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of Gertrude Lovejoy
(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 73 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Store keeper

10 Industry or Business: For City of Boston

11 Social Security No. none

12 BIRTHPLACE (City) Charleston, Mass
(State or country)

13 NAME OF FATHER James W. Coles

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

15 MAIDEN NAME OF MOTHER Susan R. Knowlton

16 BIRTHPLACE OF MOTHER Nobleboro, Maine
(State or country)

17 Informant (Address) Annie L. Hoels (Sister)
Wenham, Mass Box 102

Relation, if any

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

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

Health Officer (Official Designation) 1/8/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 7 1940
(Month) (Day) (Year)

19 HEREBY CERTIFY That I attended deceased from
Jan. 16, 1931, to Jan 7, 1940.
I last saw him alive on Jan 6, 1940, death is said
to have occurred on the date stated above, at 6:15 p.m.

Immediate cause of death: Arterio-sclerosis and
myocardial degeneration

Due to arterio-sclerosis and
myocardial degeneration

Due to arterio-sclerosis and
myocardial degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Of operations: None Date of

Of autopsy: None

What test confirmed diagnosis? Electrocardiogram

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

If so, specify: none

(Signed) Wm. S. Childress M. D.

(Address) 153 Forest Hill St. East Boston Date Jan 8, 1940

21 Place of Burial, Cemetery or Removal: Forest Hill (City or Town) Boston

DATE OF BURIAL Jan 9 1940

22 NAME OF FUNERAL DIRECTOR M. A. Cowan & Son

ADDRESS Malden Mass

Received and filed Jan 10 1940

(Registrar)

V

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39. No. 8427-e

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. *7*

1 No. *25 Lincoln Terrace* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME *John B. Greeley* } (If U. S.
(If deceased is a married, widowed or divorced woman, give also maiden name.) War Veteran,
specify WAR)
(a) Residence. No. *25 Lincoln Terrace* St. (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution..... years months days. In this community *32* yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced *Alice B. Kennedy*
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 *71* years

7 IF STILLBORN, enter that fact here.

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

Usual
9 Occupation: *Tailor*

Industry
10 or Business: *Clothing*

11 Social Security No. *031-05-7340*

12 BIRTHPLACE (City) *Salmon Falls*
(State or country) *New Hampshire*

13 NAME OF FATHER *James Greeley*

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

15 MAIDEN NAME OF MOTHER *Mary Tighe*

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

17 Informant *Alice Greeley (wife)* Relation, if any
(Address) *25 Lincoln Terrace Winthrop*

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

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

Health Officer (Official Designation) *6/9/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January - 8 1940*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
September 9, 1937, to November 29, 1939
I last saw him alive on *November 28, 1939*, death is said
to have occurred on the date stated above, at *1:15 P.M.*

Immediate cause of death
Malignant Growth (Carcinoma) of Esophagus Duration
IMPORTANT *6 mos.*

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis? *X-ray*

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

If so, specify

(Signed) *Edward J. Grainger* M. D.
(Address) *205 Washington Ave* Date *Jan. 8 1940*

21 *Old Dorchester Boston*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Jan 10 1940*

22 NAME OF FUNERAL DIRECTOR *P.C. Kelly*

ADDRESS *17 Bennington St Boston*

Received and filed *Jan 10 1940*

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-139. No. 8427-c

PLACE OF DEATH

Suffolk
(County)

1

Boston
(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. 8

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

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

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

(a) Residence. No. 25 Brooks St. East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Still born

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

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

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 John Gioia Relation, if any (Father)
(Address) 25 Brooks St. East Boston

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

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

Health Officer

(Date of Issue of Permit) 1/15/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 12 1940
(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.....m.
Immediate cause of death.....

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy Etn-Cranial Removal

What test confirmed diagnosis? autopsy

PHYSICIAN

Underline
the cause to
which death
should be
checked sta-
tistically.

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

If so, specify

(Signed) George Peck

(Address) 31 Summer St. Boston Dte. 1-13 1940

21 Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 15 1940

22 NAME OF FUNERAL DIRECTOR Pennington & Son
ADDRESS 59 So. Main St. Boston

Received and filed 19

(Registrar)

dated death verified by Hospital

RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		Registered No. 9	
Supple (County) Winthrop (City or Town) No. 161 Washington Ave		St. (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 Katherine E. White Bryan (If deceased is a married, widowed or divorced woman, give also maiden name.)		St. (If nonresident, give city or town and state)		(If nonresident, give city or town and state)	
(a) Residence. No. 161 Washington Ave Winthrop (Usual place of abode)		St.		(If nonresident, give city or town and state)	
Length of stay: In hospital or institution (Specify whether)		years months days		In this community 40 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed		18 DATE OF DEATH January 16 - 1940 (Month) (Day) (Year)			
5a If married, widowed, or divorced HUSBAND of Patrick C. Bryan (or) WIFE of (Give maiden name of wife in full) (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.) Flame Burns of Head, Body & Extremities clothing accidentally ignited at her home Jan-16-1940			
6 Age of husband or wife if alive years		20 Where did injury occur? Winthrop (City or town and State)			
7 IF STILLBORN, enter that fact here.		21 Was disease or injury in any way related to occupation of deceased? If so, specify M. D. (Signed) M. J. Brickley (Address) 1218 Ave. A-16-1940			
8 AGE 92 Years Months Days If less than 1 day Hours Minutes		22 Place of Burial, Cremation or Removal Cote Desperes Montreal P.Q. (City or Town)			
9 Usual Occupation: Housework. 10 Industry: Home. 11 Social Security No. none		23 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop			
12 BIRTHPLACE (City) Montreal (State or country) P.Q.		Received and filed 19			
13 NAME OF FATHER Edward White 14 BIRTHPLACE OF FATHER (City) Canada (State or country) 15 MAIDEN NAME OF MOTHER Mary Quinn 16 BIRTHPLACE OF MOTHER (City) Canada (State or country)		24 (Signature of Agent of Board of Health or other) Health officer 1/17/40 (Official Designation) (Date of Issue of Permit)			
17 Informant: Muriel Clapper (Daughter) (Address) 1 Maple St Salem Mass		(Registrar)			

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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 anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

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

DESCRIPTION (for unknown person).....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

200m-10-39, No. 8427-d

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

10

Registered No.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

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

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

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

(a) Residence. No. 149 Lincoln St.
(Usual place of abode) Hospital

Length of stay: In hospital or institution 2 DAYS years months ✓ days. In this community 30 yrs. mos. days.
(Specify whether)

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
(Give maiden name of wife in full)
(or) WIFE of Sewell Verney
(Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years — Months — Days If less than 1 day
Hours — Minutes

9 Occupation: House wife

10 or Business: Own home

11 Social Security No.

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

13 NAME OF FATHER Benjamin Felton

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

15 MAIDEN NAME OF MOTHER Angeline Moore

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

17 Informant Arthur F. Verney Relation, if any son
(Address) 147 Cottage Pk. Rd Winthrop

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

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

(Official Designation) Health Officer (Date of Issu of Permit) 1/32/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 19, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
January 15, 1940, to January 19, 1940
I last saw him alive on January 19, 1940, death is said
to have occurred on the date stated above, at 9:30 P.M.

Immediate cause of death.....

Broncho-pneumonia 4 days

Due to

Due to

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:

Of operations none Date of.....

Of autopsy 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) Arthur C. Murray M. D.

(Address) Winthrop Mass Date 1/19/1940

21 Winthrop Cemetery Winthrop

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

DATE OF BURIAL January 22, 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

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

A TRUE COPY ATTEST:

(Registrar)

GOVERNING THE

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

obtained as to the 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.)*

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

PLACE OF DEATH

Suffolk

(County)

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

2 FULL NAME Joseph Liska (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) None

(a) Residence. No. 94 Locust St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution 3 months years months days. In this community 13 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of Josephine Stanczek (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 80 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Detroit Cabaret 1940

10 Industry or Business: Sugar refinery

11 Social Security No. None

12 BIRTHPLACE (City) Austria (State or country)

13 NAME OF FATHER cannot be learned

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

15 MAIDEN NAME OF MOTHER cannot be learned

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

17 Informant Mrs. Josephine Liska Relation, if any (Address) 94 Locust St. Sanitrop

1 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 1/24/40 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 22 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 1939 to 1940

I last saw him alive on Jan 22, 1940 death is said to have occurred on the date stated above, at 4:45 p.m.

Immediate cause of death

Myocarditis Duration IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) E. D. Mahoney M. D.

(Address) 125 North St. Date 1/14/40

21 Place of Burial, Cremation or Removal M. + Benedict Boston

DATE OF BURIAL Jan 25 1940

22 NAME OF FUNERAL DIRECTOR R. O. Kirby

ADDRESS Boston

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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.

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 364 Winthrop St. Winthrop St.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME

Margaret Edith Jackson (McLean)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 364 Winthrop St. Winthrop St.
(Usual place of abode)
Length of stay: In hospital or institution years months days. In this community 26 yrs. mos. days.
(Specify whether)

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

Registered No. 12

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH

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 Albert Griggs Jackson
(Husband's name in full)

6 Age of husband or wife if alive

..... years

7 IF STILLBORN, enter that fact here.

.....

8 AGE 69 Years 10 Months 28 Days
If less than 1 day
Hours Minutes

9 Usual Occupation: House work

Industry Own home

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Prince Edwards Island,

PARENTS

13 NAME OF FATHER Unable to obtain

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

15 MAIDEN NAME OF MOTHER Unable to obtain

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

17 Informant Carl I. Nelson (son)
(Address) 10 Marshall St Winthrop
Relation, if any

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January - 22 - 1940
(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
Angina Pectoris
chronic myocarditis
Found dead on floor of her bath room

Was there an autopsy?

no
(See reverse side for description for unknown person)

20 Where did injury occur?

.....
(City or town and State)

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

If so, specify Mrs. J. Brickley M.D.
(Signed) Boston M. D.
(Address) Date - 22 1940

22 Mt. Auburn Cambridge Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL January 24 1940

23 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed

..... 19.....
(Registrar)

1

HEREBY CERTIFY

that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
1/23/40
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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., as amended.*

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 23 Almont

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

2 FULL NAME Jane(Gray) Doig

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

(a) Residence. No. 23 Almont

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....
(Specify whether)

years

months

days.

In this community 20 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

Andrew Doig

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 87

Years

X

Months

15

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

House work

Industry

10 or Business:

Own home

11 Social Security No.

12 BIRTHPLACE (City)

Dundee

(State or country) Scotland

13 NAME OF FATHER

Thomas Gray

14 BIRTHPLACE OF FATHER (City)

Scotland

(State or country)

15 MAIDEN NAME OF MOTHER

Annie Sharpe

16 BIRTHPLACE OF MOTHER (City)

Scotland

(State or country)

17

Informant

William Doig

Relation, if any

(son)

(Address)

23 Almont 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)

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. 14

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan

27

1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

19.30, to Jan 27, 1940

I last saw her alive on Jan 27, 1940, death is said

to have occurred on the date stated above, at 10:30 A.M.

Immediate cause of death

Initial myocardial infarction

chronic arteriosclerosis of heart

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) Dr. W. Rayton

(Address) 270 Cambridge St Boston

Date 1/27 1940

21 Winthrop Cemetery Winthrop

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

DATE OF BURIAL Feb. 1/40

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed

19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

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-10-139. No. 8427-j corrected on mother's name as per indication

1 PLACE OF DEATH Suffolk (County)
 Wintthrop (City or Town)
 No. on route to Wintthrop Community HOP (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Registered No. 15

2 FULL NAME George L. Smith
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 26 Fremont St. Wintthrop St.
 (Usual place of abode)
 Length of stay: In hospital or institution years months days. In this community yrs. mos. days
 (Specify whether)

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 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here.

8 AGE 39 Years Months Days If less than 1 day Hours Minutes
 9 Usual Occupation: Laborer
 Industry Road construction
 10 or Business: Mechanic
 11 Social Security No.

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

PARENTS

13 NAME OF FATHER Robert J. Smith
 14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
 15 MAIDEN NAME OF MOTHER Rose A. Ennis
 16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mary A. Smith (Address) 76 Fremont St. Wintthrop (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) 3/2/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan - 31 - 1940
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
 asphyxia due to smoke inhalation:
 alcohol;
 found collapsed in his bed room which was a fire
 Presumably accidental

Was there an autopsy? yes
 (See reverse side for description for unknown person)

20 Where did injury occur? Wintthrop
 (City or town and State)

21 Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Mr. J. Brickley M. D.
 (Address) Boston Date 1-1-1940

22 Place of Burial, Cremation or Removal Holy Cross, Malden (City or Town)
 DATE OF BURIAL 3-2-3 1940

23 NAME OF FUNERAL DIRECTOR David L. Wooley
 ADDRESS 135 London St.

Received and filed 19
 (Registrar)

GOVERNING THE

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

of death should be transmitted on Form R-305 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.)

R-305

25m-10-39. No. 8427-g

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON

(City or town making return)

16

PLACE OF DEATH

(County)

Boston

(City or Town)

No. **Boston City Hosp**

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

Registered No. **15**

2 FULL NAME **Sumner Porter**

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

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

(a) Residence. No. **411 Shirley**

(Usual place of abode)

St. **Winthrop**

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. **Hospital**

(Specify whether)

years months **7** days.

In this community **22** 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

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 **28**

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Chauffeur W.P.A.

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Abraham Porter

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Fannie Goldberg

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Nathan Goldberg

Relation, if any

(Uncle)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

18 DATE OF DEATH

January 2, 1940.

(Month)

(Day)

(Year)

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

Asphyxiation by suspension.

Paranoid psychosis-previous

attempts.

20 Accident, suicide, or homicide (specify)

Suicidal

Date of occurrence

Jan 2, 1940

Where did

Injury occur?

Boston

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? **Hospital**

(Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy? **No**

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

If so, specify

(Signed)

T Leary

(Address)

Boston

Date **1/2/40**

22 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

1/3/40

19

23 NAME OF FUNERAL DIRECTOR

M Stanetsky

ADDRESS

Dorchester

Received and filed

1/4/40

19

(Registrar of City or Town where deceased resided)



FEB 17 1940 AM

Suffolk

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



BOSTON

(City or town making return)

Registered No. 168

17

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Beth Israel Hosp

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

2 FULL NAME Israel Freedman

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

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

70 Beach Road

Winthrop

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months 2 days.

(Specify whether)

In this community 15 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 (Give maiden name of wife in full)

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

6 Age of husband or wife if alive 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Grocery business

10 Industry or Business: Retail store

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Louis Freedman

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

15 MAIDEN NAME OF MOTHER Louise J Levitas

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

17 Informant Wife Relation, if any (Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

18 DATE OF DEATH January 7, 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 1/5/40, 19, to 1/7/40, 19.

I last saw him alive on 1/7/40, 19, death is said to have occurred on the date stated above, at 11:15 A.M.

Immediate cause of death: Cerebral thrombosis wks
 Congenital heart failure mos.

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Underline the cause to which death should be charged statistically.
 Of operations Date of
 Of autopsy
 What test confirmed diagnosis?

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

If so, specify: L Rosenfeld M. D.
 (Signed) Beth Israel Hosp Date 1/7/1940
 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Beth El West Roxbury (Cemetery) 1/8/40 (City or Town)
 DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR J H Levine
 ADDRESS Dorchester

Received and filed 1/10/40 19

(Registrar of City or Town where deceased resided)



FEB 17 1940

to enter the date of the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-5

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

Cambridge

(City or town making return)

Registered No. 60 13

PLACE OF DEATH

Middlesex

Cambridge

No. Holy Ghost Hospital

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

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

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

(a) Residence, No. 145 Bartlett Rd. St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution 3 years 8 months 35 days. In this community 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 Widowed

5a If married, widowed, or divorced HUSBAND of Annie Codeman (Give maiden name and date of marriage)
(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 70 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Waiter Retired

10 Industry or Business: Hotel

11 Social Security No. none

12 BIRTHPLACE (City) St John
(State or country)

13 NAME OF FATHER Newfoundland Lawrence Cousins

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

15 MAIDEN NAME OF MOTHER Newfoundland Ellen Nugent

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

17 Informant Helen Cousin (Address) daughter
Newfoundland

A TRUE COPY. 150 Circuit Rd Winthrop

ATTEST: Jan 16 1940
(Registrar of city or town where death occurred)

DATE FILED Frederick H. Burke 19

18 DATE OF DEATH Jan 13 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 1 1940 Jan 13 1940

I last saw h. in on Jan 13 1940 Death is said to have occurred on the date stated above, at 5 P.m. Duration Immediate cause of death.

Hypostatic Pneumonia lwk
Due to Chronic Myocarditis yrs.
Chronic Passive congestive 1 yr

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations none Date of.

Of autopsy What test confirmed diagnosis? Phys Exam

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify. (Signed) Christopher E Egan M. D.

(Address) 148 Trapelo Rd Bel. 1/14 40
21 PLACE OF BURIAL Holy Cross Malden (City or Town)

DATE OF BURIAL Jan 16 1940

22 NAME OF FUNERAL DIRECTOR John F O Muley
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)



FEB 16 1910 AM

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



BOSTON

(City or town making return)

Registered No. 19

PLACE OF DEATH

(County)

(City or Town)

No Audubon Hospital

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

2 FULL NAME Baby Amarena (Girl)

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

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

(a) Residence, No. 71 Paine Street

(Usual place of abode)

St. Winthrop, MASS.

Length of stay: In hospital or institution..... years months days. (If nonresident, give city or town and state) In this community yrs. mos. days.

(Specify whether)

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 Jan. 20 1940
(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. Duration

6 Age of husband or wife if alive..... years

Immediate cause of death.....

7 IF STILLBORN, enter that fact here. stillborn

Premature (6 months)

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

Stillborn

9 Usual Occupation:

Due to

10 Industry or Business:

Due to

11 Social Security No.

Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations

13 NAME OF FATHER Domenick Amarena

Date of.....

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

Of autopsy

15 MAIDEN NAME OF MOTHER Mary Dente

What test confirmed diagnosis?

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

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

17 Informant, Domenick Amarena (Father) (Address) 71 Paine St. Winthrop

If so, specify

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

(Signed) T. V. Canepopia (Address) 195 Bay State Date 1/20 1940

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Benedict Cem. (Cemetery) Boston (City or Town)

DATE OF BURIAL Jan 22 1940

22 NAME OF FUNERAL DIRECTOR Thomas D. Russell ADDRESS 1409 Dor. Ave. Dor.

Received and filed Jan 23, 1940 19

(Registrar of City or Town where deceased resided)



FEB 17 1940 AM

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



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

BOSTON

(City or town making return)

Registered No. 793

No. Beth Israel Hospital

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

2 FULL NAME Hyman Goldstein

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

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

(a) Residence. No. 54 Sea Foam Ave

(Usual place of abode)

St. Winthrop Mass

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days.

In this community yrs. mos. days.

(Specify whether)

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

5a If married, widowed, or divorced HUSBAND of Dora Lebovich
(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. 54

8 AGE 53 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Broken

10 Industry or Business: Insurance

11 Social Security No.

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

13 NAME OF FATHER Samuel Goldstein

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

15 MAIDEN NAME OF MOTHER Ida Goldstein O.K

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant M Goldstein Brother
(Address)

A TRUE COPY. James A. Burke

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

DATE FILED 19

18 DATE OF DEATH Jan. 25, 1940

(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1-10-40, 19....., to 1-25-40, 19.....

I last saw him alive on 1-25-40, 19....., death is said

to have occurred on the date stated above, at 11:10A.m.

Duration

Immediate cause of death: Overwhelming infection

2 Days

Due to B. Welchii

Due to

Other conditions Carcinoma of recto sigmoid
(Include pregnancy within 3 months of death)with metastases to liver and mesentery
Major findings: Carcinoma of recto sigmoid
Of operations and mesenteric nodes Date of 1-23-40

Underline cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) D Kopans

(Address) Beth Israel Hospt

Date 1-25-40

21 PLACE OF BURIAL, CREMATION OR REMOVAL David Vicur Choulm-
(Cemetery) (City or Town)

DATE OF BURIAL Jan. 26, 1940

22 NAME OF FUNERAL DIRECTOR B F Solomon

ADDRESS Brookline Mass

Received and filed Jan. 27, 1940

(Registrar of City or Town where deceased resided)



FEB 17 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-f

Suffolk

PLACE OF DEATH

(County)
Boston

(City or Town)

No. **Mass General Hospital**

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

BOSTON

(City or town making return)

Registered No. **893**

St. { (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 **Richard Dana Carpenter**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. **271 Winthrop**

(Usual place of abode)

St. **Winthrop**

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months **2** days. In this community **35** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
MARRIED
WIDOWED
or DIVORCED5a If married, widowed, or divorced **Lottie M Newton**
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 **58** years

7 IF STILLBORN, enter that fact here.

8 AGE **60** Years **4** Months **12** Days If less than 1 day Hours MinutesUsual Occupation: **Printer (Retired)**Industry or Business: **Printing Business**

11 Social Security No.

12 BIRTHPLACE (City) **South Boston Mass**
(State or country)13 NAME OF FATHER **Jerome B Carpenter**14 BIRTHPLACE OF FATHER (City) **--Maine**
(State or country)15 MAIDEN NAME OF MOTHER **Lesina ---**16 BIRTHPLACE OF MOTHER (City) **--- Maine**
(State or country)17 Informant **Wife** Relation, if any (Address)

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, 1940**
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from **Jan. 26, 1940** to **Jan. 26, 1940**, 19.40I last saw him alive on **Jan. 26, 1940**, death is said to have occurred on the date stated above, at **10:08 P.m.** DurationImmediate cause of death **Hypertensive heart disease** **2 Yrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **PHYSICIAN**

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) **H J Rhee** M. D.(Address) **Mass General Hospt** Date **1-** 19 **40**21 PLACE OF BURIAL **Forest Dale Malden Mass**
CREMATION OR REMOVAL (Cemetery) (City or Town)DATE OF BURIAL **Jan. 29, 1940** 1922 NAME OF FUNERAL DIRECTOR **A N Ward & Son**
ADDRESS **Malden Mass**Received and filed **Jan. 31, 1940** 19

(Registrar of City or Town where deceased resided)



FEB 17 1940 PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time 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-10-139, No. 8427-f

PLACE OF DEATH		Essex (County)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF DEATH		Danvers (City or town making return)	
1		Danvers (City or Town)		Registered No. 23 St. { (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		Christine Patterson (If deceased is a married, widowed or divorced woman, give also maiden name.)		No. Danvers State Hospital St. {			
(a) Residence. No.		44 Willow Ave.		St. Winthrop			
Length of stay: In hospital or institution		years month 6 days 3		In this community yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)			
female		white		MARRIED WIDOWED or DIVORCED married			
5a If married, widowed, or divorced							
HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of William Patterson (Husband's name in full)							
6 Age of husband or wife if alive cannot be learned years							
7 IF STILLBORN, enter that fact here.							
8 AGE 64 years Months Days If less than 1 day Hours Minutes							
9 Occupation: Usual housewife							
10 Industry or Business:							
11 Social Security No. cannot be learned							
12 BIRTHPLACE (City) (State or country) Georgetown Nova Scotia							
13 NAME OF FATHER William P. Grant							
14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia							
15 MAIDEN NAME OF MOTHER Christina Gray							
16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia							
17 Informant Mary K. McPhillips, if any (Address) Danvers							
A TRUE COPY. <i>Oliver Chase</i>							
ATTEST: (Registrar of city or town where death occurred) 2/5/40							
DATE FILED 19							
MEDICAL CERTIFICATE OF DEATH							
13 DATE OF DEATH Jan. 26, 1940. (Month) (Day) (Year)							
19 I HEREBY CERTIFY That I attended deceased from Jan. 26, 1940, to Jan. 26, 1940.							
I last saw h. alive on Jan. 26, 1940, death is said to have occurred on the date stated above, at m. Duration							
Immediate cause of death Chronic bronchitis 1 yr.							
Due to							
Due to							
Other conditions (Include pregnancy within 3 months of death)							
Major findings: Of operations Date of							
Of autopsy Date of							
What test confirmed diagnosis? no							
20 Was disease or injury in any way related to occupation of deceased?							
If so, specify Melvin Goodman (Signed) 2/3/40 (Address) Danvers Date							
21 PLACE OF BURIAL Winthrop (Cemetery) 1/26/40 (City or Town)							
22 NAME OF FUNERAL DIRECTOR T. A. Grantstrom & Son Boston ADDRESS							
Received and filed 19							
(Registrar of City or Town where deceased resided)							

DATE FILED

19

(Registrar of City or Town where deceased resided)

RECEIVED



FEB 13 1940 AM

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

100m-10-139, No. 8427-e

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. 23	
1 PLACE OF DEATH	No. 35-Moore	St.	(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME	Joseph Savel	(If deceased is married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No.	35-Moore	St.	Winthrop, Mass. (If nonresident, give city or town and state)		
Length of stay: In hospital or institution.....		years	months	days	In this community 26 yrs. mos. days.
(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	Male	4 COLOR OR RACE	White	5 SINGLE (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 Age of husband or wife if alive	58	years			
7 IF STILLBORN, enter that fact here.					
8 AGE	58	Years	Months	Days	If less than 1 day Hours Minutes
9 Occupation:	Pressman				
10 or Business:	Boston American Newspaper				
11 Social Security No.	023-03-5094				
12 BIRTHPLACE (City)	Russia				
13 NAME OF FATHER	Isaac Savel				
14 BIRTHPLACE OF FATHER (City)	Russia				
15 MAIDEN NAME OF MOTHER	Reva-Cannofel				
16 BIRTHPLACE OF MOTHER (City)	Russia				
17 Informant (Address)	Sarah Savel, wife, 35-Moore St.				
1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childs (Signature of Agent of Board of Health or other) Health Officer 2/2/40 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH	January 11 February 10 1940 (Month) (Day) (Year)				
19 I HEREBY CERTIFY	That I attended deceased from JUNE 25 1939 to January 30 1940 I last saw him alive on January 31 1940, death is said to have occurred on the date stated above, at 5:45 a.m. Immediate cause of death: Cerebral Thrombosis Duration: 2 wks. -				
Due to	Migrating Thrombo-Phlebitis 5 mos.				
Due to	Following Accident to Lower Back 6 mos.				
Other conditions	General Carcinomatosis (Include pregnancy within 3 months of death)				
Major findings:	General Carcinomatosis				
Of operations	Date of				
Of autopsy	What test confirmed diagnosis?				
20 Was disease or injury in any way related to occupation of deceased?	If so, specify Edward J. Fanger, M.D. (Signed) 200 Washington St. Feb 2 1940 (Address)				
21 Place of Burial, Cremation or Removal	Winthrop, Mass. DATE OF BURIAL Feb 2 1940 (City or Town)				
22 NAME OF FUNERAL DIRECTOR	Mamuel Stenitzky ADDRESS 10-Wash. St. Bklyn. Received and filed Feb 2 1940 (Registrar)				

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

[illegible]

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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 22 Upland Road

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

2 FULL NAME Ralph Sherman Johnson

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

Registered No. 21

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

(a) Residence. No. 22 Upland Road St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 32 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED
or DIVORCED5a If married, widowed, or divorced Carrie Dimock
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 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 8 Months 26 Days If less than 1 day Hours Minutes

9 Usual Occupation: Manufacturing dept (retired)

10 Industry or Business: U. S. Rubber Co

11 Social Security No.

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

13 NAME OF FATHER John Johnson

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

15 MAIDEN NAME OF MOTHER Mary Thompson

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)17 Informant Barbara Johnson Relation, if any (daughter)
(Address) 22 Upland 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) 3/3/40

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 February 2 1940
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from January 5, 1940 to February 2, 1940

I last saw him alive on February 2, 1940, death is said to have occurred on the date stated above, at 6:20 m.

Immediate cause of death: Acute Coronary Thrombosis 2/1/40

Due to Arteriosclerosis 2 years

Due to Angina Pectoris 2 years

Other conditions (Include pregnancy within months of death)

Major findings: none

Of operations: none

Of autopsy: none

What test confirmed diagnosis: clinical & lab

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

If so, specify

(Signed) Jacob A. Francis M.D.

(Address) 562 Dudley St. Date 3/3/40

21 Winthrop (tomb) Winthrop

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

DATE OF BURIAL February 4, 1940 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennis on

ADDRESS Winthrop Mass.

Received and filed. 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

SUFFOLK

Ashburnham not fee 3/9/40

✓

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

(City or town making return)

25

Registered No.

PLACE OF DEATH

1

(County)
WINTHROP



(City or Town)
STATION HOSPITAL FT. BANKS
No. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME.....

WAYNE K. CACUETTE

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

WESTMINSTER STREET

S. ASHBURNHAM

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution

(Specify whether)

years - months - days -

(If nonresident, give city or town and state)

In this community yrs. mos. days.

3 hrs

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 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

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

Usual

9 Occupation: Infant

Industry

10 or Business: Infant

11 Social Security No.

12 BIRTHPLACE (City) South Ashburnham, Mass. (State or country)

13 NAME OF FATHER

Alfred H. Cacquette

14 BIRTHPLACE OF FATHER (City)

South Ashburnham, Mass.

(State or country)

15 MAIDEN NAME OF MOTHER

Willemina Fagen

16 BIRTHPLACE OF MOTHER (City)

Westminster, Mass.

(State or country)

PARENTS

17

Informant (Address)

Registrar, Sta Hosp Ft Banks, Mass.

Relation, if any

(Address)

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

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

agent (Official Designation)

Feb. 2/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 2 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 2, 1940, to Feb 2, 1940

I last saw him alive on Feb 2, 1940, death is said to have occurred on the date stated above, at 3:30 PM

Immediate cause of death

Imperforated Anus

Due to Congenital

Due to

Other conditions Auto intoxication

(Include pregnancy within 3 months of death)

Major findings:

Of operations Reconstruction of anus

Date of Feb 2/40

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) R. J. Goldson M. D.

(Address) Fort Banks, Mass. Date 2/2 1940

21 Place of Burial, Cremation or Disposition City or Town

DATE OF BURIAL Feb 3 1940

22 NAME OF Person in Charge Mrs Joseph Cacquette

ADDRESS Fitz William, New Hampshire

Received and filed

A TRUE COPY ATTEST:

(Registrar)

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

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Dorchester

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1052

PLACE OF DEATH

(County)
Boston

(City or Town)

No.

The Infants Hospital

St.

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

23

2 FULL NAME

Baby Girl Law

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

(a) Residence, No.

8 Forrest

St.

Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

Hospital

years

months

/ days

In this community

yrs.

mos.

days

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

/ Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Winthrop
Mass13 NAME OF
FATHER

Robert T. Law

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Melrose
Mass15 MAIDEN NAME
OF MOTHER

Alison Rose

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

East Machans
Mass

17

Informant

(Address)

Father
alone

Relation, if any

A TRUE COPY.

ATTEST:

James A. Burke

(Registrar of city or town where death occurred)

DATE FILED

Feb 27, 1940

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

February 2, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Feb 1, 1940, to Feb 2, 1940

I last saw him alive on Feb 2, 1940, death is said

to have occurred on the date stated above, at 8:10 A.M.

Immediate cause of death

Duration

Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed)

J. Shwartzman

M. D.

(Address)

1000 Highland Ave

Date 2/2/40

19

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Winthrop P. Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Feb 3, 1940

19

22 NAME OF

FUNERAL DIRECTOR

P. B. Kirby

ADDRESS

Boston Mass

Received and filed

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time 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.)



MAR-9 1940 M

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

PLACE OF DEATH

Suffolk

(County)

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. 27

No. 54 Highland Avenue St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. 54 Highland Avenue St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 40rs. mos. days.
(Specify whether)

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 William Walton
(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Unable to obtain Sproule

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

15 MAIDEN NAME OF MOTHER Unable to obtain

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

17 Informant Agnes L. Chellis (daughter)
(Address) 54 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 or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Feb. 3 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan. 15, 1940, to Feb. 3, 1940.
I last saw him alive on Jan. 15, 1940, death is said to have occurred on the date stated above, at 6:55 p.m.

Immediate cause of death: Chronic myocarditis generalized arteriosclerosis
Due to 1936 1930

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Date of:

Of autopsy: none

What test confirmed diagnosis: clinical

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

If so, specify: Erythema periorbitale
(Signed) Winthrop Mass Date 2/5 1940
(Address)

21 Winthrop Cemetery Winthrop

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

DATE OF BURIAL February 6, 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication ~~which causes death,~~ *not* the mode of dying, *c. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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-10-39, No. 8427-j

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

2 FULL NAME Yee Hee (If deceased was married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 39 Shirley St. Winthrop St. (If nonresident, give city or town and state)
 Length of stay: In hospital or institution 1 years 1 months 1 days in this community 1 yrs. 1 mos. 1 days. (Specify whether)

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. 23

(If U. S.
 War Veteran,
 specify WAR) NO

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: Laundryman
 Industry or Business: Laundry

10 Social Security No. NONE

12 BIRTHPLACE (City) China
 (State or country)

13 NAME OF FATHER Yee Bing Wah

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

15 MAIDEN NAME OF MOTHER Lee Shee

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

17 Informant YEE FOOK HING (Relation of any)
 (Address) 4a Hudson 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) 5766

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 4 - 1940
 (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
arterio Sclerosis
chronic nephritis

Was there an autopsy? yes
 (See reverse side for description for unknown person)

20 Where did injury occur? _____
 (City or town and State)

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

If so, specify Mr. J. Brickley M. D.
 (Signed) Boston (Address) Feb. 5, 1940

22 Mt. Hope Cemetery, Boston
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL February 6, 1940

23 NAME OF FUNERAL DIRECTOR J. & C. P. Mc Caffrey
 ADDRESS 75 Albany St., Boston

Received and Filed _____ 19____

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

DESCRIPTION (for unknown person)

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

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

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 injury. 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

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

Boston 3/2/40

Suffolk
(County)
Dorchester
(City or Town)



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

STANDARD

CERTIFICATE OF DEATH

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

Registered No. *29*

No. *Dorchester Community Hosp* { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

(a) Residence. No. *75 Morris St.* St. *Boston Mass*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution *none* years months *7* days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *Wh.* 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 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE *75* Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: *At Home*

10 Industry or Business: *none*

11 Social Security No. *none*

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

13 NAME OF FATHER *Cornelius Lynch*

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

15 MAIDEN NAME OF MOTHER *Annora Lynch*

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

17 Informant *Katherine Mary Quinn* Relation, if any
(Address) *75 Morris St. E.B.*

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

Wm. D. Gulderson
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) *3/2/40*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February 5, 1940*
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from *Feb 1, 1940 to Feb 5, 1940*

I last saw him alive on *Feb 5, 1940*, death is said
to have occurred on the date stated above, at *11 A.M.*

Immediate cause of death *Broncho-Pneumonia* Duration *2 days*

Due to *Acute Cardiac Dilatation* *4 days*
and passive congestion.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: *None*

Of operations *None*

Date of

Of autopsy *None*

What test confirmed diagnosis? *None*

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

If so, specify

(Signed) *Single H. Schwartz* M. D.

(Address) *19 Beacon St.* Date *2/6* 19 *40*

21 *St. Mary's Cross* *St. Mary's*

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

DATE OF BURIAL *Feb 8* 19 *40*

22 NAME OF FUNERAL DIRECTOR *D. Kirby*

ADDRESS *Boston*

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be stated in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



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

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

STANDARD

CERTIFICATE OF DEATH

Registered No. 30

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

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

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

(a) Residence. No. 48 Beacon St. St.
(Usual place of abode)

Length of stay: In hospital or institution, 1 Hospital years months 2 days. In this community 39 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 (Give maiden name of wife in full) (or) WIFE of Benjamin Franklin Stewart (Husband's name in full)		
6 Age of husband or wife if alive. 77 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 75 Years. Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Housewife		
10 Industry or Business: Own Home		
11 Social Security No. None		
12 BIRTHPLACE (City) (State or country) Prince Edward Island		
13 NAME OF FATHER David Johnstone		
14 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island		
15 MAIDEN NAME OF MOTHER Flora McInnes		
16 BIRTHPLACE OF MOTHER (City) (State or country) Prince Edward Island		
17 Informant Benj. F. Stewart Husband (Address) 48 Beacon St. Winthrop		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 7 1940 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from February 5, 1940 to February 7, 1940 I last saw him alive on February 7, 1940 death is said to have occurred on the date stated above, at 12:40 p.m. Immediate cause of death: Coronary Thrombosis Due to Arterio Sclerosis Other conditions Cancer of stomach? Major findings : Of operations : Of autopsy : What test confirmed diagnosis? : 20 Was disease or injury in any way related to occupation of deceased? No If so, specify : (Signed) Edward E. Frainger (Address) 220 Washington St. Date Feb 8 1940 21 Place of Burial, Cremation or Removal Winthrop DATE OF BURIAL February 19 1940 22 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop, Mass.
---	--

Duration 4.8 hours
IMPORTANT
years.

3 Mos.
PHYSICIAN
Underline the cause to which death should be charged statistically.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
2/9/40
(Date of Issue of Permit)

Received and filed Feb 9 1940
(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)*

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 31

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 14 Wave Way Ave
2 FULL NAME
Wolf Weiner
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 14 Wave Way Ave St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution. years months days. In this community 10 yrs. — mos. — days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
5a If married, widowed or divorced HUSBAND of Rose Yavitz (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive 65 years
7 IF STILLBORN, enter that fact here.
8 AGE 65 Years Months Days Hours Minutes
9 Usual Occupation: Tailor for himself
10 Industry or Business: Retired
11 Social Security No. none
12 BIRTHPLACE (City) Russia (State or country)
13 NAME OF FATHER Bernard Weiner
14 BIRTHPLACE OF FATHER (City) Russia (State or country)
15 MAIDEN NAME OF MOTHER Berrie (cannot be traced)
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Harry Weiner, Son (Address) 65 Wyandover St., Rox.
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 (Official Designation) 3/7/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 7, 1940.
(Month) (Day) (Year)
19 I HEREBY CERTIFY that I attended deceased from February 2, 1937, to February 7, 1940.
I last saw him alive on 2/7/1940 death is said to have occurred on the date stated above, at 1:20 P.M.

Immediate cause of death: Broncho-pneumonia
Duration 4 days
Due to Hypertension & Hypertensive Heart Disease 15 yrs.
Due to Pleurisy 15 yrs.
Multiple Neurofibromatosis 20 yrs.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy No. Clinical What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify Charles Liberman, M. D.
(Signed) (Address) 26 Wave Way Date 2/7/1940.

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL 1940

22 NAME OF FUNERAL DIRECTOR Winthrop Society ADDRESS 15 Washington St., Dor.

Received and filed FEB 8 1940 (Registered)

SPACE FOR ADDITIONAL INFORMATION

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

RULES OF PRACTICE

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 19 Siren St. Winthrop

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



STANDARD
CERTIFICATE OF DEATH

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

Registered No. 32

2 FULL NAME Irving M. Brackett

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

(a) Residence. No. 19 Siren St

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. 20 Years

(Specify whether)

months days.

In this community 20 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, widow, or divorced, give name of HUSBAND of Mary Richardson Brackett

(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 62 Years 5 Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry Real Estate or Business:

11 Social Security No. None

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

13 NAME OF FATHER William Brackett

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

15 MAIDEN NAME OF MOTHER Adeliade Knowles

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

17 Informant. Olive Highley (Address) 905 Main St Woburn 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, Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/10/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 8 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from November 5, 1938, to February 8, 1940. I last saw him alive on February 6, 1940, death is said to have occurred on the date stated above, at 12:15 p.m.

Immediate cause of death. Cerebral Hemorrhage

Duration 47/40

Due to Arteriosclerosis

1938

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations none

Date of

Of autopsy not done

What test confirmed diagnosis? clinical

PHYSICIAN Underline the cause to which death should be charged statistically.

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

If so, specify

(Signed) Jacob Abrams M. D. (Address) 562 Stanley St Date 4/9/40

21 Oak Grove Woburn Medford Mass. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Feb. 11 1950 19

22 NAME OF FUNERAL DIRECTOR Richard W. White ADDRESS 147 Winthrop St. Winthrop

Received and filed FEB 13 1940 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

(3) Medical examiners will investigate and certify all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting scuffs, abrasions, lacerations, and fractures), but also deaths caused by chemical (malaria) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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-10-139, No. 8427-f

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



PLACE OF DEATH

WORCESTER
(County)

RUTLAND

(City or Town)

RUTLAND
(City or town making return)

Registered No. 15

33

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

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

(a) Residence. No. 266 Main St. Winthrop, Mass.

Length of stay: In hospital or institution Sanatorium years 11 months 23 days.
(Specify whether) (If nonresident, give city or town and state)
In this community yrs. 11 mos. 23 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 Samuel Rouillard (Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 7 Months 23 Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. None

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

13 NAME OF FATHER James Cahill

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

15 MAIDEN NAME OF MOTHER Mary Jane Doyle

16 BIRTHPLACE OF MOTHER (City) Brooklyn
(State or country) New York17 Informant State San. Records (Relation, if any)
(Address) Rutland, Mass.

A TRUE COPY.

ATTEST: Frances P. Hanff
(Registrar of city or town where death occurred)

DATE FILED February 9, 1940 19

18 DATE OF DEATH February 9, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from February 17, 1939, to February 9, 1940

I last saw her alive on February 9, 1940, death is said to have occurred on the date stated above, at 12:20 A.M. Duration
Immediate cause of death.

Pulmonary tuberculosis About 4 years

Due to

Due to

Other conditions --
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: --
Of operations

Underline the cause to which death should be charged statistically.

Of autopsy No autopsy Date of

What test confirmed diagnosis? Phys. x-ray, last.

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

If so, specify

(Signed) Gabriel Nadeau M. D.
(Address) State San. Rutland Date 2/9 194021 PLACE OF BURIAL, CREMATION OR REMOVAL Wyoming, Melrose, Mass.
(Cemetery) (City or Town)

DATE OF BURIAL February 12, 1940 19

22 NAME OF FUNERAL DIRECTOR Richard White
ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

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

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

(City or town making return)

Registered No. 21

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. 42 Triton Ave. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 42 Triton Ave., Winthrop. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution 11 years months days. In this community 11 yrs. mos. days. (Specify whether)

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 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 10 Months 2 Days If less than 1 day Hours Minutes

9 Occupation: Retired foreman in boxing factory Usual Industry 10 or Business:

11 Social Security No. None

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

13 NAME OF FATHER Samuel M. Richards

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

15 MAIDEN NAME OF MOTHER Mary L. Tirrell

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

17 Informant Augustus E. Richards Relation, if any (Address) 1323 East Weymouth, Mass. (brother)

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

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 2/12/40 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 11 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 10, 1934, to February 11, 1940 I last saw him alive on February 11, 1940, death is said to have occurred on the date stated above, at 7 P.M.

Immediate cause of death Acute Coronary Thrombosis 2 days

Due to Angina Pectoris 5 yrs

Due to Arteriosclerosis 6 yrs

Other conditions none (Include pregnancy within 3 months of death)

Major findings: no operations Of operations Date of no autopsy Of autopsy What test confirmed diagnosis clinical lab

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

If so, specify Jacoby Abrams M.D. (Signed) 1562 Fairley St. Date 2/11/40 (Address)

21 Mount Hope, Weymouth Mass Place of Burial, (Crematorium) (City or Town) DATE OF BURIAL Feb 14 1940 19

22 NAME OF FUNERAL DIRECTOR W. J. Dunbar & Son ADDRESS 872 Broad St. E. Weymouth

Received and filed FEB 15 1940 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, 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.)*

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of DEATH 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-10-'39, No. 8427-j

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. en route to Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lionel Wallace Hopkins

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

(a) Residence. No. 450 Winthrop St. Winthrop St.

(Usual place of abode)

Length of stay: In hospital or institution No. years months days

(Specify whether)

years months days

(If nonresident, give city or town and state)

In this community 4 yrs. - mos. - days.

Registered No. 25

(If U. S. War Veteran, specify WAR) No

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

(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 63 Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Laborer W.P.A. (Electrician)

Industry

10 or Business:

W.P.A.

(Electrician)

11 Social Security No. 012-18-3596

12 BIRTHPLACE (City)
(State or country)

Foster

R. I.

13 NAME OF
FATHER

Henry Hopkins

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

Foster

R. I.

15 MAIDEN NAME
OF MOTHER

Ida Sweet

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

Foster

R. I.

17

Informant
(Address)

Mrs. Marjorie M. Keelin (Friend) 450 Winthrop St. Win.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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



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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHFeb - 12 - 1940
(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.
chronic Valvular Heart Disease
aboula

collapsed on street & died quickly

Was there an autopsy? No
(See reverse side for description for unknown person)

20 Where did
injury occur?
(City or town and State)

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

If so, specify J. F. Smith M.D.
(Signed) M. D.
(Address) Boston Feb 12 - 1940

22 Place of Burial, Cremation or Removal. No Scituate R. I.
(City or Town)
DATE OF BURIAL February 14, 1940

23 NAME OF
FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St., F.O.B.

Received and filed. 19

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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., as amended.*

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

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

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

RULES OF PRACTICE

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

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

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

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

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39, No. 8427-e

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. 33		To be filed for burial permit with Board of Health or its Agent.	
1		No. Station Hospital		Fort Banks		St. {		(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		Jeanne Alice (Gagne) Larivee		(If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a)		Residence, No.		117 West Main St.		Ayer Mass		St. Ayer Mass		(If nonresident, give city or town and state)			
Length of stay:		In hospital or institution		37 days		(Specify whether)		years		months 37		days. In this community yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS													
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)		18 DATE OF DEATH		February 17th		1940	
Female		White		Married		Married		(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			
(or) WIFE of		Bernard S. Larivee		(Husband's name in full)				January 10, 1940, to		February 17, 1940			
6 Age of husband or wife if alive		32		years				I last saw him alive on		February 17, 1940		death is said	
7 IF STILLBORN, enter that fact here.								to have occurred on the date stated above, at		2:00P.		m.	
8 AGE		34 Years		4 Months		17 Days		Immediate cause of death		Shock, severe,		Duration IMPORTANT	
9 Occupation:		House work		Industry		Own home		with shock following the		excision of			
10 or Business:								450cc of citrated load		4 hours			
11 Social Security No.		None		12 BIRTHPLACE (City)		Canada		Due to		hemorrhage, perineal, severe,			
13 NAME OF FATHER		Edward Gagne		14 BIRTHPLACE OF FATHER (City)		North Adams		sacro-coccyx, at site of perineorrhaphy		2 hours			
15 MAIDEN NAME OF MOTHER		Veronica (Unable to obtain)		16 BIRTHPLACE OF MOTHER (City)		Canada		Due to		10 days post operative			
17 Informant		Bernard S. Larivee (husband)		Relation, if any				Other conditions		Post-operative hemorrhage		16 as	
(Address)		117 West Main St.		Ayer Mass				(Include pregnancy within 3 months of death)		Army and uterine suspension			
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)				Major findings:		Absorption of sutures		Underline	
Agent		Feb. 18/40		(Date of Issue of Permit)				Of operations		at site of perineorrhaphy		the cause to which death should be charged statistically.	
Received and filed								Of autopsy		None			
22 NAME OF FUNERAL DIRECTOR		Charles R. Bennison		ADDRESS		Winthrop Mass		What test confirmed diagnosis?		None			
23 DATE OF BURIAL		Feb. 20, 1940		24 PLACE OF BURIAL, Cremation or Removal		(City or Town)		25 Was disease or injury in any way related to occupation of deceased?		No			
26 DATE OF BURIAL		Feb. 20, 1940		27 NAME OF FUNERAL DIRECTOR		Charles R. Bennison		If so, specify		Accident			
28 DATE OF BURIAL		Feb. 20, 1940		29 NAME OF FUNERAL DIRECTOR		Charles R. Bennison		(Signed)		A. S. Hall, Capt. M. D.			
30 DATE OF BURIAL		Feb. 20, 1940		31 NAME OF FUNERAL DIRECTOR		Charles R. Bennison		(Address)		St. Louis, Mass.			
32 DATE OF BURIAL		Feb. 20, 1940		33 NAME OF FUNERAL DIRECTOR		Charles R. Bennison		DATE OF BURIAL		Feb. 20, 1940			
34 DATE OF BURIAL		Feb. 20, 1940		35 NAME OF FUNERAL DIRECTOR		Charles R. Bennison		ADDRESS		Winthrop Mass			
36 DATE OF BURIAL		Feb. 20, 1940		37 NAME OF FUNERAL DIRECTOR		Charles R. Bennison		Received and filed				19	
38 DATE OF BURIAL		Feb. 20, 1940		39 NAME OF FUNERAL DIRECTOR		Charles R. Bennison		(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)*

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, *e. c.* As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON

(City or town making return)

PLACE OF DEATH

(County)

Boston

(City or Town)

No. 818 Harrison Avenue

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

Registered No. 1665

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

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

(a) Residence. No. 39

(Usual place of abode)

Length of stay: In hospital or institution. 3 days
(Specify whether)

years

months

days

In this community 5 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 Gertrude M. Bradley
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 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years — Months — Days If less than 1 day Hours Minutes

Usual Occupation: Proprietor

Industry or Business: Variety store

11 Social Security No.

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

13 NAME OF FATHER Edmund F. O'Connell

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

15 MAIDEN NAME OF MOTHER Rose Farren

16 BIRTHPLACE OF MOTHER (City) E Boston
(State or country) Mass17 Informant Wife
(Address) above Relation, if any

A TRUE COPY. James A. Burke

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

DATE FILED 2-23-40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 17, 1940
(Month) (Day) (Year)

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

natural causes
coronary sclerosis
had complained of precordial pain

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did Injury occur?
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in public place?
(Specify type of place)Manner of Injury
Nature of Injury

While at work? Was there an autopsy?

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

If so, specify
(Signed) Timothy Leary M. D.
(Address) Boston Date 2/18/194022 Place of Burial, Cremation or Removal. Stinchrop Stinchrop
(City or Town)
DATE OF BURIAL 2/21/40 1923 NAME OF FUNERAL DIRECTOR J. J. Maynard
ADDRESS Portland Me

Received and filed 19

(Registrar of City or Town where deceased resided)



MAR-9 1940 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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hospital, Fort Banks.

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

2 FULL NAME Frank Dexter Charron Jr.

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

Registered No. 33

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

(a) Residence. No. RFD Lakeside Ave.

(Usual place of abode)

St. Lakeville, Mass.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. Hospital

(Specify whether)

years

months

days

In this community

yrs.

2 mos.

11/5.

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 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 19 Years 1 Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Soldier

Industry

10 or Business:

U.S. Army

11 Social Security No.

None

12 BIRTHPLACE (City)

Woburn, Mass.

(State or country)

13 NAME OF FATHER

Frank Dexter Charron

14 BIRTHPLACE OF FATHER (City)

Rochester Center,

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Delia Mary Jacques

16 BIRTHPLACE OF MOTHER (City)

Taunton, Mass.

(State or country)

17

Relation, if any

Informant (Address)

Record Office,

Fort Banks, Mass.

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

William D. Childers

(Signature of Agent of Board of Health or other)

Agent

(Official designation)

Feb. 18/40

(Date of Issue of Permit)

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February 18, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Feb. 17, 1940, to Feb. 18, 1940

I last saw him alive on February 17, 1940, death is said

to have occurred on the date stated above, at 5:25 a.m.

Immediate cause of death

Uremic toxemia

Duration

IMPORTANT

Severe

TWO DAYS

Due to Nephritis, chronic, interstitial, bilateral, severe.

Due to Arterial hypertension, severe.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

If so, specify

(Signed)

A. E. Haff, Capt. MC, M. D.

(Address) Fort Banks, Mass.

Date Feb. 19, 40

21 Tomb in Cemetery, Woburn, Mass.

Place of Burial, Cremation or Removal

DATE OF BURIAL

February 20, 1940

19

22 NAME OF FUNERAL DIRECTOR

Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided: If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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. 46, 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)*

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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 these of persons found dead.

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 494, Shirley

1. NAME Swanda M. French
(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 494 Shirley
(Usual place of abode) " " "

Length of stay: In hospital or institution.....0 years months days. In this community 5 yrs. 6 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.	4 COLOR OR RACE Wh	5 SINGLE (write the word) MARRIED WIDOWED Widowed OR DIVORCED
-------------	-----------------------	--

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

6 Age of husband or wife if alive.....years

7 IF STILLBORN, enter that fact here.

8 48 Years 10 Months 29 Days | If less than 1 day
AGE 48 Years 10 Months 29 Days | Hours _____ Minutes _____

Usual
9 Occupation: Self Employed
Industry
10 or Business: Own Home

11 Social Security No. 7-1-11

12 BIRTHPLACE (City) Woburn, Mass
(State or country)

13 NAME OF FATHER John J. Thompson

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

15 MAIDEN NAME
OF MOTHER Edward T. K. Katriel

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

17 Fredrick Davis High Relation, if any
Informant (Address) 104 S. 1st St. St. Louis

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
Wm. F. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) *8/30/40*
(Date of Issue of Permit)



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

STANDARD CERTIFICATE OF DEATH

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

Registered No.....

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 19, 1940
(Month) (Day) (Year)

19. I HEREBY CERTIFY That I attended deceased from
Feb. 12, 1940 to Feb. 19, 1940
I last saw her alive on Feb. 14, 1940 death is said
to have occurred on the date stated above, at 3:15 P.m. Duration

Immediate cause of death.....
Cerebral Hemorrhage.....

Due to Arteriosclerosis year

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings :

Of operations Date of

Of autopsy should be
What test confirmed diagnosis? Clinical charged sta
tistically.

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

If so, specify _____
(Signed) Daniel T. Dussal M. D.
(Address) 511 Pleasant St. Date Feb. 19, 1940

21 Forest Dale Walden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 22 1944

22 NAME OF FUNERAL DIRECTOR Ward & Sons
ADDRESS 37 Maple St. Toxona Ill

Received and filed.....

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

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

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

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

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting infection), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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. 10

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. 64-Somerset Ave (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 64-Somerset Ave Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution None years months days. In this community 40 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband None years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years. Months. Days. If less than 1 day Hours. Minutes

Usual Occupation: Housework
Industry at home
10 or Business:

11 Social Security No. None

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

13 NAME OF FATHER Jeremiah Mullen

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

15 MAIDEN NAME OF MOTHER Mary Cassidy

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

17 Informant Margaret McKenna Relation, if any Daughter
(Address) 64-Somerset Ave.

1 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 or Board of Health or other)

Health Officer (Official Designation) 2/20/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 19 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Feb. 13, 1940 to Feb. 19, 1940

I last saw him alive on Feb. 19, 1940 death is said to have occurred on the date stated above, at 3:45 p.m.

Immediate cause of death.....

Myocarditis Duration 7 **IMPORTANT**

Due to

Due to

Other conditions arteriosclerosis **7**

(Include pregnancy within 3 months of death)

Major findings : Underline the cause to which death should be charged statistically.

Of operations Date of.....

Of autopsy

What test confirmed diagnosis?.....

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

If so, specify

(Signed) Anthony M. D.
(Address) Winthrop Date 2-20, 1940

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

DATE OF BURIAL Feb. 22, 1940

22 NAME OF FUNERAL DIRECTOR F. M. Donahue

ADDRESS 4 Monument Ave Cham

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

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

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. 267 Washington Avenue

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

2 FULL NAME Carl Muranius Halvorsen

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

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

(a) Residence. No. 267 Washington Avenue

(Usual place of abode)

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

Length of stay: In hospital or institution..... years months days. In this community 30 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

6 If married, widowed, or divorced, HUSBAND of Lillian Williams
(Give maiden name of wife in full)

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

6 Age of husband or wife if alive. 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years 10 Months 2 Days If less than 1 day Hours Minutes

9 Usual Occupation: Owner of grocery

10 Industry or Business: Grocery store

11 Social Security No.

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

13 NAME OF FATHER Gustave Halvorsen

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

15 MAIDEN NAME OF MOTHER Unable to obtain

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

17 Informant Lillian W. Halvorsen wife Relation, if any (Address) 267 Washington Ave Winthrop

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

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

Health Officer (Official Designation) 2/26/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 24 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 12, 1939, to February 24, 1940.

I last saw him alive on February 24, 1940, death is said to have occurred on the date stated above, at 1:30 p.m.

Immediate cause of death. Coronary Thrombosis Duration IMPORTANT 2-23-40

2 Due to Chronic Myocarditis and Chronic Valvular Disease

Due to 4-1939

Other conditions Central Thrombosis 2-21-40
(Include pregnancy within 3 months of death)

Major findings :
Of operations Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

If so, specify Edward J. Frangou M. D.
(Signed) 300 Washington Ave 2-26-1940
(Address)

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Tom 6 Winthrop 19 40

22 NAME OF FUNERAL DIRECTOR Geo. R. Bernier ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

GOVERNING THE

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WHILE FLAINLY, 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-10-13-39. No. 8427-j

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)



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. *52*

No. *65 Beacon St.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

(a) Residence. No. *35 Shore Drive* St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community *32* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) <i>MARRIED</i> <i>WIDOWED</i> or <i>DIVORCED</i> <i>Single</i>
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		
(or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive. Years		
7 IF STILLBORN, enter that fact here.		
8 AGE <i>56</i> Years. Months Days	If less than 1 day Hours Minutes	
9 Usual Occupation: <i>Janitor</i>		
10 Industry or Business: <i>Apartment House</i>		
11 Social Security No. <i>016-18-0292</i>		
12 BIRTHPLACE (City) <i>Boston</i> (State or country) <i>Mass</i>		

PARENTS	13 NAME OF FATHER <i>Amaziah Hamilton</i>
	14 BIRTHPLACE OF FATHER (City) <i>Eastport</i> (State or country) <i>Maine</i>
	15 MAIDEN NAME OF MOTHER <i>Helvie S Murray</i>
	16 BIRTHPLACE OF MOTHER (City) <i>Halifax</i> (State or country) <i>Nova Scotia</i>
17 Informant (Address) <i>Mrs Helen M. Carthy</i> Relation, if any <i>Sister</i> <i>35-1/2 Bedford Rd Wintthrop</i>	

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *3/2/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <i>Feb 25 1940</i> (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.) <i>Heart & Coronary Arteries Diseased - said to have died peacefully in bed</i>
Was there an autopsy? (See reverse side for description for unknown person)
20 Where did injury occur? (City or town and State)
21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>Wm. S. Childress</i> M. D. (Address) <i>35-1/2 Bedford Rd Wintthrop</i> Date <i>Feb 26 1940</i>
22 Place of Burial, Cremation or Removal. (City or Town) <i>Holy Cross Malden</i> DATE OF BURIAL <i>Feb 28 1940</i>
23 NAME OF FUNERAL DIRECTOR <i>P. C. Kirby</i> ADDRESS <i>Boston</i>
Received and filed. 19. (Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

DESCRIPTION (for unknown person).....

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 39 Grovers Avenue

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

2 FULL NAME Charles Attlie

De Minico

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

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

(a) Residence. No. 29 Shirley Street

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of Esceilia Mazzella

(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 60 Years 11 Months 30 Days If less than 1 day Hours Minutes

9 Usual Occupation: Inventor

10 Industry or Business: Shoe Machinery

11 Social Security No. 027-07-4577

12 BIRTHPLACE (City) Italy

13 NAME OF FATHER

Unable to obtain De Minico

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 Robert H. DeMinico (son)

Relation, if any

(Address) 21 Avon St Cambridge 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. 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February 26 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from February 5, 1940, to February 26, 1940

I last saw him alive on February 17, 1940, death is said to have occurred on the date stated above, at 3:20 p.m.

Immediate cause of death

Acute Coronary Thrombosis

Duration

2 hours

Due to Angina Pectoris

3 mos.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations none

Date of

Of autopsy

What test confirmed diagnosis? Clinical & Laboratory

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

If so, specify

(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St. Date 2/26/40

21 Winthrop Winthrop, Mass Winthrop

Place of Burial, Cremation or Removal

DATE OF BURIAL February 28 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

PLACE OF DEATH

Suffolk

(County)

Wintthrop

(City or Town)

No. 915 Shirley St

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

Registered No. 11

2 FULL NAME Patrick M. Gillooly

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

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

(a) Residence. No. 915 Shirley St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 30 yrs. mos. days.
(Specify whether)

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 Donoghue
(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 76 AGE..... Years..... Months..... Days..... If less than 1 day Hours..... Minutes

9 Usual Occupation: Plumber

10 Industry Retired or Business:

11 Social Security No.

12 BIRTHPLACE (City) Scotland
(State or country)

13 NAME OF FATHER Michael

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

15 MAIDEN NAME OF MOTHER Bridget McQue

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Mrs Samuel Baker (daughter) Relation, if any
(Address) 915 Shirley St Wintthrop

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

(Signature of Agent of Board of Health or other)
Health Officer 3/27/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 26 1940
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from Feb. 26 1940 to Feb. 26 1940
I last saw him alive on Feb. 26 1940 death is said to have occurred on the date stated above, at 1:45 p.m.Immediate cause of death.....
Underlying causes.....
Duration IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings :
Of operations Date of.....
Of autopsy
What test confirmed diagnosis?.....
PHYSICIAN Underline the cause to which death should be charged statistically.

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

If so, specify.....
(Signed) C. J. Donoghue M. D.
(Address) 100 W. 1st St. Boston Date 2-27-4021 St. Joseph's Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL February 29 194022 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Wintthrop Massachusetts

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

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

Suffolk
(County)
Winthrop
Massachusetts
(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. **45**

1 PLACE OF DEATH No. **5 Irwin Street, Winthrop.** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. **5 Irwin Street, Winthrop.** St. { (If U. S. War Veteran, specify WAR)

(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community **30** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED **Single**
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 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE **50** Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: **At Home.**

Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER **Martin King**

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

15 MAIDEN NAME OF MOTHER **Cannot be learned**

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

17 Informant **Cecelia M. Conroy** Relation, if any
(Address) **So. Main St., Cohasset.** (cousin)

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) **2/28/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 28 1940**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
November 1, 1939, to **Feb. 27, 1940**, death is said
I last saw him alive on **January 27, 1940**, death is said
to have occurred on the date stated above, at **7-8** m.

Immediate cause of death.....

Carcinoma of Stomach - **7 mos.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings :

Of operations

..... Date of

Of autopsy

What test confirmed diagnosis? **NONE**

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

If so, specify **Edward J. Franzen**

(Signed) **Edward J. Franzen** M. D.

(Address) **200 Washington St.** Date **Feb 28, 1940**

21 **Holy Cross** **Malden.**

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

DATE OF BURIAL **March 1, 1940** 19

22 NAME OF FUNERAL DIRECTOR **J. Dwyer Buckley**

ADDRESS **12 Warren St. Roxbury**

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

[illegible]

after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH



Norfolk
(County)

Medfield.

(City or Town)

Medfield.

(City or town making return)

Registered No. 19.

No. Medfield State Hospital

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

2 FULL NAME Ella M. (Buzzell) Roach

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

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

46

(a) Residence, No.

(Usual place of abode)

St.

Winthrop, Mass.

Length of stay: In hospital or institution 25 years

2 months 25 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 Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Divorced (write the word)

18 DATE OF DEATH February 19, 1940
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles S. Roach

(Husband's name in full)

19 I HEREBY CERTIFY. That I attended deceased from March 2, 1939, to February 19, 1940.

I last saw her alive on February 19, 1940, death is said to have occurred on the date stated above, at 6:15 P.M.

Immediate cause of death. Arteriosclerotic Heart Disease-years

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 11 Months 28 Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Pembroke, Maine

13 NAME OF FATHER Hodgdon Buzzell

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

15 MAIDEN NAME OF MOTHER Lydia Loughton

16 BIRTHPLACE OF MOTHER (City) (State or country) West Pembroke, Maine.

17 Informant. (Address) Medfield St. Hospital Records

A TRUE COPY.

ATTEST:

Charles W. Keirstead
(Registrar of city or town where death occurred)

DATE FILED

March 29, 1940.

Due to Generalized arteriosclerosis

Due to

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: None

Of operations Date of

Of autopsy

What test confirmed diagnosis? Phys. & Lab.

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

If so, specify

(Signed) M. A. Berezin, M. D.
(Address) Harding, Mass. Date 2/20, 1940

21 PLACE OF BURIAL, CREMATION OR REMOVAL State, Medfield, Mass.
(Cemetery) (City or Town)

DATE OF BURIAL March 26, 1940

22 NAME OF FUNERAL DIRECTOR Joseph A. Roberts

ADDRESS Medfield, Mass.

Received and Filed 19

(Registrar of City or Town where deceased resided)



MAR 30 1940 AM

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, *etc.* As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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.

45

Registered No.

PLACE OF DEATH

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Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hosp.



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

(a) Residence. No. 52 Lincoln St., Winthrop St.
(Usual place of abode)

Length of stay: In hospital or institution Hospital years months 16 days
(Specify whether)

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

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

(If nonresident, give city or town and state)
In this community 4 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, give name of HUSBAND of Alice Cousine Kerman
(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Cigar Maker

10 Industry or Business: Cigar Factory

11 Social Security No. none

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

13 NAME OF FATHER Joel Kerman

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

15 MAIDEN NAME OF MOTHER Anna Percy

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

17 Informant Mrs. Alice Kerman Wife
(Address) 52 Lincoln St., Winthrop

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

Wm. D. Childress
Health Officer
(Official Designation)
Date of Issue of Permit 3/14/40

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH March 13 1940
(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.)

Severely injured while
working at Supermarket
fractured left hip
and fell on
sidewalk

Was there an autopsy? (See reverse side for description for unknown person)

20 Where did injury occur? Winthrop Mass
(City or town and State)

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

If so, specify

(Signed) Cornelius Sheehan M. D.

(Address) 147 Medford Ave. Date 3/13/40

Holderness N. Y.

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

DATE OF BURIAL March 16. 1940

23 NAME OF FUNERAL DIRECTOR Richard P. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

DESCRIPTION (for unknown person).....

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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. as amended.*

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

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

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

RULES OF PRACTICE

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

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

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

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

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39. No. 8427-e

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. 48

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

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

(a) Residence. No. Sta. Hosp. Ft. Banks. (Barracks.) St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. Hospital years months days. Deceased upon admission to Hospital (Specify whether)

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 Cora M. Emery (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 25 years 7 IF STILLBORN, enter that fact here.

8 AGE 28 Years 10 Months - Days If less than 1 day Hours Minutes

9 Occupation: Soldier (Staff Sgt.)

10 Industry or Business: U.S.A. Hosp.

11 Social Security No. - - - - -

12 BIRTHPLACE (City) Sumter South Carolina (State or country)

13 NAME OF FATHER Claude B. Hogan

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

15 MAIDEN NAME OF MOTHER Annie Marie Veith Jones

16 BIRTHPLACE OF MOTHER (City) unknown (State or country) S.C.

17 Fort. Banks Relation, if any Informant (Address) Records - only

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 3/17/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 14, 1940 (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.

Immediate cause of death..... Duration IMPORTANT

Due to Poisoning by Sodium Cyanide self administered with suicidal 3/14/40

Due to intent.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Date of. Of autopsy Diagnosis confirmed What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) August Second 1st, It. D. (Address) Station Hospital Fort Banks, Mass. Date 3/16/40

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL 3/17/40

22 NAME OF FUNERAL DIRECTOR Charles R. Bennisson Winthrop, Mass.

ADDRESS

Received and filed 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septice-mia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

PLACE OF DEATH

Suffolk

(County)

Wenlock

(City or Town)



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

STANDARD

CERTIFICATE OF DEATH

Registered No.

1 No. 106 Bellevue Ave St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert Luther Drew { (If U. S. War Veteran, specify WAR)

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

(a) Residence, No. 106 Bellevue Ave St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution X years X months X days. In this community 4 yrs. X mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced, HUSBAND of Robert Luther Drew
(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 81 Years X Months X Days If less than 1 day X Hours X Minutes

9 Usual Occupation: Robert Suburban

10 Industry or Business: Book Publishing

11 Social Security No. none

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

13 NAME OF FATHER James M. Drew

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

15 MAIDEN NAME OF MOTHER Julia Adelaide Bailey

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

17 Informant Mrs F. E. Drew Relation, if any Sister
(Address) 106 Bellevue Ave Wenlock

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/19/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 15 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from never 19....., to never 19.....

I last saw him alive on _____, 19....., death is said to have occurred on the date stated above, at 4:05 P. m.

Immediate cause of death _____

Natural Causes Probably Duration 5 min.
Anger - Peeters IMPORTANT

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations no

Of autopsy no

What test confirmed diagnosis? Investigation

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

If so, specify By name B. Parker

(Signed) Medical Board of Health M. D. Apr 18 1940
(Address) Wenlock

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

DATE OF BURIAL 3/18/40 1940

22 NAME OF FUNERAL DIRECTOR C. R. Benson

ADDRESS Wenlock

Received and filed _____ 1940

(Registrar)

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

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RULES OF PRACTICE

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

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. {

2 FULL NAME George L. Mac Kay

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

(a) Residence, No. 32 Locust St., Winthrop

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital

(Specify whether)

years 5 months 11 days.

In this community 5 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 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years 5 Months 12 Days If less than 1 day Hours Minutes

Usual

9 Occupation: Seaman

Industry

10 or Business: Steamship

11 Social Security No. None

12 BIRTHPLACE (City) Sidney
(State or country) Cape Breton N.S.

13 NAME OF FATHER

Alexander Mac Kay

14 BIRTHPLACE OF FATHER (City)

Sidney

(State or country)

Cape Breton N.S.

15 MAIDEN NAME OF MOTHER

Mary Belhaves

16 BIRTHPLACE OF MOTHER (City)

Sidney

(State or country)

Cape Breton N.S.

17 Informant Charles E Mac Kay Relation, if any Brother
(Address) 32 Locust St. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 51

(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

March 16 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1939, to March 16, 1948

I last saw him alive on March 15, 1948, death is said
to have occurred on the date stated above, at 1:30 A.M.

Immediate cause of death

Circumference of Peritonitis

Duration
IMPORTANT
6 months

Due to

Hypertensive Peritonitis

48 hours

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:

Of operations none

Date of

Of autopsy Circumference of Peritonitis

What test confirmed diagnosis? Autopsy

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

If so, specify

(Signed) Raymond B Parker, M. D.

(Address) Winthrop, Mass. Date Mar 16, 1948

21 Winthrop

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

DATE OF BURIAL March 18 1948

22 NAME OF FUNERAL DIRECTOR

Richard W White

ADDRESS 147 Winthrop St. Winthrop

Received and filed

19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

occurred in your city or town in the case of the deceased in another city or town at the time 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-f

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



BROOKLINE

(City or town making return)

Registered No. 150

PLACE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)

No. LONGWOOD NURSING HOME

St.

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

2 FULL NAME LINA BRABAZON DOW

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

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

(a) Residence. No. 45 CROSS

(Usual place of abode)

St.

WINTHROP, MASS.

Length of stay: In hospital or institution. Nursing Home years 4 months days.

(Specify whether)

(If nonresident, give city or town and state)
In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Alton F. Dow

(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 60

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

None

10 Industry

or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

William James Brabazon

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Hannah Chute

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

PARENTS

17 Informant

Mabelle Mortimer

Relation, if any

(Address)

48 Strathmore Road, Brookline

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 19

19 40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

17

1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from March 14, 1940, to March 17, 1940

I last saw her alive on March 17, 1940, death is said to have occurred on the date stated above, at 1:30 P.m.

Immediate cause of death..... Congestive failure..... 10 mos.

Due to Arteriosclerotic heart disease

Aortic stenosis & regurgitation

Due to Auricular fibrillation

Other conditions no

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy..... Date of.....

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) Harry B. Levine

M. D.

(Address) 483 Beacon St. Boston Date 3/17 19 40

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

March 19,

19 40

22 NAME OF FUNERAL DIRECTOR

Charles N. Pennison

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)



APR 10 1940 AM

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



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

STANDARD
CERTIFICATE OF DEATH

Registered No. **53**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. **263 Bowdoin Street**

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

2 FULL NAME **William Clarke**

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

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

(a) Residence. No. **263 Bowdoin Street**

(Usual place of abode)

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

Length of stay: In hospital or institution..... years months days. In this community **30** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced **Robert Callahan**
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 **93** AGE Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: **Hardware**
Industry **Own Business**
10 or Business:

11 Social Security No. **None**
12 BIRTHPLACE (City) **Ware**
(State or country) **Massachusetts**

13 NAME OF FATHER **Robert Clarke**

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

15 MAIDEN NAME OF MOTHER **Ellen Cummings**

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

17 Informant **Helen Splaine (Sangueta)**
(Address) **263 Bowdoin St Winthrop**

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

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

Health Officer (Official Designation) **3/18/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Mar. 17 1940**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Mar. 10 1940 to **Mar. 17 1940**

I last saw him alive on **Mar. 17 1940**, death is said
to have occurred on the date stated above, at **3 p.m.**

Immediate cause of death.....

Chronic hyperadrenia **2 years +**
Due to **age**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings :

Of operations **no** Date of.....

Of autopsy **no**

What test confirmed diagnosis? **Observed**

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

If so, specify **A. O. Parker**
(Signed) (Address) **W. Winthrop Mass.** Date **Mar. 18 1940** M. D.

21 **Holy Cross Welder**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Mar. 19 1940**

22 NAME OF FUNERAL DIRECTOR **John F. Smalley**
ADDRESS **Winthrop Massachusetts**

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

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

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

REVERSE NOTIFIED 4/9/40



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

Winthrop
(City or town making return)

51

Registered No.

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

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

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

(If U. S. War Veteran specify WAR)

(a) Residence. No. 18 Rockland Rd., Revere St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months 7 days. In this community yrs. mos. 7 days.
(Specify whether)

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 Michael J. Kelley (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 9 Months 18 Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife (Retired) Industry At Home 10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Dennis Bradley

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

15 MAIDEN NAME OF MOTHER Elizabeth Howard

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

17 Informant Charles Kelley Relation, if any (Address) 41 Bellview Rd. Melrose, Mass. SON

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

Wm. S. Culbreth Health Officer (Official Designation) 3/19/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 18, 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from March 11, 1940, to March 18, 1940

I last saw her alive on March 18, 1940, death is said to have occurred on the date stated above, at 4:10 P. M.

Immediate cause of death: Coronary Occlusion sudden

Due to Coronary Sclerosis Few Months

Due to Generalized Atherosclerosis indefinite

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? none

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

If so, specify John + Belvis (Signed)

(Address) Green Mass Date 3-18-1940 M. D.

21 New Calvary Dorchester Mass

Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL March 21, 1940

22 NAME OF FUNERAL DIRECTOR John T. Stringer ADDRESS Wakefield, Mass.

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 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.)

25m-10-39. No. 8427-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

MONSON
(City or town making return)

Registered No. 55

PLACE OF DEATH

HAMPDEN
(County)

MONSON

(City or Town)

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

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

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

(a) Residence. No. 45 Sea Foam Avenue St. WINTHROP, Mass.
(Usual place of abode)

Length of stay: In hospital or institution. Hospital 1 years 3 months 6 days. In this community yrs. 3 mos. 6 days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive. Years

7 IF STILLBORN, enter that fact here.

8 AGE 32 Years 6 Months 24 Days If less than 1 day Hours Minutes

9 Occupation: none

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Maurice Goldberg

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

15 MAIDEN NAME OF MOTHER Jennie Wapner

16 BIRTHPLACE OF MOTHER (City) New York (State or country) N.Y.

PARENTS

17 Informant Records-Monson State Hospital Relation, if any (Address) Palmer, Massachusetts

A TRUE COPY.

ATTEST: Carlos H. Bell (Registrar of city or town where death occurred)

DATE FILED March 18, 19 40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 19, 1940
(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.)

fractured skull as result of fall.

20 Accident, suicide, or homicide (specify) accident

Date of occurrence March 18, 1940 19

Where did Injury occur? Monson, Mass.
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? Monson State Hospital
(Specify type of place)

Manner of Injury Found unconscious on floor of room
Nature of Injury fractured skull

While at work? no Was there an autopsy? yes

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

If so, specify Thomas H. Keeley M. D.
(Signed) Monson, Mass. Date 3/19/40
(Address)

22 Independence Pride of Boston, N. B. U. R. A. L.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 20, 19 40

23 NAME OF FUNERAL DIRECTOR B. Schlossberg
ADDRESS 1273 Blue Hill Avenue

Received and filed March 18, Mattapan 19 40

(Registrar of City or Town where deceased resided)

RECEIVED



APR - 2 1940 PM 1

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-e

Suffolk County
Winthrop
 (City or Town)

STANDARD CERTIFICATE OF DEATH

Registered No. **56**

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

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

(a) Residence. No. **41-Dean Ave. St. Winthrop, Mass.**
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution **21** days (Specify whether) years months **21** days. In this community **1** yrs. **6** mos. **21** days.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE Married MARRIED WIDOWED OR DIVORCED	(write the word)		
5a If married, widowed or divorced HUSBAND of Ida M. Bloch (Give maiden name of wife in full)			18 DATE OF DEATH March 21 1940 (Month) (Day) (Year)		
(or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from Feb 27 , 19 40 , to March 21 , 19 40 I last saw him alive on March 21 , 19 40 , death is said to have occurred on the date stated above, at 10:35 p.m.		
6 Age of husband or wife if alive 63 years			Immediate cause of death Lobar pneumonia (type III) Duration IMPORTANT Feb 25-30		
7 IF STILLBORN, enter that fact here.			Due to _____		
8 AGE 68 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____			Due to _____		
9 Usual Occupation: Jeweler			Other conditions Cerebral embolism 2 wks. (Include pregnancy within 3 months of death)		
10 Industry or Business:			Major findings: Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? Lar.		
11 Social Security No. 031-10-6015			20 Was disease or injury in any way related to occupation of deceased?		
12 BIRTHPLACE (City) Russia (State or country)			If so, specify Frank Bandin M. D. (Signed) Renée Mass Date 3/22 , 19 40 (Address) Winthrop Cem. Street, Mass.		
13 NAME OF FATHER Abraham Bloch			21 Place of Burial, Cremation or Removal Winthrop Cem. Street, Mass. CITY or TOWN DATE OF BURIAL March 22 1940		
14 BIRTHPLACE OF FATHER (City) Russia (State or country)			22 NAME OF FUNERAL DIRECTOR Wm. J. Childers ADDRESS 10 West St. W. Mass.		
15 MAIDEN NAME OF MOTHER Sarah Cammer			Received and filed _____ 13 (Registrar)		
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)					
17 Informant Ida M. Bloch (Wife) (Address) 41-Dean Ave. St. Winthrop, Mass.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. J. Childers (Signature of Agent of Board of Health or other Health Officer) 3/22/40 (Official Designation) (Date of Issue of Permit)					

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

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

[illegible]

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

PLACE OF DEATH

SUFFOLK

(County)

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. 57

No. 40 WASHINGTON AVE

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

2 FULL NAME LESTER ADAMS TOMPKINS

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

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

(a) Residence. No. 40 WASHINGTON AVE

(Usual place of abode)

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

Length of stay: In hospital or institution..... years months days. In this community 30 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE 4 COLOR OR RACE WHITE 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED WIDOWED5a If married, widowed or divorced
HUSBAND of MARIAN GUNDERSEN
(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 67 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: PRINTER

10 Industry or Business: PRINTING

11 Social Security No. None

12 BIRTHPLACE (City) ROUGHKNEPSIE
(State or country) NEW YORK

13 NAME OF FATHER unable to obtain

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

15 MAIDEN NAME OF MOTHER unable to obtain

16 BIRTHPLACE OF MOTHER (City) NEW YORK
(State or country)17 Informant HELEN TOMPKINS (daughter)
(Address) 40 WASHINGTON AVE WINI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22 1940
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
Mar. 5 1938 to March 22 1940I last saw him alive on March 21 1940 death is said
to have occurred on the date stated above, at 8:40 P.m.Immediate cause of death: Pulmonary Tuberculosis
Duration 1939

Due to Sepsis - Meningeal Tuberculosis 1935

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1935 Removal of Left Teste

Of operations showed the

Date of 1935

Of autopsy Inoculation of

What test confirmed diagnosis? Waine 1935

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

If so, specify John J. Collins M. D.

(Signed) General Mass Date 3/22 1940

(Address)

21 WINTHROP WINTHROP

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

DATE OF BURIAL MARCH 23 1940

22 NAME OF FUNERAL DIRECTOR John F. O'Neale

ADDRESS WINTHROP

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-139, No. 8427-e

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

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

(a) Residence, No. 36- Cutler St. Winthrop Mass.
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 20 yrs. mos. days.
 (Specify whether)

The Commonwealth of Massachusetts
 OFFICE 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

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u>		18 DATE OF DEATH <u>March</u> <u>24</u> <u>1940</u> (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 <u>March 21</u> , 19 <u>40</u> to <u>March 24</u> , 19 <u>40</u>	
(or) WIFE of <u>Joseph H. Weichman</u> (Husband's name in full)				1 last saw h. <u>alive</u> on <u>March 24</u> , 19 <u>40</u> death is said to have occurred on the date stated above, at <u>9</u> <u>PM</u>	
6 Age of husband or wife if alive _____ years				Immediate cause of death <u>cerebral hemorrhage</u> <u>3/24/40</u> IMPORTANT	
7 IF STILLBORN, enter that fact here.				Due to _____	
8 AGE <u>70</u> Years _____ Months _____ Days <u>11</u> less than 1 day Hours _____ Minutes _____				Due to _____	
9 Usual Occupation: <u>Housework</u>				Other conditions _____ (Include pregnancy within 3 months of death)	
10 Industry or Business: <u>at home</u>				Major findings: _____ Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? _____	
11 Social Security No. _____				PHYSICIAN Underline the cause to which death should be charged statistically.	
12 BIRTHPLACE (City) <u>Boston</u> (State or country)				20 Was disease or injury in any way related to occupation of deceased? _____	
13 NAME OF FATHER <u>Abraham Turner</u>				11 so, specify _____ (Signed) <u>Paul C. G...</u> M. D. (Address) <u>108 W. 23rd St.</u> Date <u>3/25</u> 19 <u>40</u>	
14 BIRTHPLACE OF FATHER (City) <u>Boston</u> (State or country)				21 <u>Winthrop Ave. Everett Mass</u> Place of Burial, Cremation or Removal. (City or Town)	
15 MAIDEN NAME OF MOTHER <u>Cannot be learned</u>				DATE OF BURIAL <u>March 25</u> 19 <u>40</u>	
16 BIRTHPLACE OF MOTHER (City) <u>Boston</u> (State or country)				22 NAME OF FUNERAL DIRECTOR <u>Yanuk Stenetsky</u> ADDRESS <u>10 W. Wash. St. Wob.</u>	
17 Informant <u>Leo Weichman</u> (Son) (Address) <u>36- Cutler St.</u>				Received and filed _____ (Registrar)	
1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other Health Officer) <u>3/25/40</u> (Official Designation) (Date of Issue of Permit)					

PARENTS

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 17 Tewksbury

St. {

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

2 FULL NAME Martha Hamlin (DeMond) Shorey

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

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

(a) Residence. No. 17 Tewksbury

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community 60 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
-----------------	--------------------------	--

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles Eldon Sumner Shorey
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 7 Months 22 Days If less than 1 day
Hours Minutes

9 Usual Occupation: At home

10 Industry or Business: none

11 Social Security No.

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

13 NAME OF FATHER Anthony De Mond

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

15 MAIDEN NAME OF MOTHER Sabra Hamlin

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)17 Informant Ralph W. Shorey (son)
(Address) 12 Cottage Ave Winthrop

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

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

(Official Designation)

(Date of Issue of Permit) 3/28/40

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. 59

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 26 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 17, 1937 to March 26, 1940

I last saw her alive on March 26, 1940, death is said to have occurred on the date stated above, at 7:10 p.m.

Immediate cause of death: Generalized arteriosclerosis
Duration IMPORTANT 1930

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) Sybil D. Dickinson M. D.

(Address) Winthrop Mass Date Mar 28 1940

21 Winthrop Cemetery Winthrop

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

DATE OF BURIAL March 29 1940 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed APR 1 1940 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

[illegible]

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

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community

38 yrs.

mos.

days.

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



STANDARD

CERTIFICATE OF DEATH

Registered No. 60

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

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

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

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE MARRIED (write the word)

WIDOWED
or DIVORCED

18 DATE OF

DEATH

(Month)

(Day)

(Year)

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 68

Years

X Months

X Days

If less than 1 day

X Hours

X Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant

(Address)

Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

19 I HEREBY CERTIFY, That I attended deceased from

last saw him alive on

to have occurred on the date stated above, nt.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address)

M. D.

Date

21

Place of Burial, Cremation or Reception

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

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

60

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

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2215

PLACE OF DEATH

(County)

Boston

(City or Town)

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

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

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

61

(a) Residence. No. 361 Shirley St. St. Winthrop

(Usual place of abode)

Length of stay: In hospital or institution..... years months 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 4 COLOR OR RACE 5 SINGLE (write the word)

Female W MARRIED Widowed
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: Housework

10 Industry or Business: At home

11 Social Security No.

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Jacob Kleson

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

15 MAIDEN NAME OF MOTHER Sarah

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

17 Informant Jacob Siove Relation, if any (Address) son

A TRUE COPY.

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

DATE FILED 3/9/40 19

13 DATE OF DEATH March 7 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 3/1/40, 19, to 3/7/40, 19.

I last saw him alive on 3/7/40, 19, death is said to have occurred on the date stated above, at 4 a.m.

Immediate cause of death..... Duration

Pneumonia 3/4/40

Due to Myocarditis

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) B. A. Udelsan M. D.
(Address) Date 3/7/40 194021 PLACE OF BURIAL, CREMATION OR REMOVAL Chelsea Woburn
(Cemetery) (City or Town)

DATE OF BURIAL 3/7/40 19

22 NAME OF FUNERAL DIRECTOR W. Stunetsky
ADDRESS Boston

Received and filed Apr 12-40 19

(Registrar of City or Town where deceased resided)

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-f

RECEIVED



APR 12 1949 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-f

PLACE OF DEATH

Essex (County)



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

Danvers

(City or town making return)

Registered No. 62

No. Danvers State Hospital

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

2 FULL NAME

Thomas A. Dunn (If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

56 Sagamore Ave.

St.

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

Length of stay: In hospital or institution. years months days In this community yrs. mos. days.

(Specify whether)

18

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

male white

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

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

Usual

9 Occupation:

Painter (retired)

10 Industry or Business:

11 Social Security No.

Cannot be learned
Boston

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

Walter S. Dunn

14 BIRTHPLACE OF FATHER (City)

Halifax,

(State or country)

N. S.

15 MAIDEN NAME OF MOTHER

Jane Flynn

16 BIRTHPLACE OF MOTHER (City)

Dublin,

(State or country)

Ireland

17

Informant (Address)

W. E. Phillips

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

3/25/40

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Mar. 8, 1940.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from Feb. 19, 1940, to Mar. 8, 1940.

I last saw h. in alive on Mar. 19, 1940, death is said to have occurred on the date stated above, at 4:10 p.m.

Immediate cause of death: Generalized arteriosclerosis 3/2/39
Chr. myocarditis 3/2/40

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

clinical

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

If so, specify

(Signed)

Myer Askoff

M. D.

(Address)

Date

3/22/40

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Holy Cross Cemetery

(City or Town)

DATE OF BURIAL

3/11/40

19

22 NAME OF FUNERAL DIRECTOR

John E. O'Reilly

ADDRESS

Wilmington

Received and filed

Apr 12 - 40

19

(Registrar of City or Town where deceased resided)



APR 12 1940 AM

are accessed resulted in another city or town at the time 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-10-139, No. 8427-f

PLACE OF DEATH

Essex
(County)Danvers
(City or Town)

No. Danvers State Hospital

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



Danvers

(City or town making return)

Registered No. 63

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

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

(a) Residence. No. 235 Court Road

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. (Specify whether) years months days In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Cannot be learned

10 Industry or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) Boothbay, Maine (State or country)

13 NAME OF FATHER Edwin Anderson

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

15 MAIDEN NAME OF MOTHER Vesta Webber

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

17 Informant M. R. McPhillips Relation, if any (Address)

A TRUE COPY.

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

DATE FILED 3/12/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 11, 1940.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1940, to Mar. 11, 1940, or Mar. 11, 1940

I last saw h. alive on 1940, death is said to have occurred on the date stated above, at 1.05 p.m. Duration

Immediate cause of death: Chronic Myocarditis 2 yrs
Generalized arteriosclerosis 3 yrs
Bronchopneumonia 3 days

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Underline the cause to which death should be charged statistically.
Of operations
Of autopsy
What test confirmed diagnosis? clinical

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

If so, specify

(Signed) Melvin Goodman M. D.
(Address) Date 3/13/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL Hyannis (City or Town)

DATE OF BURIAL 3/13/40 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop

Received and filed Apr 12-1940 19

(Registrar of City or Town where deceased resided)



APR 12 1940 AM

Suffolk

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 2457

PLACE OF DEATH

(County)

Boston

(City or Town)

No. 126 Kelsyth Road

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

2 FULL NAME

Israel Chénofsky

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

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

(a) Residence. No.

36 Woodside Ave

St.

Kenshrop, Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

(Specify whether)

years

months

days

In this community yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

widower

6a If married, widowed, or divorced

Sarah Rimbbaum

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

80

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Notion Peddler

Industry

10 or Business:

Himself

11 Social Security No.

none

12 BIRTHPLACE (City)

Russia

(State or country)

13 NAME OF
FATHER

Joseph Chénofsky

14 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

15 MAIDEN NAME
OF MOTHER

Sarah (cannot be named)

16 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

17

Informant

Sovien-law

Relation, if any

(Address)

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

James W. Burke

DATE FILED

Mar 18, 1940

1940

MEDICAL CERTIFICATE OF DEATH

13 DATE OF
DEATH

March 14, 1940

(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
fractured leg - under
investigation

20 Accident, suicide, or homicide (specify).....

Date of occurrence.....

19.....

Where did
injury occur?

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of
injuryNature of
injury

While at work?..... Was there an autopsy?.....

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

If so, specify

(Signed) Dr. J. J. Leary

(Address) Dist. Med. Exam.

Date 3-14-1940

22 Ayudatt's Adum - Staburn

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

March 15, 1940

1940

23 NAME OF

FUNERAL DIRECTOR

M. C. Stantley

ADDRESS

Boston, Mass

Received and filed

Apr. 12, 1940

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 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.)

25m-10-10-39, No. 8427-g



APR 12 1940 AM

in case the deceased resided in another city or town at the time of death, 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. 8427-1

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



BOSTON
(City or town making return)

Registered No. 2744

PLACE OF DEATH

SUFFOLK
BOSTON
(City or Town)

No. Peter Bent Brigham Hosp.

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

2 FULL NAME Mary A. McCann

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

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

(a) Residence. No. 20 Woodside Pk. St. Winthrop Mass

(Usual place of abode)

Length of stay: In hospital or institution..... years months days. (Specify whether)

(If nonresident, give city or town and state)
In this community 0 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of Richard A. McCann (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual At home

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER James A. Burns

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

15 MAIDEN NAME OF MOTHER Anna Glynn

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

17 Informant Husband Relation, if any (Address)

A TRUE COPY

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

DATE FILED 3/26/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22, 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 29, 1940, to 3/22/40, 1940

I last saw him alive on 3/22/40, 1940, death is said to have occurred on the date stated above, at 3:30 a.m.

Immediate cause of death Hodgkins disease over 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Lymphoma of Lung Date of

What test confirmed diagnosis? Autopsy

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

If so, specify W B Osgood

(Signed) (Address) Date 3/22/1940 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Walden (Cemetery) (City or Town)

DATE OF BURIAL 3/25/40 19

22 NAME OF FUNERAL DIRECTOR P. C. Kirby

ADDRESS Boston

Received and filed April 12, 1940 19

(Registrar of City or Town where deceased resided)



APR 12 1940 AM

50m-10-39, No. 8427-4

PLACE OF DEATH

SUFFOLK
(County)

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

BOSTON
(City or town making return)

Registered No. 3034

1

No. New England Hosp for W & C St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alice Howard

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

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

66

(a) Residence. No.

75 Somerset Avenue

St. Winthrop

(Usual place of abode)

Length of stay: In hospital or institution.

(Specify whether)

years

months 5 days.

(If nonresident, give city or town and state)
In this community yrs. mos. 5 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

(Give maiden name of wife in full)

(or) WIFE of

Louis T. Howard

(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days If less than 1 day Hours Minutes

9 Occupation: at home

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER

Ferdinand A Reinhard

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Julia Wood

16 BIRTHPLACE OF MOTHER (City)

Halifax

(State or country)

Nova Scotia

PARENTS

17

Informant (Address)

H F Reinhard

Relation, if any (Brother)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

4/3/40

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March 30, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from 3/26/40, 19, to 3/30/40, 19

I last saw her alive on 3/30/40, 19, death is said to have occurred on the date stated above, at 4:10 P.m. Duration

Immediate cause of death.

Metastatic carcinoma to liver

Due to Carcinoma of left breast

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations Left mastectomy carcinoma Date of Jan. 1937

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) L B Crowell M. D.

(Address) N. E. Hosp for W & C

Date 3/30/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL South Church Cem. - Andover (Cemetery) (City or Town)

DATE OF BURIAL

4/2/40

19

22 NAME OF FUNERAL DIRECTOR

C R Bennison

ADDRESS

Winthrop

Received and filed

Apr 12 - 40

19

(Registrar of City or Town where deceased resided)

RECEIVED



APR 12 1940 AM

Copies of returns which occurred in your city or town at the time 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-f

PLACE OF DEATH

Essex
(County)

Danvers

No. Danvers State Hospital

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

566 Shirley

(a) Residence. No. St.
(Usual place of abode)Length of stay: In hospital or institution. years months days
(Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Presser

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Morris Buddelof

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

15 MAIDEN NAME OF MOTHER Rosie

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

17 Informant (Address) Relation, if any

A TRUE COPY.

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

DATE FILED 4/9/40 19.

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

Danvers

(City or town making return)

Registered No. 67

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

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

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 1, 1940.
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec. 11, 1939 to Apr. 1, 1940.

I last saw him alive on Apr. 1, 1940, death is said to have occurred on the date stated above, 10:05 P.M.

Immediate cause of death Lobar pneumonia Duration 3/11/40

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis? alin

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

If so, specify no

(Signed) Myer Aschoff M. D.

(Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL 4/5/40

Everett Cemetery Everett or Town

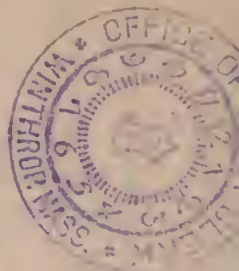
DATE OF BURIAL 4/5/40 19.

22 NAME OF FUNERAL DIRECTOR Manuel Stanetaky

ADDRESS

Received and filed 19.

(Registrar of City or Town where deceased resided)



MAY - 21 1910 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-f

PLACE OF DEATH

Suffolk
(County)

Chelsea
(City or Town)



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

Chelsea

(City or town making return)

Registered No. 63

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

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

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

(a) Residence, No. 203 Main St. St. Winthrop, Mass.
(Usual place of abode)

Length of stay: In hospital or institution Hospital years months days 17
(Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 7 Months 8 Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired Fireman

10 Industry or Business: (City of Chelsea)

11 Social Security No. none

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

PARENTS

13 NAME OF FATHER Charles A.

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

15 MAIDEN NAME OF MOTHER Clare Anderson

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

17 Hospital Records Relation, if any
Informant (Address)

A TRUE COPY.

ATTEST: Joseph A. Pyrell
(Registrar of city or town where death occurred)

DATE FILED Apr. 3, 1940

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 3, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Mar. 16, 1940 Apr. 3, 1940

I last saw h. alive on Apr. 3, 1940 Death is said to have occurred on the date stated above, at 5:17 a.m.

Immediate cause of death Uremia Duration 2 days

Due to Arterio-sclerotic kidney disease

Due to Generalized arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? Yes NPN no

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

If so, specify

Isadore Kaplan
(Signed) Soldiers Home Date 4/3/40 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Winthrop
(Cemetery) (City or Town)

DATE OF BURIAL Apr. 5, 1940

22 NAME OF FUNERAL DIRECTOR Albert F. Douglass

ADDRESS Chelsea, Mass.

Received and filed Apr. 3, 1940

(Registrar of City or Town where deceased resided)

N. B. WHILE IN PLAIN, WITH NO ADVICE, THIS IS A PERMANENT RECORD. Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39, No. 8427-e

PLATE OF DEATH
1 **PLACE OF DEATH** Winchester (City or Town)
No. Winchester Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 **FULL NAME** JANE ELIZABETH CASSIDY EASTMAN (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)
(a) **Residence. No.** 180 Cottage Park Rd St. (If nonresident, give city or town and state)
Length of stay: In hospital or institution hospital X years X months 7 days. (Specify whether) In this community 14 yrs. 9 mos. X days.

PERSONAL AND STATISTICAL PARTICULARS
3 **SEX** Female 4 **COLOR OR RACE** White 5 **SINGLE** (write the word) Widow
5a If married, widowed, or divorced Widow
HUSBAND of (Give maiden name of wife in full) Rev. Cyrus Leonard Eastman
(or) WIFE of (Husband's name in full)
6 **Age of husband or wife if alive** 92 years
7 **IF STILLBORN**, enter that fact here.
8 **AGE** 92 Years. 4 Months. 29 Days. If less than 1 day Hours Minutes
9 **Usual Occupation:**
10 **Industry or Business:** at home
11 **Social Security No.**
12 **BIRTHPLACE (City)** East Boston (State or country) Mass.
PARENTS
13 **NAME OF FATHER** Thomas Cassidy
14 **BIRTHPLACE OF FATHER (City)** Ireland (State or country)
15 **MAIDEN NAME OF MOTHER** Elizabeth Joy
16 **BIRTHPLACE OF MOTHER (City)** Bridgeton (State or country) N.J.
17 **Informant** M. F. Evans Cassidy Relation, if any (Name)
(Address) 180 Cottage Park Rd Winchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health, or other)
A.S. (Official Designation) April 8/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH
18 **DATE OF DEATH** April 7 1940. (Month) (Day) (Year)
19 **I HEREBY CERTIFY** That I attended deceased from October 1, 1939 to April 7, 1940.
I last saw her alive on April 6, 1940, death is said to have occurred on the date stated above, at 1:10 P.M.
Immediate cause of death: Cerebral Hemorrhage Duration 4/5/40
Due to arteriosclerosis 1939
Due to congestive heart failure 1939
Other conditions none (Include pregnancy within 3 months of death)
Major findings: none
Of operations none Date of none
Of autopsy not done
What test confirmed diagnosis? clinical & laboratory
20 **Was disease or injury in any way related to occupation of deceased?** no
If so, specify no
(Signed) Jacob Abramson M. D. (Address) 362 Shirley St. South Boston, Mass. Date 4/8/40
21 **Place of Burial, Cremation or Removal** Wentworth (City or Town) 19 1940
DATE OF BURIAL
22 **NAME OF FUNERAL DIRECTOR** Chas. P. Benson
ADDRESS Winchester Mass.
Received and filed 1940 1940
(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)*

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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.—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.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

PLACE OF DEATH

Suffolk
(County)
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. 20

No. 55 Washington Ave. St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

(a) Residence, No. 55 Washington Ave. St. { (If U. S.
War Veteran,
specify WAR)

(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 9 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive..... years
7 IF STILLBORN, enter that fact here.

8 AGE 86 Years 5 Months 27 Days If less than 1 day
Hours Minutes

9 Occupation: Housewife
10 Industry or Business: Own Home

11 Social Security No.

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

13 NAME OF FATHER Samuel Sinnicks
14 BIRTHPLACE OF FATHER (City) Labrador (State or country) Canada
15 MAIDEN NAME OF MOTHER Almira Keats
16 BIRTHPLACE OF MOTHER (City) Labrador (State or country) Canada

PARENTS

17 Informant Mary R Goodwin (Daughter)
(Address) I Winthrop Place Beverly

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

W. M. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer 4/12/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 10 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
July 26, 1934, to April 10, 1940
I last saw him alive on April 9, 1940, death is said
to have occurred on the date stated above, at 3 A. m.
Immediate cause of death.....
Chronic Myocarditis 6 years.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings : none
Of operations Date of
Of autopsy none
What test confirmed diagnosis? Chest X-ray

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ray B Parker M. D.
(Address) Winthrop Mass Date April 11, 1940

21 Central Cemetery Beverly
Place of Burial, Cremation, or Removal (City or Town)
DATE OF BURIAL April 13 1940

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-139, No. 8427-e

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Winthrop
 No. 86 Hermon St. St. {



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

STANDARD
 CERTIFICATE OF DEATH

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

Registered No. 71

2 FULL NAME Frank Allen Thomas

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

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

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

(a) Residence, No. 86 Hermon St.

(Usual place of abode)

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

Length of stay: In hospital or institution..... years months days. In this community 40 yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
 HUSBAND of Elizabeth Gibbons

(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day
 Hours Minutes

9 Usual Occupation: Electrician

10 Industry or Business: Electrical

11 Social Security No. _____
 12 BIRTHPLACE (City) Montreal
 (State or country) Canada

13 NAME OF FATHER Phillip Thomas

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

15 MAIDEN NAME OF MOTHER Elizabeth Holly

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

17 Informant John Thomas Relation, if any Son
 (Address) 86 Hermon 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. Philbrick
 (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/11/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 4 (Month) 10 (Day) 40 (Year)

19 I HEREBY CERTIFY, That I attended deceased from

4/11, 1940, to 7/19, 1940

I last saw him alive on 7/19, 1940, death is said

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

Immediate cause of death.....

Cancer of stomach Duration 1 yr

Due to

Due to

Other conditions gen. Arterio Sclerosis ?

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____ Date of _____

Of autopsy _____

What test confirmed diagnosis?

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

If so, specify no

(Signed) Harvey A. Kelly M. D.

(Address) Winthrop Date 7/15 1940

21 Winthrop Winthrop

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

DATE OF BURIAL April 12 1940

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed _____ 1940

(Registrar)

of death was transmitted on Form R-302 to the clerk of 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. 8427-1

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

Chelsea

(City or town making return)

Registered No. 172

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

PLACE OF DEATH

Suffolk
(County)Chelsea
(City or Town)

No. Chelsea Soldiers' Home

St.

2 FULL NAME

David P. Sawyer

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

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

Spanish

(a) Residence, No.

193 River Rd.

St.

Winthrop, Mass.

(Usual place of abode)

Length of stay: In hospital or institution

Hospital

months

days

15

(If nonresident, give city or town and state)

In this community yrs. mos. days.

(Specify whether)

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

Alice F. Lecker

(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

86

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Salesman

Industry

10 or Business:

Egg Business

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)Portland
Maine13 NAME OF
FATHER

Benjamin F. Sawyer

14 BIRTHPLACE OF
FATHER (City)
(State or country)Bridgton
Maine15 MAIDEN NAME
OF MOTHER

Mary A. Hannon

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

Ireland

17

Informant
(Address)

Hospital Records

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Apr. 20, 1940

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 10, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
Mar. 26, 1940 Apr. 10, 1940

I last saw him on Apr. 10, 1940 is said

to have occurred on the date stated above, at 9:43 P.

Immediate cause of death: Cardiac decompensation

Duration

15 das.

Due to Myocardial Degeneration & over
Arterio sclerosis 3 yrsDue to over 3
Other conditions Valvular heart disease PHYSICIAN yr

(Include pregnancy within 3 months of death)

Serological syphilis

Major findings:

Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) W. H. Blanchard M. D.

(Address) Sold. Home Hosp. Chelsea Date 4/10/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop, Ma.
(Cemetery) (City or Town)

DATE OF BURIAL Apr. 13, 1940

22 NAME OF FUNERAL DIRECTOR John F. O'Maley

ADDRESS Winthrop, Mass.

Received and filed Apr. 10, 1940

(Registrar of City or Town where deceased resided)

in case the deceased resided in another city or town at the time 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-10-139, No. 8427-f

1 PLACE OF DEATH
 {
 SUPERIOR
 BOSTON
 (City or Town)



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

BOSTON

(City or town making return)

Registered No. 3448

No. 320 Walnut Avenue

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

2 FULL NAME Sarah Taylor

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

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

(a) Residence, No. 37 Myrtle Avenue

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution years 7 months days.

(Specify whether)

In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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 George Taylor
 (Husband's name in full)

6 Age of husband or wife if alive. 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days If less than 1 day
 Hours Minutes

9 Usual Occupation: housewife

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City)
 (State or country) England

13 NAME OF FATHER Abraham Levy

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

15 MAIDEN NAME OF MOTHER

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

17 Informant George Sayers Relation, if any Son
 (Address)

A TRUE COPY.

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

DATE FILED 4/13/40 19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH April 11, 1940
 (Month) (Day) (Year)

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

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

Immediate cause of death.....

Cerebral hemorrhage unknown

Due to

Due to

Other conditions General arteriosclerosis unknown
 (Include pregnancy within 3 months of death) PHYSICIAN

Major findings:
 Of operations Underline the cause to which death should be charged statistically.

Date of.....

Of autopsy

What test confirmed diagnosis?.....

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

If so, specify.....

(Signed) F J Bailey M. D.

(Address) Deputy Health Com. Date 4/11/1940

21 PLACE OF BURIAL, CREMATION OR REMOVAL David Vicur Cholim, W. Rep.
 (Cemetery) (City or Town)

DATE OF BURIAL 4/12/40 19

22 NAME OF FUNERAL DIRECTOR B Schlossberg & Sons
 ADDRESS Boston

Received and filed..... 19

(Registrar of City or Town where deceased resided)

See file call
 5-19-41

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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 507 Shirley St

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

2 FULL NAME Agatha Veronica Conti

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

Registered No. 174

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

(a) Residence. No. 507 Shirley St.

(Usual place of abode)

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

Length of stay: In hospital or institution..... years months days, In this community 23 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 24 Years Months Days If less than 1 day Hours Minutes

9 Occupation: At Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) South Braintree
(State or country) Massachusetts

13 NAME OF FATHER Mario Conti

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

15 MAIDEN NAME OF MOTHER Nunzia Tomassello

16 BIRTHPLACE OF MOTHER (City) Messina
(State or country) Italy17 Informant: Mario Conti (Father)
(Address) 507 Shirley St. Winthrop

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

Wm D. Childress
(Signature of Agent of Board of Health or other)H.O. April 15/40-
(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 April 12 1940
(Month) (Day) (Year)

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

I saw him alive on 19....., death is said to have occurred on the date stated above, at 6:40 P.m.

Immediate cause of death.....

Duration
IMPORTANT

Due to Natural cause, Probable

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations Date of

Of autopsy Date of

What test confirmed diagnosis?

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

If so, specify

(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Board of Health Date Apr 14 194021 Place of Burial, Cremation or Removal Holy Cross Malden
DATE OF BURIAL April 15 194022 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop Mass.

Received and filed 19

(Registrar)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 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.)

25m-10-39, No. 8427-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

BOSTON

(City or town making return)

PLACE OF DEATH

1

(County)

Boston

(City or Town)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 3524

No. 818 Harrison Avenue

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

2 FULL NAME George R Robinson

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

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

75

(a) Residence, No. 21 Grover Avenue

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. (Specify whether) years months days. In this community 20rs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed	(write the word)
-------------------	-----------------------------	---	------------------

5a If married, widowed, or divorced HUSBAND of Susan E Perkins

(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 63 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Shipper

10 Industry or Business: leather business

11 Social Security No. 031-03-7732

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

13 NAME OF FATHER Richard Robinson

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

15 MAIDEN NAME OF MOTHER Emaline

16 BIRTHPLACE OF MOTHER (City) England
(State or country)17 Informant W S Robinson Relation, if any Brother
(Address)

A TRUE COPY.

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

DATE FILED 4/16/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 12, 1940
(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.)

Coronary sclerosis

Hospitalised for coronary thrombosis in 1939

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?

Manner of injury Collapsed on street
(Specify type of place)

Nature of injury

While at work? 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 4/12/40

22 Mt Pleasant-Gloucester
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL 4/15/40 19

23 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

Form R-302 to 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-f

SUFFOLK
(County)
BOSTON



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

BOSTON

(City or town making return)

Registered No. **3507**

PLACE OF DEATH

(City or Town)

No. **Long Island Hospital**

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

2 FULL NAME **Morris Trieger**

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

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

(a) Residence, No. **38 Underhill**

(Usual place of abode)

St. **Winthrop**

Length of stay: In hospital or institution **hospital** years months **14** ds.
(Specify whether)

(If nonresident, give city or town and state)
In this community **50** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED **Widower**

5a If married, widowed, or divorced

HUSBAND of **Katie Wolf**
(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 **74** Years **8** Months **22** Days If less than 1 day
Hours Minutes

9 Usual Occupation: **salesman-pictures**

10 Industry or Business: **for himself**

11 Social Security No. **none**

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

13 NAME OF FATHER **Israel Trieger**

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

15 MAIDEN NAME OF MOTHER **Bella -----**

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

17 Informant **Long Island Hosp** Relation, if any
(Address)

A TRUE COPY.

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

DATE FILED **4/16/40** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 12, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from **3/28/40**, 19, to **4/12/40**, 19.

I last saw him alive on **4/12/40**, 19, death is said

to have occurred on the date stated above, at **1:12 P.m.**

Duration

Immediate cause of death. **Dissecting aneurysm of abdominal aorta with perforation - terminal**

Due to **Generalized arteriosclerosis** yrs

Due to **Arteriosclerotic heart disease** yrs

Hypertensive cardio-vascular disease yrs

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? **autopsy**

Underline the cause to which death should be charged statistically.

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

If so, specify

(Signed) **C. L. Clay** M. D.

(Address) **Long Island Hosp** Date **4/13/40**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Beth Israel-Everett**
(Cemetery) (City or Town)

DATE OF BURIAL **4/14/40** 19

22 NAME OF FUNERAL DIRECTOR **M. Stanetsky**
ADDRESS **Boston**

Received and filed 19

(Registrar of City or Town where deceased resided)

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

100m-10-39, No. 8427-e

1 PLACE OF DEATH Suffolk (County)
Intror (City or Town)
Intror Community Hospital No. 19 St. Boston Mass

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

(a) Residence. No. 19 Queensbury St. Boston Mass
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months 28 days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 69 years
7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 7 Months 3 Days If less than 1 day Hours — Minutes

9 Occupation: House work
10 Industry or Business: Own home

11 Social Security No. —

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

13 NAME OF FATHER Warren Brown

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

15 MAIDEN NAME OF MOTHER Harriet McNeil

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

17 Informant Madolin Godfrey Relation, if any daughter
 (Address) 19 Queensbury St Boston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health for other)
Health Officer (Official Designation) 4/17/40 (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. 177

(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 4 15 40
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 2/11, 1940, to 4-15, 1940
 I last saw her alive on 4-15, 1940, death is said to have occurred on the date stated above, at 5-11 M.
 Immediate cause of death Leukemic Lymphadenosis **IMPORTANT**
General Arteriosclerosis **?**
 Other conditions —
 (Include pregnancy within 3 months of death)

Major findings: —
 Of operations — Date of —
 Of autopsy —
 What test confirmed diagnosis Biopsy Bone Marrow

20 Was disease or injury in any way related to occupation of deceased? no
 If so, specify —
 (Signed) Harriet Godfrey M. D.
 (Address) 19 Queensbury St Date 4/15, 1940

21 Hillside Cemetery Eastport Me.
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL April 16, 1940 1940

22 NAME OF FUNERAL DIRECTOR Charles P. Pennison
 ADDRESS Intror Mass

Received and filed — 1940
 (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 exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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)*

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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 recognised disease, and those of persons found dead.

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

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

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person under 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

PLACE OF DEATH
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.

Registered No. 79

No. 64 Orlando Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Harace Waite
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) None

(a) Residence. No. 64 Orlando Avenue St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 6 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W 5 SINGLE (write the word) Widowed
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced HUSBAND of Julia C. Washburn
(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 91 Years 3 Months 6 Days If less than 1 day Hours Minutes

9 Usual Occupation: Broker

10 Industry or Business: Real estate

11 Social Security No. None

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

13 NAME OF FATHER Benjamin F. Waite

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

15 MAIDEN NAME OF MOTHER Hannah Todd

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

17 Informant Mrs. Grace W. Jennings Relation, if any Daughter
(Address) 64 Orlando Ave. Winthrop

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

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/16/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 16 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from April 12, 1940, to April 16, 1940.
Last saw him alive on April 15, 1940, death is said to have occurred on the date stated above, at 10 A. m.

Immediate cause of death.....
Duration 1 year
IMPORTANT

Due to Chronic myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: None

Of operations Date of

Of autopsy no

What test confirmed diagnosis? Chronic

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

If so, specify (Signed) R. B. Parker M. D.

(Address) Winthrop, Me. Date April 16 1940

21 Forest Hills Boston, Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 20 1940

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Son
ADDRESS Boston, Mass.

Received and filed 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

are deceased, resided in another city or town at the time 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. 11, G. L.)

50m-10-39, No. 8427-f

PLACE OF DEATH

SUFFOLK
(County)



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

BOSTON

(City or town making return)

Registered No. 3692

No. Mass. General Hospital

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

2 FULL NAME Patrick J Lane

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

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

(a) Residence. No. 5 Washington Avenue

St. Winthrop

Length of stay: In hospital or institution. hospital years months 14 days

(Specify whether)

(If nonresident, give city or town and state) In this community 18 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Catherine A. Pomfret (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 70 Years. Months. Days If less than 1 day Hours. Minutes

9 Occupation: Associate Justice

10 Industry or Business: District Court

11 Social Security No. none

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

13 NAME OF FATHER Patrick Lane

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

15 MAIDEN NAME OF MOTHER Margaret Mahoney

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

17 Informant. Edward Lane (Address) (Relation, if any) Son

A TRUE COPY.

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

DATE FILED 4/22/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 17, 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/20/39, 19, to 4/17/40, 19

I last saw him alive on 4/17/40, 19, death is said to have occurred on the date stated above, at 10:10P.m. Duration

Immediate cause of death. Myocardial disease with congestive heart failure 1 mon.

Due to Coronary disease with Cardiac infarct 10 mos

Due to

Other conditions Cancer of prostate (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Underline the cause to which death should be charged statistically.
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

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

If so, specify (Signed) W. J. Smith M. D. (Address) 264 Beacon Date 4/18/40

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

DATE OF BURIAL 4/20/40 19

22 NAME OF FUNERAL DIRECTOR R. C. Kirby ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
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. **31**

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

2 FULL NAME *Susan R. M. Manus* (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *25 Plummer* Ave. St. *Winthrop*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution *3* years months *4* days. In this community *23* yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive *deceased* years

7 IF STILLBORN, enter that fact here.

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

9 Occupation: *House work*
Industry *own home*
10 or Business:

11 Social Security No. *none*

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

13 NAME OF FATHER *Thomas J. M. Culpha*

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

15 MAIDEN NAME OF MOTHER *Julia Sherlin*

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

17 Informant *Mary L. M. Manus* Relation, if any *daughter*
(Address) *25 Plummer Ave., W. in.*

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

Wm. D. Childs
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *4/19/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 18 1940*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *April 15 1940* to *April 15 1940*
I last saw him alive on *April 15 1940*, death is said to have occurred on the date stated above, at *2:35 p.m.*

Immediate cause of death

Uremia
Due to *Intestinal cancer of*
intestines

Other conditions (Include pregnancy within 3 months of death)

Major findings: *common large intestine*
Of operations *common large intestine* Date *April 15, 1940*
Of autopsy
What test confirmed diagnosis?

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

If so, specify (Signed) *J. J. Murphy* M. D.
(Address) *4 W. in.* Date *4/15/1940*

21 *Winthrop* *Winthrop*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *April 20 1940*

22 NAME OF FUNERAL DIRECTOR *W. J. Kelly*
ADDRESS *11 Meridian St., E. B.*

Received and filed *April 22 1940*

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

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39. No. 8427-d

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



(City or town making return)

82

Registered No.

1 PLACE OF DEATH
SUFFOLK
(County)
WINTHROP
(City or Town)

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

2 FULL NAME JOHN (None) JENNER (Married)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 35 Shirley St. St. (If U. S. War Veteran, specify WAR) Spanish
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution 28 days years months days. In this community 30 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years 4 Months 6 Days If less than 1 day Hours Minutes

9 Occupation: Retired soldier USA 1st Sgt Hq Btry, 9th CA,
Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Lithuania (State or country) Lithuania

13 NAME OF FATHER John Joseph Jenner

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

15 MAIDEN NAME OF MOTHER Elizabeth Hughes

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

17 Informant Mrs. Nellie M. Jenner (Address) 35 Shirley St, 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

W. M. D. Childress
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 4/33/40
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 22, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from March 26, 1940, to April 22, 1940

I last saw him alive on April 22, 1940, death is said to have occurred on the date stated above, at 6:35 P. M.

Immediate cause of death Cerebral hemiplegia Duration 28 days

Due to

Due to

Other conditions Mitral regurgitation (Include pregnancy within 3 months of death) One year

Major findings: Of operations None

Date of

Of autopsy No autopsy

What test confirmed diagnosis? None

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

If so, specify Robert J. Goldson, M. D.
(Signed) Robert J. Goldson, 1st Lt
(Address) Station Hospital, Fort Banks, Mass. Date 4/23/1940

21 Place of Burial, Cremation or Removal Winthrop (City or Town)
DATE OF BURIAL Winthrop, Apr 23, 1940

22 NAME OF FUNERAL DIRECTOR John F. O'Leary
ADDRESS Winthrop, Mass.

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

GOVERNING THE

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

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

obtained as to the 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.)*

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

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

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

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

BOSTON

(City or town making return)

Registered No. 3896

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Peter Bent Brigham Hospital

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

83

2 FULL NAME Martha E Lovell

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

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

(a) Residence. No.

233 Woodside Avenue

St.

Winthrop

(Usual place of abode)

Length of stay: In hospital or institution. hospital

(Specify whether)

years

months

3

days.

(If nonresident, give city or town and state)

In this community yrs. mos. days.

30

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

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 73 Years 10 Months 20 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Physician

Industry

10 or Business:

own practice

11 Social Security No.

none

12 BIRTHPLACE (City)
(State or country)Mt Holly
Vermont13 NAME OF
FATHER

Cyrus O Lovell

14 BIRTHPLACE OF
FATHER (City)
(State or country)Rockingham
Vermont15 MAIDEN NAME
OF MOTHER

Lydia Ward

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

England

PARENTS

17

Informant
(Address)

L Lovell

Relation, if any

Sister

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

4/26/40

19

18 DATE OF
DEATH

April 22, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
4/19/40, 19., to 4/22/40, 19.I last saw h...er...alive on 4/22/40, 19., death is said
to have occurred on the date stated above, at 5:10 P.m.

Immediate cause of death.

Coronary thrombosis

Duration

2 wks

Due to

Arteriosclerosis of
Coronary arterios

10 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed)

W B Osgood

M. D.

(Address)

Peter B Brigham Hosp Date 4/23/19 40

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Cavendish Village Cem.-
Cavendish, Vt. (Cemetery) (City or Town)

DATE OF BURIAL

4/29/40

19

22 NAME OF

FUNERAL DIRECTOR

J S Waterman & Sons

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

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-10-139, No. 8427-f

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



BROOKLINE
(City or town making return)

Registered No. 226

84

NORFOLK
(County)

BROOKLINE
(City or Town)

No. LONGWOOD NURSING HOME

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

2 FULL NAME MILDRED IRENE (HORTON) FABYAN

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

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

(a) Residence No. 483 SHIRLEY

St. WINTHROP, MASS.

(Usual place of abode)

Length of stay: In hospital or institution. years months days.

(If nonresident, give city or town and state) In this community 40rs. mos. days.

(Specify whether)

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 Daniel Elford Fabyan (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 3 Months Days If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Allen Horton

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

15 MAIDEN NAME OF MOTHER Hattie Fuller

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

17 Informant: Wallace L. Fabyan (Relation, if any) Son (Address) 78 Temple Avenue, Winthrop

A TRUE COPY. Attest: Arthur J. Shinnars (Registrar of city or town where death occurred)

DATE FILED April 27, 1940

18 DATE OF DEATH April 25 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from March 7, 1940, to April 25, 1940

I last saw her alive on April 25, 1940, death is said to have occurred on the date stated above, at 6:00 P.M. Duration

Immediate cause of death: Metastatic carcinoma Primary in colon 1940

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma--colon Date of 2/29/40

Of autopsy none What test confirmed diagnosis? Operation

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

If so, specify N. Brooks Morrison (Signed) M. D. (Address) 126 Harvard St. Brkln Date 4/26/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Mass. (City or Town) 40

DATE OF BURIAL April 27, 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison ADDRESS Winthrop

Received and Filed May 3-40 19

(Registrar of City or Town where deceased resided)

PARENTS



MAY - 8 1940 AM

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

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. 85

No. 42 Beach Rd St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(If U. S.
War Veteran,
specify WAR) No

(a) Residence. No. 42 Beach Rd St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 30 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Bookkeeper

10 Industry or Business: Wool Scouring

11 Social Security No. 024-03-0680

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

13 NAME OF FATHER James M. Dalton

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

15 MAIDEN NAME OF MOTHER Mary A. Dwyer

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

17 Informant Mrs. Ella Buntin (Sister)
(Address) 42 Beach Rd, Winthrop

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
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/30/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 28 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 25, 1940, to April 28, 1940. I last saw him alive on April 24, 1940; death is said to have occurred on the date stated above, at 9 P.M.

Immediate cause of death Coronary Embolism

Due to Angina Pectoris

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) W. D. Childress M. D.
(Address) 42 Beach Rd, Winthrop Date 4/30/40

21 Calvary Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 1 1940 19

22 NAME OF FUNERAL DIRECTOR W. J. Cassidy
ADDRESS 160 Harrison Ave, Boston.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Dr. Charles Mahoney
Washington Ave., Winthrop

Information should be carefully supplied. A statement of cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 86

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 169 Main St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry William Pennell (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) none

(a) Residence. No. 169 Main St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution none years months days. In this community 15 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days Hours Minutes

Usual Occupation: Dredgeman

Industry or Business: Intellfront

11 Social Security No. 233

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

13 NAME OF FATHER Garrett Pennell

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

15 MAIDEN NAME OF MOTHER Jane Stevens

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

17 Informant Mrs. Martha Pennell (Address) 169 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:

Will S. Guldberg (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/30/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 29 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 22, 1940 to April 29, 1940 I last saw him alive on April 22, 1940, death is said to have occurred on the date stated above, at 9:30 A. M.

Immediate cause of death Chronic myocarditis

Due to Debility

Due to

Other conditions Generalized arteriosclerosis 10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) E. J. O'Connell M. D.

(Address) Winthrop, Mass. Date April 29, 40

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

DATE OF BURIAL May 1, 1940

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

(Registrar)

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

SPACE FOR ADDITIONAL INFORMATION

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some record in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

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

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



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 87

No. 379A Pleasant St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME Daniel Joseph Moriarty { (If U. S.
(If deceased is a married, widowed or divorced woman, give also maiden name.) War Veteran,
specify WAR)
(a) Residence. No. 379A Pleasant St. (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution. No. years months days. In this community 26 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced Alice Corbett
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 64 years

7 IF STILLBORN, enter that fact here. -

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

9 Occupation: Usual Salesman

10 Industry
or Business:

11 Social Security No. none

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

13 NAME OF FATHER John W. Moriarty

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

15 MAIDEN NAME OF MOTHER Delia Connors

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

17 Informant Alice Moriarty Relation, if any
(Address) 379A Pleasant St.; Wm. (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 5/3/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 30 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
Apr. 23, 1940, to Apr. 30, 1940.
I last saw him alive on Apr. 29, 1940, death is said
to have occurred on the date stated above, at 3.4 a.m.

Immediate cause of death. Dysenteric Ulcer with
hemorrhage

Due to Unknown

Due to

Other conditions Asthma

(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) Enoch E. Bowen M. D.

(Address) East Boston Date May 1940

21 St. Joseph's Boston

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

DATE OF BURIAL May 3 1940

22 NAME OF FUNERAL DIRECTOR W. D. Kelly

ADDRESS 11 Meriden St., E. B.

Received and Filed 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

(3) Medical Examiners 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 usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39. No. 8427-e

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. *88*

1 PLACE OF DEATH
No. *123 Quincy Ave* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. *123 Quincy Ave Winthrop Mass*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. *X* years *X* months *X* days. In this community *35* yrs. mos. days.
(Specify whether)

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 (Give maiden name of wife in full)
(or) WIFE of *Philip J. Quinlan* (Husband's name in full)

6 Age of husband or wife if alive *35* years

7 IF STILLBORN, enter that fact here.

8 AGE *76* Years Months Days If less than 1 day
Hours Minutes

9 Occupation: *at home*
10 Industry or Business: *housekeeping*

11 Social Security No. *9-3-3-3-3-3-3-3-3-3*

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

13 NAME OF FATHER *Francis A. Davis*

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

15 MAIDEN NAME OF MOTHER *Elizabeth Goodwin*

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

17 Informant *Philip J. Quinlan* Relation, if any *Heir*
(Address) *123 Quincy Ave Winthrop Mass*

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *5/12/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 30 1940*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *July 1933*, 19*33*, to *April 30 1940*
I last saw him alive on *April 26 1940*, death is said to have occurred on the date stated above, at *8:45 P.M.*

Immediate cause of death.

Common virus Duration *3 yr*

Due to *at home*

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) *Wm. D. Childress* M. D.

(Address) *Winthrop Mass* Date *5/1 1940*

21 *Lake View - Cockatuate Mass*

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

DATE OF BURIAL *May 2nd 1940*

NAME OF FUNERAL DIRECTOR *C. J. Brennan*

ADDRESS *Winthrop Mass*

Received and filed 19

(Registrar)

(Lake View Cam)

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

[illegible]

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-f

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



PLACE OF DEATH

WORCESTER
(County)

RUTLAND
(City or Town)

No. Rutland State Sanatorium

RUTLAND

(City or town making return)

Registered No. 68

2 FULL NAME John Thomas Bradley

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

St. (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. 24 Dolphin Avenue

(Usual place of abode)

St. Winthrop, Mass.

Length of stay: In hospital or institution. 1 years 1 months 20 days.
(Specify whether)

(If nonresident, give city or town and state)
In this community 1 yrs. 1 mos. 20 days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

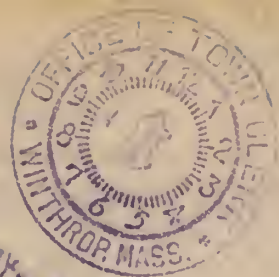
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		
(or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive. years		
7 IF STILLBORN, enter that fact here.		
8 AGE 31 Years 7 Months 6 I If less than 1 day Hours Minutes		
9 Occupation: Usual Physician		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) Winthrop (State or country) Mass.		
13 NAME OF FATHER Joseph Bradley		
14 BIRTHPLACE OF FATHER (City) Philadelphia (State or country) Penn.		
15 MAIDEN NAME OF MOTHER Margaret A. Sullivan		
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.		
17 Informant State San. records Relation, if any (Address) Rutland, Mass.		

18 DATE OF DEATH April 30, 1940 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from March 10, 1939, to April 30, 1940 I last saw him alive on April 30, 1940, death is said to have occurred on the date stated above, at 12:45 m. Duration Immediate cause of death Pulmonary tuberculosis 14 months
Due to	PHYSICIAN
Due to	Underline the cause to which death should be charged statistically.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	Microscope & X-ray
What test confirmed diagnosis?	
20 Was disease or injury in any way related to occupation of deceased?	
If so, specify Paul Dufault (Signed) State San. Rutland Date 4/30, 1940 (Address)	M. D.
21 PLACE OF BURIAL Winthrop, Winthrop, Mass. CREMATION OR REMOVAL (Cemetery) (City or Town)	
DATE OF BURIAL May 3, 1940	19
22 NAME OF FUNERAL DIRECTOR John F. O'Maley ADDRESS Winthrop, Mass.	
Received and filed May 6, 1940	19
(Registrar of City or Town where deceased resided)	

A TRUE COPY.

ATTEST: Frances P. Hanff
(Registrar of city or town where death occurred)

DATE FILED April 30, 1940 19



MAY 6 1940 AM

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON

(City or town making return)

PLACE OF DEATH

(County)
Boston

(City or Town)

No. 818 Harrison Ave

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

Registered No. 4099

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

30

(a) Residence. No. 252 Winthrop Shore Drive St. Winthrop
(Usual place of abode)Length of stay: In hospital or institution. years months days. In this community 48 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED divorced
(write the word)5a If married, widowed, or divorced
HUSBAND of Mary L. Porter
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 48 Years Months Days If less than 1 day Hours Minutes

9 Occupation: longshoreman - shipping
Usual

10 Industry or Business:

11 Social Security No. 029-03-6696

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

13 NAME OF FATHER George P Brady

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

15 MAIDEN NAME OF MOTHER Annie Driscoll

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland17 Informant Mother Relation, if any
(Address)

A TRUE COPY.

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

DATE FILED 5/3/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 30 1940
(Month) (Day) (Year)

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

Massive edema of brain with multiple foci of traumatic softening. Bilateral cerebral decompression 1936 for subdural hematoma. Lacerated brain-accidental

20 Accident, suicide, or homicide (specify).

Date of occurrence 19
Where did injury occur? Boston
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? cardio-renal disease

Manner of injury Probably accidental fall
Nature of injury post traumatic encephalopathy with epilepsy

While at work? Was there an autopsy? yes

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

If so, specify Timothy Leary M. D.
(Signed) (Address) Date 5/1/4022 Place of Burial, Holy Cross Malden (City or Town)
DATE OF BURIAL May 1 1940 1923 NAME OF FUNERAL DIRECTOR J. F. O'Maley
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

of death should be entered on form R-305 by 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.)

25m-10-39, No. 8427-g

Information should be carefully supplied. If physicians should be stated. EXACTLY. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

301 A

6/7/40

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. 91

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

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

(a) Residence. No. 5 Rockland Park St. Malden
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. Hospital years months 8 days. In this community 8 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Alice Hardy (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 78 Years 4 Months 24 Days If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: United Fruit Co.

11 Social Security No. 031-05-7537

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

13 NAME OF FATHER Charles Edward Sawyer

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

15 MAIDEN NAME OF MOTHER Mary Jane Corbin

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

17 Informant Emma L. Eldridge (Address) 5 Rockland Pk Malden Mass 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:

Wm. D. Childress Jr. (Signature of Agent of Board of Health or other Health Officer) 5/6/40 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 3 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 19, 1937, to May 3, 1940. I last saw him alive on May 3, 1940, death is said to have occurred on the date stated above, at 3:30 p.m.

Immediate cause of death Pulmonary

Due to Chronic bronchitis of common bile ducts and operation therefore. 3 mos

Other conditions Arteriosclerosis 2 yrs.

(Include pregnancy within 3 months of death)

Major findings: Stones in common bile duct Date of April 29, 1940

Of operations Of autopsy none done

What test confirmed diagnosis? Cholesterol crystals

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

If so, specify Jacob Abrams M.D.

(Signed) 562 Charles St. Date May 4, 1940

(Address) Winthrop Cemetery Winthrop

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

DATE OF BURIAL May 8, 1940 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

100m-10-139, No. 8427-e

RETURN OF CERTIFICATES OF DEATH

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

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

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 epidemic), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognised disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2,40-D-729-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph H. Bradley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Dolphin Ave

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

years

months 5

days.

In this community 33 yrs. mos. days.

(Specify whether)

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 Margaret A. Sullivan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days If less than 1 day Hours Minutes

9 Occupation Usual Salesman

Industry

10 or Business: Bus.

11 Social Security No. 021-05-9728

12 BIRTHPLACE (City) Philadelphia

(State or country) Pa.

13 NAME OF FATHER

James Bradley

14 BIRTHPLACE OF FATHER (City)

Chester

(State or country)

Pa.

15 MAIDEN NAME OF MOTHER

Mary Byrnes

16 BIRTHPLACE OF MOTHER (City)

Philadelphia

(State or country)

Pa.

17 Relation, if any

Informant Margaret A. Bradley

(Address)

24 Dolphin Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/4/40

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. 32

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May -

(Month)

5-

(Day)

1940

(Year)

19 I HEREBY CERTIFY. That I attended deceased from April 24, 1940, to May 5, 1940

I last saw him alive on May 2, 1940, death is said to have occurred on the date stated above, at 1:45 p.m.

Immediate cause of death

Duration
IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT
PHYSICIAN

Major findings:

Of operations Enlarged inflamed prostate

Date of May 2-1940

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward J. Strangier M. D.

(Address) 200 W. Main St. Date May 6-1941

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 8 1940

22 NAME OF FUNERAL DIRECTOR

ADDRESS John P. O'Malley Winthrop

Received and filed 19

(Registrar)

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, affirmed as required by law, the date and place of the contraction of the disease, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **93**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. **70 Atlantic St Winthrop** St.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Francis Palmer (Scott)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **70 Atlantic St Winthrop** St.
(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution **None**
(Specify whether)

years months days. In this community **23** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (write the word)
MARRIED **Married**
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Louis Palmer**
(Husband's name in full)

6 Age of husband or wife if alive **66** years

7 IF STILLBORN, enter that fact here.

8 AGE **49** Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: **Housework**

Industry or Business: **At home**

11 Social Security No. **None**

12 BIRTHPLACE (City)
(State or country) **Boston Mass**

13 NAME OF FATHER **Michael Scott**

14 BIRTHPLACE OF FATHER (City)
(State or country) **Saint John's Newfoundland**

15 MAIDEN NAME OF MOTHER **Ann Ronan**

16 BIRTHPLACE OF MOTHER (City)
(State or country) **Boston Mass**

17 Informant **Louis Palmer** Relation, if any
(Address) **70 Atlantic St Winthrop** (**Husband**)

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent **May 8/40**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **5** **6** **40**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
4/21, 19**40**, to **5/6**, 19**40**
I last saw him alive on **5/6**, 19**40** death is said to
have occurred on the date stated above, at **11:42** P.M.
Immediate cause of death.

Due to **Edema of lungs** **30 days**

Due to

Other conditions **Chronic nephritis**
(Include pregnancy within 3 months of death)

Major findings: **—**

Of operations **—** Date of **—**

Of autopsy **—**
What test confirmed diagnosis? **—**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Harry A. Kelly** M. D.
(Address) **W. Winthrop** Date **5/6** 19**40**

21 Place of Burial, Cremation or Removal **Wintham Mass**
(City or Town)
DATE OF BURIAL **9** 19**40**

22 NAME OF FUNERAL DIRECTOR **Edwin A. Lane**
ADDRESS **201 Beacon St Boston**

Received and filed **—** 19**40**

(Registrar)

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 place where he died, the date of death, the cause of death, the duration of his last illness, when last seen alive by the physician or other member of the family, and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

SPACE FOR ADDITIONAL INFORMATION

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

R-301 A

100m-10-39. No. 8427-c

PARENTS

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. 57 Birch Road (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred Ernest Smith (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence No. 57 Birch Road (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. (Specify whether) years months days. In this community 22 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

5a If married, widowed or divorced HUSBAND of Florence Viola Urquhart (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years 11 Months 8 Days If less than 1 day Hours Minutes

9 Usual Occupation: Combustion Engineer

10 Industry or Business: Construction

11 Social Security No. 010-09-9154

12 BIRTHPLACE (City) (State or country) Gaston Mead County, Kentucky

13 NAME OF FATHER George W. Smith

14 BIRTHPLACE OF FATHER (City) (State or country) Gaston Mead County Kentucky

15 MAIDEN NAME OF MOTHER (Unable to obtain)

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Florence V. U. Smith wife (Address) 57 Birch Rd. Winthrop Mass Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 5/14/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 14 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 12, 1948, to May 14, 1948. I last saw him alive on May 14, 1948, death is said to have occurred on the date stated above, at 5 A.M.

Immediate cause of death. Duration IMPORTANT

Due to AMYOTIC LATERAL SCLEROSIS 4 years

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

What test confirmed diagnosis

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond B. Parker M. D.

(Address) Winthrop, Mass. Date 5/14 1948

21 Oak Grove Cemetery Medford Mass

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 16, 1948

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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.)*

RULES OF PRACTICE

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, anæsthesia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Copies of returns or deaths which occurred in your city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as far as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-139, No. 8427-f

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **4599**

No. **Peter Bent Brigham Hosp** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Kathleen A. McFague** (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) **95**

(a) Residence. No. **39 Fairview** St. **Winthrop Mass** (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **female** 4 COLOR OR RACE **white** 5 SINGLE (write the word) **single**
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE **45** Years..... Months..... Days..... If less than 1 day
Hours..... Minutes

Usual Occupation: **at home**

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Boston Mass**

13 NAME OF FATHER
James S McFague

14 BIRTHPLACE OF FATHER (City)
(State or country) **Boston Mass**

15 MAIDEN NAME OF MOTHER
Mary E Quinn

16 BIRTHPLACE OF MOTHER (City)
(State or country) **Boston Mass**

17 Informant **Arthur L McFague** (Address) **above** Relation, if any **bro.**

A TRUE COPY.

ATTEST: **James A. Burke**
(Registrar of city or town where death occurred)

DATE FILED **5/20/40** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 16 1940**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **4/27/40**, 19....., to **5/16/40**, 19.....

I last saw h. or alive on **5/16/40**, 19....., death is said to have occurred on the date stated above, at **1/56P** m. Duration

Immediate cause of death **congestive heart failure** **2 mos**

Due to **rheumatic heart disease** **10 yrs**

Due to

Other conditions **cardiac cirrhosis of liver unk** PHYSICIAN
(Include pregnancy within 3 months of death)

Major findings: Underline the cause to which death should be charged statistically.

Of operations Date of.....

Of autopsy What test confirmed diagnosis? **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 B B Hosp** Date **5/16/1940**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Mass** (Cemetery) (City or Town)

DATE OF BURIAL **May 20 1940** 19

22 NAME OF FUNERAL DIRECTOR **W J Cassidy** ADDRESS **Boston**

Received and filed **June 7 - 40** 19

(Registrar of City or Town where deceased resided)



JUN-71940

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)Wintrop
(City or Town)

No. 34 Fremont St

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 96

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Simon Joseph Rock
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 34 Fremont St
(Usual place of abode)

St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 40 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Mary A. McCarthy
(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 68 Years..... Months..... Days..... If less than 1 day
Hours..... Minutes

Usual
9 Occupation: Retired

Industry
10 or Business: Town Employee

11 Social Security No.

12 BIRTHPLACE (City)..... Cambridge
(State or country) Mass

13 NAME OF
FATHER Joseph Rock

14 BIRTHPLACE OF
FATHER (City).....
(State or country) Vermont

15 MAIDEN NAME
OF MOTHER Mary Cyr

16 BIRTHPLACE OF
MOTHER (City).....
(State or country) Canada

17 Informant Mary Rock Relation, if any
(Address) 34 Fremont St (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)

(Official Designation)

(Date of Issue of Permit) 5/20/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 18 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
November, 1938, to May 18, 1940

I last saw him alive on May 18, 1940, death is said to
have occurred on the date stated above, at 10:13 P.m.

Immediate cause of death apparently
coronary occlusion

Duration
IMPORTANT

Due to.....

Due to.....

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Recent cephalic high

IMPORTANT
PHYSICIAN

Major findings:

Of operations.....

Date of.....

Of autopsy.....

What test confirmed diagnosis? Blood sugar -
urinalysis

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Wm. S. Childress M. D.

(Address) 287 Shirley St Date 5-19-1940

21 Wintrop Wintrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 22 1940 19.....

22 NAME OF
FUNERAL DIRECTOR John F. O'Malley
ADDRESS Wintrop

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, the period of his illness, the place where he died, and the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



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. *92*

No. *10* *Albion St. Washington St.* (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Thomas Mason, Jr.*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *503a* *Shirley* St.

Length of stay: In hospital or institution (Specify whether) years months days. In this community *12* yrs. *11* mos. *22* days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE *12* Years *11* Months *22* Days If less than 1 day
Hours Minutes

9 Usual Occupation: *School student*

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) *Winthrop*
(State or country) *Massachusetts*

13 NAME OF FATHER *Thomas Mason*

14 BIRTHPLACE OF FATHER (City) *Revere*
(State or country) *Massachusetts*

15 MAIDEN NAME OF MOTHER *Velma Putnam*

16 BIRTHPLACE OF MOTHER (City) *Winthrop*
(State or country) *Massachusetts*

17 Informant *Thomas Mason* (Relationship if any) *Father*
(Address) *503a Shirley St Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *5/21/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *May 19, 1940*
(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.)

Electrocution - under investigation

Was there an autopsy? (See reverse side for description for unknown person)

20 Where did injury occur? (City or town and State)

21 Was disease or injury in any way related to occupation of deceased?

If so, specify *Concussion, heavy* M. D.
(Signed) *Med Exam* Date *5/21/40*

22 *Winthrop Cemetery Winthrop*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *May 22, 1940*

23 NAME OF FUNERAL DIRECTOR *Charles R. Bennison*
ADDRESS *Winthrop Mass*

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

(3) Medical Examiners will investigate and certify to all deaths 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.

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-10-'39, No. 8427-j

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 19 Jefferson 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. 98

2 FULL NAME Walter W. Zeigler
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 563 Lancaster Ave. York Penn.
(Usual place of abode)
Length of stay: In hospital or institution No. years months days. In this community yrs. mos. | days.
(Specify whether)

(If U. S.
War Veteran,
specify WAR)
No.
York Penn.
(If nonresident, give city or town and state)
In this community yrs. mos. | days.

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED (write the word) WIDOWED OR DIVORCED Married
5a If married, widowed, or divorced HUSBAND of Margaret Hildebrand (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive 42 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 45 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Part owner and Gen. Man. Industry: Building supplies 10 or Business: ?		
11 Social Security No.		
12 BIRTHPLACE (City) (State or country) York Pennsylvania		
PARENTS	13 NAME OF FATHER James A. Zeigler	
	14 BIRTHPLACE OF FATHER (City) (State or country) York Pennsylvania	
	15 MAIDEN NAME OF MOTHER Frances Wolf	
	16 BIRTHPLACE OF MOTHER (City) (State or country) York Pennsylvania	
17 Informant Bernard A. Zeigler Relation, if any (Address) No. Sherman St., York, Penn.		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health, or other Health Officer) (Official Designation) 5/23/40 (Date of Issue of Permit)		

MEDICAL CERTIFICATE OF DEATH	
13 DATE OF DEATH	May - 23 - 1940 (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 chronic myocarditis collapsed & died quickly	
Was there an autopsy? No (See reverse side for description for unknown person)	
20 Where did injury occur?	(City or town and State)
21 Was disease or injury in any way related to occupation of deceased? If so, specify M. D. (Signed) Wm. J. Brickley M. D. (Address) Boston May - 23 1940	
22	Place of Burial, Cremation or Removal York, Pennsylvania (City or Town) DATE OF BURIAL May 24 1940
23	NAME OF FUNERAL DIRECTOR W. D. Kelly ADDRESS 11 Meridian St., E. 13.
Received and filed 19 (Registrar)	

GOVERNING THE

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. See instructions and extracts from the laws on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 98 Locust St.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ralph Hodgkins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 98 Locust St.

(Usual place of abode)

St. { (If U. S.
War Veteran, specify WAR) No

(If nonresident, give city or town and state)

Length of stay: In hospital or institution none
(Specify whether)

years

months

days.

In this community 20 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 Agnes L. Finlayson
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years _____ Months _____ Days _____ If less than 1 day
Hours _____ Minutes _____9 Usual Occupation: Coffee-packer10 Industry or Business: Standard Brands11 Social Security No. 012-05-751312 BIRTHPLACE (City) Rockport,
(State or country) Mass.13 NAME OF FATHER Henry Hodgkins14 BIRTHPLACE OF FATHER (City) Rockport,
(State or country) Mass.15 MAIDEN NAME OF MOTHER Ellen A. Burnham16 BIRTHPLACE OF MOTHER (City) Gloucester,
(State or country) Mass.17 Informant Mrs. Agnes Hodgkins (Relation, if any)
(Address) 98 Locust St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. _____

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 23 1940
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
April 14, 1939, to May 23, 1940I last saw him alive on May 23, 1940, death is said to
have occurred on the date stated above, at 10:20 P. m.

Immediate cause of death _____

Duration
IMPORTANTDehydrationDue to Upper intestinal obstruction 1 monthDue to Carcinoma of rectum 2 years
with metastasisOther conditions _____
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Carcinoma of rectumOf operations Mass. Gen. Hosp. Date of 5/10/39

Of autopsy _____

What test confirmed diagnosis? autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Arthur E. W. Worrall M. D.(Address) 277 Essex St., Boston Date 5/25 1940

Winthrop, Winthrop

Place of Burial, Cremation or Removal _____

DATE OF BURIAL May 28, 1940 (City or Town)

19 _____

22 NAME OF FUNERAL DIRECTOR R. O. O'LearyADDRESS Boston

Received and filed _____ 19 _____

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 clerk of the town 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. (Tercentenary Edition).*

(3) Medical Examiners 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, electrical, and chemical agents, and deaths following abortion; but also deaths from disease resulting from 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Praise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

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-10-139, No. 8427-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 230

PLACE OF DEATH

Essex
(County)Danvers
(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ella A. Paine
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 116 Bowdoin St. Winthrop

(Usual place of abode)

Length of stay: In hospital or institution. 2 years 6 months 4 days
(Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED single
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 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days If less than 1 day Hours Minutes

9 Occupation: none

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Winthrop
(State or country)

13 NAME OF FATHER Benjamin Paine

14 BIRTHPLACE OF FATHER (City) New Hampshire
(State or country)

15 MAIDEN NAME OF MOTHER Mary Tewksbury

16 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country)17 Informant. DSH Relation, if any
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 6/5/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 26, 1940.
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov. 22, 1939 May 26, 1940

I last saw him alive on May 26, 1940 death is said to have occurred on the date stated above, at 3:10 p.m. Duration

Immediate cause of death: Chr. myocarditis 2 yrs
Generalized arteriosclerosis 5 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Underline the cause to which death should be charged statistically.

Of operations Date of

Of autopsy

What test confirmed diagnosis? clin.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Melvin Goodman M. D.

(Address) DSH Date 5/21/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (City or Town)

DATE OF BURIAL 5/28/40 19

22 NAME OF FUNERAL DIRECTOR Charles R. Hennison

ADDRESS Winthrop

Received and filed June 1, 1940 19

(Registrar of City or Town where deceased resided)



JUN 10 1940 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.

100m-10-39, No. 8427-e

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. 101

1 PLACE OF DEATH No. 57 Crystal Cove Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Alland. (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 57 Crystal Cove Ave. Winthrop. (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Married
6 Age of husband or wife if alive 49 years
7 IF STILLBORN, enter that fact here.
8 AGE 75 Years Months Days If less than 1 day Hours Minutes
9 Occupation: Retail Millinery
10 Industry or Business:
11 Social Security No. 012-10-2298
12 BIRTHPLACE (City) Poland (State or country)
13 NAME OF FATHER Charles B. Alland
14 BIRTHPLACE OF FATHER (City) Poland (State or country)
15 MAIDEN NAME OF MOTHER Rosalie (Unknown)
16 BIRTHPLACE OF MOTHER (City) Poland (State or country)

17 Informant: Sadie Alland (Address) 57 Crystal Cove 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:

William D. Childers
(Signature of Agent of Board of Health or other)

Agent May 29/40
(Official Designation) (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 28 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 15 1940 to May 28 1940
I last saw him alive on May 28 1940 death is said to have occurred on the date stated above, at 3:15 P.M.

Immediate cause of death Acute Heart - Block

(Coronary Disease) Duration IMPORTANT 2 weeks

Due to Atherosclerosis 13 year
Hypertension 13 year

Other conditions (Include pregnancy within 3 months of death)

Major findings :
Of operations Date of
Of autopsy
What test confirmed diagnosis Chest X-ray, Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Phayis 5/28 M. D.
(Address) 563 Parker St. Date 5/28/40

21 Temple Baptist Church, Winthrop
DATE OF BURIAL May 30 1940

22 NAME OF FUNERAL DIRECTOR Jacob + Leise
ADDRESS 394 Washington St. Dorchester

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

5m-10-39, No. 8427-1

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. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Irving Marshall Neuhoff (If deceased was married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence, No. 276 River Road St. (If nonresident, give city or town and state)
Length of stay: In hospital or institution Hospital years 1 months 17 days. In this community 21 yrs. mos. days.
(Specify whether)

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 Marguerite Popplechauer (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Clearing products

11 Social Security No. none

12 BIRTHPLACE (City) New York (State or country) N. Y.

PARENTS

13 NAME OF FATHER Simon Neuhoff

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Eva Glickman

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Marguerite Neuhoff (Address) 276 River Road, Winthrop (Relation, if any) wife

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May - 30 - 1940 (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.)
Taxemia due to Flame Burns of
Extremities & Body.
clothing accidentally ignited at
his home April - 13 - 1940
accidental

Was there an autopsy? no (See reverse side for description for unknown person)

20 Where did injury occur? Winthrop (City or town and State)

21 Was disease or injury in any way related to occupation of deceased?
If so, specify Yes (Signed) Wm. J. Brickley M. D. (Address) Boston May 30 1940

22 Mishkan Tefila, West Railway Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 2 1940

23 NAME OF FUNERAL DIRECTOR Benjamin T. Salomon ADDRESS 420 HARVARD ST. BROOKLINE, 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:

Wm. J. Brickley (Signature of Agent of Board of Health or other Health Officer) 5/31/40 (Date of Issue of Permit)
D. Childers (Official Designation)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths 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 anaesthetic." "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

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH
1 **Suffolk**
(County)
Winthrop
(City or Town)
No. **54 Highland 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. **103**

2 FULL NAME **Charles E. Sherburne**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **54 Highland Ave** St. _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years months days. In this community **30** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Divorced**
(write the word)

5a If married, wife or husband of **Marie A. Hall**
(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 **19** Years **2** Months **15** Days If less than 1 day
Hours _____ Minutes _____

Usual Occupation: **Clerk**

Industry or Business: **Railroads express**

11 Social Security No. **None**

12 BIRTHPLACE (City) **New York**
(State or country) **N.Y.**

13 NAME OF FATHER **Louis Sherburne**

14 BIRTHPLACE OF FATHER (City) **New York**
(State or country) **N.Y.**

15 MAIDEN NAME OF MOTHER **Annie Eastman**

16 BIRTHPLACE OF MOTHER (City) **N.H.**
(State or country)

17 Informant **Welfare Dept. Records** Relation, if any
(Address) **Town of Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. D. Gilchrist
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **6/3/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 31 1940**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **May 24**, 19**40** to **May 31**, 19**40**
I last saw him alive on **May 30**, 19**40**, death is said to have occurred on the date stated above, at **9:25 A.M.**

Immediate cause of death: **pyelonephritis**
chronic uremia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

What test confirmed diagnosis? **clinical**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify _____

(Signed) **Sydney. Richardson** M. D.

(Address) **Winthrop, Mass** Date **June 3 1940**

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **June 3 1940** 19

22 NAME OF FUNERAL DIRECTOR **Richard W. White**

ADDRESS **147 Winthrop St. Winthrop**

Received and filed _____ 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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.)*

RULES OF PRACTICE

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of 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 STATISTICS
COPY OF
CERTIFICATE OF DEATH



WORCESTER
(County)

RUTLAND
(City or Town)

RUTLAND
(City or town making return)

Registered No. 79

No. Monadnock Lodge St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Josephine Molloy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 2 Gerald St. Winthrop, Mass.
(Usual place of abode.)
Length of stay: In hospital or institution Rest Home years months 4 days. In this community 2 yrs. - mos. 4 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 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Organist

10 Industry or Business: Church

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER James J. Mulloy

14 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)

15 MAIDEN NAME OF MOTHER Mary E. McLeod

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Mrs. M. Cahill (Address) 2 Gerald St., Winthrop Relation, if any (Sister)

A TRUE COPY.

ATTEST: Francis P. Hanff
(Registrar of city or town where death occurred)

DATE FILED May 14, 1940 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 14, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 11, 1940, to May 14, 1940

I last saw her alive on May 14, 1940, death is said to have occurred on the date stated above, at 1:15 A.M. Duration

Immediate cause of death. Terminal broncho pneumonia 2 days

Due to Pulmonary tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? - -

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Allan P. Skoog
(Signed) Rutland, Mass. M. D.
(Address) Date 19

21 PLACE OF BURIAL Winthrop, Winthrop, Mass
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 16, 1940 19

22 NAME OF FUNERAL DIRECTOR Frank H. Miles Co.
ADDRESS Jefferson, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 297 125

PLACE OF DEATH

Suffolk
(County)
Chelsea
(City or Town)

No. Soldiers' Home Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward J. Zeigler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR.) World

(a) Residence. No. 19 Jefferson St.

(Usual place of abode)

St. Winthrop, Mass.

Length of stay: In hospital or institution years months days 7 In this community 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 Marion Fitzgerald (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 48 yrs years

7 IF STILLBORN, enter that fact here.

8 AGE 46 9 Months 25 Days If less than 1 day Hours Minutes

9 Usual Occupation: Painter

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) York (State or country) Pennsylvania

13 NAME OF FATHER James

14 BIRTHPLACE OF FATHER (City) York (State or country) Pennsylvania

15 MAIDEN NAME OF MOTHER Frances E. Wolfe

16 BIRTHPLACE OF MOTHER (City) York (State or country) Pennsylvania

17 Informant Hospital Records Relation, if any (Address)

A TRUE COPY.

ATTEST: Joseph A. Turner (Registrar of city or town where deceased resided) City Clerk

DATE FILED May 19, 1940

18 DATE OF DEATH May 19, 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 13, 1940 May 19, 1940 I last saw him alive on May 19, 1940 Death is said to have occurred on the date stated above, at 9:40 P.M. Duration

Immediate cause of death Pulmonary edema 18 hrs. Cardiac Decompensation ? 2 yrs. Due to Rheumatic heart disease ? 15 yrs.

Due to Rheumatic fever ? ? Other conditions ? Cardiac cirrhosis of the liver. (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations none Date of Of autopsy What test confirmed diagnosis? clinical Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased ? no

If so, specify Isadore Kaplan (Signed) Soldiers Home Date 5/19/40 J. D. 40 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Winthrop DATE OF BURIAL May 23, 1940 (City or town) 13

22 NAME OF FUNERAL DIRECTOR M.J. Kelly ADDRESS 11 Union St., E. Boston

Received and filed May 19, 1940

(Registrar of City or Town where deceased resided)



JUN 24 1940 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.

301 A

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.

106

STANDARD

CERTIFICATE OF DEATH

Registered No. 106

1 No. Winthrop Community Hospital
2 FULL NAME William Joseph W. Carthy
(If deceased is a married, widowed or divorced woman, give also maiden name)
(a) Residence, No. 303 Warenech St. East Boston
(Usual place of abode)
Length of stay: In hospital or institution. ~~Specified~~ ^{Specified} whether) years months 20 days. In this community 34 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Widowed
WIDOWED
or DIVORCED
5a If married, widowed, or divorced HUSBAND of Edna Warner
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)
6 Age of husband or wife if alive. deceased years
7 IF STILLBORN, enter that fact here.
8 AGE 34 Years Months Days If less than 1 day Hours Minutes
9 Usual Occupation: Salesman
10 Industry or Business: Wholesale Clothier
11 Social Security No. 031-09-3089
12 BIRTHPLACE (City) East Boston
(State or country) Mass.
13 NAME OF FATHER James J. W. Carthy
14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Phanna Whalen
16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

17 Informant James J. W. Carthy, father
(Address) 303 Warenech St., E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 6/3/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 3 1940
(Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from May 10, 1940, to June 1, 1940.
I last saw him alive on June 1, 1940, death is said to have occurred on the date stated above, at 8:45 A.M.
Immediate cause of death: Malignant Hypertension
Due to Renal Apoplexy 5/10/40
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. P. Regan M. D.
(Address) 670 3rd St. Date 6/3 1940
21 Holy Cross Hospital
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 5 1940
22 NAME OF FUNERAL DIRECTOR W. J. Kelly
ADDRESS 11 Meridian St., E. B.
Received and filed 19
(Registrar)

100m-10-130, No. 8427-e

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-739, No. 8427-e

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town)			Registered No. 102			
No. 436 Pleasant	St. {			(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2	FULL NAME Dennis F. Napier (If deceased is a married, widowed or divorced woman, give also maiden name.)			} (If U. S. War Veteran, specify WAR)		No	
(a)	Residence, No. 436 Pleasant (Usual place of abode)	St.				(If nonresident, give city or town and state)	
Length of stay: In hospital or institution.....		years		months		days	
		(Specify whether)		In this community 18 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	June 2 1940			
Male	White	MARRIED WIDOWED or DIVORCED Married	(Month) (Day) (Year)				
5a If married, widowed or divorced HUSBAND of Margaret Gunnarsson (Give maiden name of wife in full)			19 I HEREBY CERTIFY That I attended deceased from May 1, 1939, to June 2, 1940				
(or) WIFE of (Husband's name in full)			I last saw him alive on June 2, 1940, death is said to have occurred on the date stated above, at 11 A.M.				Duration IMPORTANT 1939
6 Age of husband or wife if alive	56	years	Immediate cause of death				
7 IF STILLBORN, enter that fact here.			Coronary Thrombosis				
8 AGE 60 Years - Months - Days	If less than 1 day Hours Minutes		Due to Hypertension				
9 Occupation: Usual	Engineer		Due to				
10 Industry or Business:	M. E. Tel. & Tel. Co.		Other conditions				
11 Social Security No.	011-10-9027		(Include pregnancy within 3 months of death)				
12 BIRTHPLACE (City) (State or country)	Boston Mass		Major findings:				PHYSICIAN
13 NAME OF FATHER	Dennis Napier		Of operations				Underline the cause to which death should be charged statistically.
14 BIRTHPLACE OF FATHER (City) (State or country)	Nova Scotia		Of autopsy				
15 MAIDEN NAME OF MOTHER	Mary Carney		What test confirmed diagnosis?		Cardio-graph		
16 BIRTHPLACE OF MOTHER (City) (State or country)	Nova Scotia		20 Was disease or injury in any way related to occupation of deceased?				
17 Informant (Address)	Margaret Napier (wife) 436 Pleasant St		If so, specify (Signed) Henry L. Plummer M. D.				
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, Jr. Health Officer		(Address) 726 Street 59 St Date June 3 1940			
(Official Designation)		(Date of Issue of Permit) 6/4/40		21 Place of Burial, Cremation or Removal (City or Town) Winthrop Winthrop DATE OF BURIAL June 5 1940			
				22 NAME OF FUNERAL DIRECTOR Charles H. Tregnor ADDRESS East Boston			
				Received and filed		19	
						(Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 128 Bartlett Rd., Winthrop

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Loring R. Cogswell

(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.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

(Specify whether)

years

months

days

In this community 35 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 Mary Talberton Cogswell

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

61

years

7 IF STILLBORN, enter that fact here.

8

AGE 73

Years 4

Months 9

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Salesman

10 Industry

or Business:

Whole sale Beef

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Morristown
Nova Scotia

13 NAME OF FATHER

Maynard Cogswell

14 BIRTHPLACE OF FATHER (City)

(State or country)

Morristown

Nova Scotia

15 MAIDEN NAME OF MOTHER

Jane Palmer

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

PARENTS

17

Informant (Address)

Mr. Sterling L. Cogswell Son
128 Bartlett 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:

(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. 103

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

(Month)

2

(Day)

1940

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on June 2, 1940, death is said

to have occurred on the date stated above, at 4 P. m.

Immediate cause of death: Natural Causes

Partially Asphyxiated by blood clot

June 2, 1940

Due to

Due to

Chronic Myocarditis

Natural Causes

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond B. Parker

(Address) Winthrop Board of Health

DATE OF BURIAL June 4, 1940

21 Winthrop Winthrop

Place of Burial, Cremation or Removal

DATE OF BURIAL June 4, 1940

22 NAME OF FUNERAL DIRECTOR

ADDRESS 147 Winthrop St., Winthrop

Received and filed

(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. 46, 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)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 86 Bartlett Rd.,

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Bates Walker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 86 Bartlett Rd.,

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

(Specify whether)

years

months

days.

In this community 27 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, divorced, or separated HUSBAND of Mary Hodgkins (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 11 Months 15 Days If less than 1 day Hours Minutes

9 Usual Occupation: Civil Engineer

10 Industry or Business: Eastern Mass. R.R. Co.

11 Social Security No. 024-01-3426

12 BIRTHPLACE (City) Travers City (State or country) Michigan

13 NAME OF FATHER James Walker

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Ireland

15 MAIDEN NAME OF MOTHER Harriet Broadhead

16 BIRTHPLACE OF MOTHER (City) Urbana (State or country) Illinois

17 Informant Mary H. Walker (Address) 86 Bartlett Rd., Winthrop, Mass. Relation, if any wife

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/15/40

The Commonwealth of Massachusetts
OFFICE 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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 3 40 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 10, 1940, to June 3, 1940.

I last saw him alive on June 2, 1940 death is said to have occurred on the date stated above, at 2 p.m.

Immediate cause of death. Duration IMPORTANT

Cerebral Hemorrhage

Due to General Arterio Sclerosis 2 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry G. Kelly M. D. (Address) Winthrop Date 6/3/1940

21 Woodlawn Everett (City or Town)

DATE OF BURIAL June 5, 1940

22 NAME OF FUNERAL DIRECTOR L. E. Parker

ADDRESS 300 Meridian St., E. Boston

Received and filed 19

(Registrar)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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. *110*

1 No. *19 Lincoln Terrace* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME *Walter (Way) Silver Wall* { (If U. S.
War Veteran,
specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *19 Lincoln Terrace* St. (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution. (Specify whether) years months days. In this community *8* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>Widow</i>	(write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of <i>Arthur Wall</i> (Husband's name in full)			
6 Age of husband or wife if alive years			
7 IF STILLBORN, enter that fact here.			
8 AGE <i>81</i> Years <i>5</i> Months <i>2</i> Days If less than 1 day Hours Minutes			
9 Occupation: <i>Housewife</i>			
10 Industry or Business: <i>Cum gratia</i>			
11 Social Security No.			
12 BIRTHPLACE (City) <i>Gloucestershire</i> (State or country) <i>England</i>			
13 NAME OF FATHER <i>Edward Wall</i>			
14 BIRTHPLACE OF FATHER (City) <i>Gloucestershire</i> (State or country) <i>England</i>			
15 MAIDEN NAME OF MOTHER <i>Angie Whiteley</i>			
16 BIRTHPLACE OF MOTHER (City) <i>Gloucestershire</i> (State or country) <i>England</i>			
17 Informant <i>Wilfred Silver</i> Relation, if any (Address) <i>19 Lincoln Terrace, Winthrop</i>			

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chilcress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *6/5/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <i>June 3, 1940</i> (Month) (Day) (Year)	Duration IMPORTANT <i>?</i>
19 I HEREBY CERTIFY That I attended deceased from <i>May 1, 1940</i> to <i>June 3, 1940</i> I last saw him alive on <i>June 3, 1940</i> death is said to have occurred on the date stated above, at <i>9:15 P.M.</i> Immediate cause of death <i>Myocarditis</i>	
Due to <i>Arteriosclerosis</i>	PHYSICIAN Underline the cause to which death should be charged statistically.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?	
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>P. J. McMahon</i> M. D. (Address) <i>Winthrop, Mass.</i> Date <i>6-4-40</i> 19 <i>40</i>	
21 <i>Winthrop</i> <i>Winthrop</i> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL 19 <i>40</i>	
22 NAME OF FUNERAL DIRECTOR <i>Howard S. Reynolds</i> ADDRESS <i>Winthrop, Mass.</i>	
Received and filed 19	
(Registrar)	

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom from a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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. 46, 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)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is 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. {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hilda A. Olofson nee Anderson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Vine av.,

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution *Hospital*

(Specify whether)

years

months 1 days

In this community 25 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 of

Albert J. Olofson

(Husband's name in full)

6 Age of husband or wife if alive

69

years

7 IF STILLBORN, enter that fact here.

8

AGE 60

Years

3

Months

20

Days

If less than 1 day

Hours

Minutes

Usual Occupation:

Housewife

10 Industry or Business:

At home

11 Social Security No. none

12 BIRTHPLACE (City)

Göteborg

Sweden

13 NAME OF FATHER

Hilde Anderson

14 BIRTHPLACE OF FATHER (City)

Göteborg

(State or country)

Sweden

15 MAIDEN NAME OF MOTHER

Ingrid Anderson

16 BIRTHPLACE OF MOTHER (City)

Unknown

(State or country)

Sweden

17

Informant (Address)

Albert W. Olofson

Relation, if any husband

30 Vine av., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

111

Registered No.

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

6

(Month)

5

(Day)

40

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

June 1, 1940, to June 5, 1940

I last saw him alive on June 5, 1940, death is said

to have occurred on the date stated above, at 10:45 a.m.

Immediate cause of death.....

Duration
IMPORTANT

Cerebral Hemorrhage 8 hrs

Due to

Hypertension 2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Have actually

Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 8, 1940

22 NAME OF FUNERAL DIRECTOR

ADDRESS 300 Meridian St., E. Boston

Received and Filed June 12, 1940

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

(3) Medical examiners 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 usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. **CAUSE OF DEATH** in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

SEVERE NOTIFIED



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 112

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elisabeth L. Dreano

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 116 Crest Avenue

St. Revere

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. Hospital

(Specify whether)

years

months 1

days.

In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Constant Dreano (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At home

11 Social Security No.

12 BIRTHPLACE (City) Cambridge (State or country) Mass.

13 NAME OF FATHER Patrick Coakley

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Jane Murphy

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Edward Dreano (Son) (Address) 56 Floyd Street, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Win. S. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/8/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 7 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct 20 1938, 1940 death is said I last saw her alive on June 7, 1940 death is said to have occurred on the date stated above, at 1:33 A.M.

Immediate cause of death. Cerebral Hemorrhage Duration 6-6-40

Due to Hypertension Oct 1938

Due to Arteriosclerosis last seen

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. H. Collins M. D. (Address) Revere Mass Date 6/1/40

21 Holy Hood Brookline Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL June 10, 1940 19

22 NAME OF FUNERAL DIRECTOR Michael J. Conella ADDRESS 10 No. Bennett St., Boston

Received and filed JUN 12 1940 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

SUFFOLK
COUNTY

(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 5240

No. Peter Bent Brigham Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Israel Abraham Levine
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 264 River Rd St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Specify whether)

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 married

5a If married, widowed, or divorced Lena Berger
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 50 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: general rut

Industry or Business:

11 Social Security No. 023-03-2530

12 BIRTHPLACE (City) Boston Mass
(State or country)
13 NAME OF FATHER Jacob Levine14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Jennie -

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Stanley Levine son
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 6/11/40 19

18 DATE OF DEATH June 8 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That We attended deceased from 6/3/40, 19..... to 6/8/40, 19.....

I last saw h. im alive on 6/8/40, 19....., death is said to have occurred on the date stated above, at 4/25 PM. Duration

Immediate cause of death uremia 6/1/40

Due to chronic glomerular nephritis-yr.

Due to

Other conditions cardiac hypertrophy yr. PHYSICIAN
(Include pregnancy within 3 months of death)

Major findings: Underline the cause to which death should be charged statistically.

Of operations Date of

Of autopsy autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Osgood M. D.

(Address) Boston Date 6/8/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL David Vicur Choulm
(Cemetery) Boston

DATE OF BURIAL 6/9/40 19

22 NAME OF FUNERAL DIRECTOR B F Solomon

ADDRESS Brookline

Received and filed July 1 - 19

(Registrar of City or Town where deceased resided)



JUL - 8 1940 AM

Copies of returns which are transmitted on Form R-305 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.)

25m-10-39. No. 8427-g Use per phone call to City Registrar 7/11/40

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 5315

PLACE OF DEATH

(County)
Boston

(City or Town)

No. Carney Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Ryan
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

200 Lincoln

St.

Winthrop

(a) Residence. No.
(Usual place of abode)Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

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 John Ryan
(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: housewife

10 Industry or Business: own home

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER William Orpin

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Sullivan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant John Ryan (son)
(Address)

A TRUE COPY.

ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 6/13/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 10 1940
(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
arteriosclerosis

20 Accident, suicide, or homicide (specify) accident

Date of occurrence May 30 1940 19

Where did injury occur? workshop
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in public place? house
(Specify type of place)

Manner of Injury fall to floor.

Nature of Injury fracture of hip

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

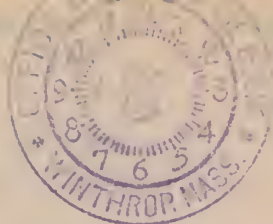
If so, specify W H Watters M. D.
(Signed) Boston Date - 1922 Holyhood Brookline
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 13 1940 19

23 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass

Received and filed July 1 - 1940 19

(Registrar of City or Town where deceased resided)



JUL - 8 1940 AM

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be properly classified. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

CUSTOM NOTIFIED



The Commonwealth of Massachusetts
OFFICE 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. 115

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michele Sacco
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 333 Chelsea St. East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. Hospital years months 3 days. In this community 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 Age of husband or wife if alive. Years

7 IF STILLBORN, enter that fact here.

8 AGE 3 Years Months Days If less than 1 day Hours Minutes

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) East Boston

13 NAME OF
FATHER Donato Sacco

14 BIRTHPLACE OF
FATHER (City)
(State or country) Italy

15 MAIDEN NAME
OF MOTHER Iolanda Viola

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Chelsea Mass.,

17 Informant. Donato Sacco Relation, if any father
(Address) 333 Chelsea St. East Boston.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer 6/14/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 13, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 8, 1940, to June 13, 1940. I last saw him alive on June 13, 1940, death is said to have occurred on the date stated above, at 3:40 m.

Immediate cause of death.

Bronchopneumonia
Pneumonia peritonitis
Due to pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis? Phys Exam

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Signed June 28, 1940 M. D.
(Address) 1933 8th St. Boston 1940

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 15, 1940

22 NAME OF FUNERAL DIRECTOR Frank Sacco
ADDRESS 9 Chelsea St. East Boston.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 94 Washington 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. 116

2 FULL NAME Elizabeth Goetz born Krauss

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR.)

(a) Residence. No. 94 Washington Ave.

(Usual place of abode)

St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution none

(Specify whether)

years

months

days.

In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Karl Goetz (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation: At Home

Industry

10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Germany (State or country)

13 NAME OF FATHER John Krauss

14 BIRTHPLACE OF FATHER (City)

(State or country) Germany

15 MAIDEN NAME OF MOTHER

Barbara Dietel

16 BIRTHPLACE OF MOTHER (City)

(State or country) Germany

17 Informant Louis Goetz (son)

(Address) 94 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:

William D. Childress (Signature of Agent of Board of Health or other)

Agent June 14/40 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 13 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec 23, 1939 to June 13, 1940

I last saw h. alive on June 13, 1940 death is said to have occurred on the date stated above, at 11:30 P. M.

Immediate cause of death Myocardial infarction

Due to Coronary thrombosis

Due to Diabetes Mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations No Date of

Of autopsy No

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Charles F. Bennett

(Signed) M. D.

(Address) Mt. Hope, Boston Date June 1940

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 17, 1940 19

22 NAME OF FUNERAL DIRECTOR A. Cherry

ADDRESS Boston

Received and filed 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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. *137*

1

No. *Winthrop Community Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Marylyn M. McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *44 St. Andrews Road* St. *East Boston*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution *Hospital* years months *17* days. In this community yrs. mos. *17* days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____
(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 _____ Years _____ Months *17* Days _____ Hours _____ Minutes
If less than 1 day

Usual
9 Occupation:
Industry
10 or Business:

11 Social Security No. _____

12 BIRTHPLACE (City)
(State or country)

Winthrop
Mass

13 NAME OF
FATHER

Joseph K. McCarthy

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Brookline
Mass

15 MAIDEN NAME
OF MOTHER

Helin G. McInnes

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

East Boston
Mass

17

Informant *Joseph K. McCarthy* Relation, if any
(Address) *44 St. Andrews Road E.B.*

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *6/15/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 14, 1940*
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
June 5, 1940 to *June 14, 1940*
I last saw him alive on *June 14, 1940*, death is said to
have occurred on the date stated above, at *2:15 P.M.*

Immediate cause of death *Staphylococcus Septicemia* *Septicemia*
38 days

Due to *Spina Rupture* *Septicemia*
98 days

Due to *Birth abnormally*

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *George H. Schwartz* M. D. *10/14*
(Address) *19 Winthrop St. E.B.* Date *1940*

21 *Holy Cross* *Malden*
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *June 15, 1940*

22 NAME OF

FUNERAL DIRECTOR *Frederick J. Maguire*
ADDRESS *East Boston*

Received and filed _____ 19 _____

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 207 Pleasant



The Commonwealth of Massachusetts
OFFICE 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. 118

2 FULL NAME John F. Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 207 Pleasant St.
(Usual place of abode)
Length of stay: In hospital or institution None years months days. In this community 11 yrs. mos. days.
(Specify whether)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) None

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Elizabeth F. Manning
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 61 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Pharmacist

10 Industry or Business: Drug

11 Social Security No. 029-01-3692

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Daniel Smith

14 BIRTHPLACE OF FATHER (City) Germany (State or country)

15 MAIDEN NAME OF MOTHER Ellen Driscoll

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs. Elizabeth Smith Wife (Address) 207 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) 6/18/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 17 40
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 15, 1940 to June 17, 1940
I last saw him alive on June 17, 1940 death is said to have occurred on the date stated above, at 7 P.M.
Immediate cause of death

Due to Coronary thrombosis 2 hrs

Due to

Other conditions Gen. Intense Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Smith M. D.

(Address) 1000 Broadway Date 6/18/40

21 Place of Burial, Cremation or Removal Forest Hills Boston (City or Town)

DATE OF BURIAL June 20 1940

22 NAME OF FUNERAL DIRECTOR R. C. Kirby

ADDRESS 17 Bennington St., Boston

Received and filed

19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Cliff Ave.,

St.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 119

2 FULL NAME Anka C. Enholm Dahlgren

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 150 Quincy Ave., Winthrop

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 30 yrs. mos. days.
(Specify whether)

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

John P. Dahlgren (Given 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 74 Years 3 Months 26 Days If less than 1 day Hours Minutes

9 Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Moss Norway (State or country)

13 NAME OF FATHER John E. Enholm

14 BIRTHPLACE OF FATHER (City) Moss Norway (State or country)

15 MAIDEN NAME OF MOTHER Karen Giljussendatter

16 BIRTHPLACE OF MOTHER (City) Moss Norway (State or country)

17 Informant Mrs. James Hamilton Daughter (Address) 150 Quincy 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. Giljussendatter
(Signature of Agent of Board of Health or other Health Officer)

(Official Designation)

(Date of Issue of Permit) 6/19/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 18, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from June 18, 1940, to June 18, 1940. I last saw him alive on June 18, 1940. death is said to have occurred on the date stated above, at 2:35 P.M.

Immediate cause of death: mypneumonia

Duration IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of.....

Of autopsy What test confirmed diagnosis?.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Giljussendatter M. D.

(Address) 150 Quincy Ave., Winthrop

21 Place of Burial, Cremation, or Removal Woodlawn Everett, Mass.

DATE OF BURIAL June 20, 1940 (City or Town)

22 NAME OF FUNERAL DIRECTOR

ADDRESS 147 Winthrop St., Winthrop

Received and filed..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septice-mia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

of death were 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

1 PLACE OF DEATH
(City or Town)
SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 5560

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick A. Simson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 44 Buchanan St. Winthrop (If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days. (Specify whether)

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 Rebecca B. Margeson (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 64 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: maintenance man

10 Industry or Business: wholesale provisions

11 Social Security No. 024-01-1239

12 BIRTHPLACE (City) (State or country) Grand Pre Nova Scotia

13 NAME OF FATHER James L. Simson

14 BIRTHPLACE OF FATHER (City) (State or country) Harriot Rounseville Nova Scotia

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant. wife Relation, if any (Address)

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 6/21/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 18 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 4/27/40, 19, to 6/18/40, 19

I last saw h. 1m. alive on 6/18/40, 19, death is said

to have occurred on the date stated above, at 10/15P Duration

Immediate cause of death. arterio-sclerotic hypertensive heart disease 4 yrs cerebral embolism 5 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. F. Houser M. D.

(Address) Boston Date 6/19/40

21 PLACE OF BURIAL Winthrop Mass (City or Town)

DATE OF BURIAL June 21 1940 19

22 NAME OF FUNERAL DIRECTOR W J Kelly

ADDRESS Boston

Received and filed July 8 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUL - 8 1940 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 5574

PLACE OF DEATH

SUFFOLK
(County)

(City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna P Block
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 411 Shirley St. Winthrop
(Usual place of abode)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Isaac Block
(Husband's name in full)

6 Age of husband or wife if alive. 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 41 years Months Days If less than 1 day Hours Minutes

9 Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER William Cohen

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Flora Walgomoth

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant: Herbert Cohen (bro) above
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 6/24/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 19 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/23/40, 19, to 6/19/40, 19, to

I last saw her alive on 6/19/40, 19, death is said to have occurred on the date stated above, at 8/25P.m.

Immediate cause of death. Lupus erythematosus disseminatis 8 mos

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) W B Osgood M. D.

(Address) Boston Date 6/19/40

21 PLACE OF BURIAL Winthrop Everett
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL June 20 1940 19

22 NAME OF FUNERAL DIRECTOR M Stanetsky

ADDRESS Boston

Received and filed July 8 - 40 19

(Registrar of City or Town where deceased resided)



JUL - 8 1940 AM

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH.

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 123

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 30 Dolphin Ave St.

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ellen King
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 30 Dolphin Ave St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution none years months days. In this community 30 yrs. mos. days.
(Specify whether)

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 Harry King
(Husband's name in full)

6 Age of husband or wife if alive Deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 89 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: At Home

Industry

10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Newton (State or country) Mass

13 NAME OF FATHER Harry Wool

14 BIRTHPLACE OF FATHER (City) Tarrytown (State or country) New York

15 MAIDEN NAME OF MOTHER Ellen Russell

16 BIRTHPLACE OF MOTHER (City) Newton (State or country) Mass

17 Informant Frank P. King (son) Relation, if any
(Address) 19 Saratoga 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. F. Childress
(Signature of Agent of Board of Health or other)

Health Officer 6/24/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 22 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from January 1, 1939, to June 22, 1940

I last saw him alive on June 22, 1940, death is said to have occurred on the date stated above, at 11:45 P.M.

Immediate cause of death Chronic Myocarditis
General Arterio-Sclerosis

Duration
IMPORTANT
Years
1 Year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT
PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward J. Grogan, M. D.

(Address) 221 West 4th St. Boston Date 6/24/40

21 Place of Burial, Cremation or Removal Winthrop (City or Town)

DATE OF BURIAL June 25 1940

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS 17 Bennington St. Boston

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **123**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. **Winthrop Community Hospital** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Peter C. Stoumbelis** (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) **None**

(a) Residence. No. **77 Prescott** St. **CBoston** (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution **Hospital** years months / days. In this community **30** yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **MARRIED** **Married**

5a If married, widowed, or divorced HUSBAND of **Helen A. Alkides** (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive **46** years

7 IF STILLBORN, enter that fact here.

8 AGE **54** Years Months Days If less than 1 day Hours Minutes

Usual Occupation: **Candymaker**

Industry or Business: **Candy Manufacturing**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Greece** (State or country)

13 NAME OF FATHER **Estratios Stoumbelis**

14 BIRTHPLACE OF FATHER (City) **Greece** (State or country)

15 MAIDEN NAME OF MOTHER **Maria unknown**

16 BIRTHPLACE OF MOTHER (City) **Greece** (State or country)

17 Informant **Mrs. Helen A. Stoumbelis** wife Relation, if any (Address) **77 Prescott St., E. Boston**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **6/26/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 25, 1940** (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **June 25, 1940** to **June 25, 1940**. I last saw him alive on **June 25, 1940**; death is said to have occurred on the date stated above, at **21:00 A.M.**

Immediate cause of death. **Cirrhosis of liver (chronic) 1939** **Cardiac Decompensation 5 days**

Due to **Chronic myocarditis** ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Ascites - jaundice **ascites**

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **S. Nathan Caplan** M. D.

(Address) **186 Princeton St.** Date **6/25/1940**

21 **Mt. Hope, Boston** (City or Town)

Place of Burial, Cremation or Removal

DATE OF BURIAL **June 27, 1940** 19

22 NAME OF FUNERAL DIRECTOR **R. Kirby**

ADDRESS **Boston**

Received and filed 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 this commonwealth until he has received permission to do so from the board of health or its agent appointed to issue such permit; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly and indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some record in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39, No. 8427-d

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

(City or town making return)

Registered No. 121

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Male) Hannaford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 35 Fremont St.
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Specify whether)

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 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

Usual Occupation:
Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

13 NAME OF FATHER Joseph D. Hannaford

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Gertrude McAuliffe

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant Joseph D. Hannaford (father)
(Address) 35 Fremont 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) 6/28/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 27, 1940
(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.

Immediate cause of death.....
Stillborn Baby Gmo.

Due to Malformation of Placenta

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. S. M. D.
(Address) 270 Shirley St. Date 6/27/1940

21 Place of Burial, Cremation or Removal Winthrop Winthrop
DATE OF BURIAL June 29, 1940 (City or Town)

22 NAME OF FUNERAL DIRECTOR John J. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARYBOSTON
(City or town making return)COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 5898

125

1 PLACE OF DEATH
(County) Boston
(City or Town) Boston

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nicholas Doudoumis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55 Wave Way Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED married	18 DATE OF DEATH June 28 1940 (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of Mary Stamatiadou (Give maiden name of wife in full)		19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Fractured skull across cribri form slate of ethenoid. Pneumococcus meningitis. Cirrhosis of liver alcoholism	
(or) WIFE of (Husband's name in full)		20 Accident, suicide, or homicide (specify)	
6 Age of husband or wife if alive. years		Date of occurrence. 19	
7 IF STILLBORN, enter that fact here.		Where did injury occur? (City or town and State)	
8 AGE 44 Years Months Days If less than 1 day Hours Minutes		Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)	
9 Usual Occupation: restaurant owner		Manner of Injury	
10 Industry or Business:		Nature of Injury	
11 Social Security No.		While at work? Was there an autopsy? yes	
12 BIRTHPLACE (City) (State or country) Greece		21 Was disease or injury in any way related to occupation of deceased?	
13 NAME OF FATHER James Doudoumis		If so, specify T Leary	
14 BIRTHPLACE OF FATHER (City) (State or country) Greece		(Signed) Boston Date 6/29/40	
15 MAIDEN NAME OF MOTHER		22 Mt Hope Boston Place of Burial, Cremation or Removal. (City or Town)	
16 BIRTHPLACE OF MOTHER (City) (State or country) Greece		DATE OF BURIAL July 2 1940 19	
17 Informant (Address) wife Relation, if any		23 NAME OF FUNERAL DIRECTOR A. C. Hasiotis	
A TRUE COPY.		ADDRESS Boston	
ATTEST: James Q. Burke (Registrar of city or town where death occurred)		Received and filed. 19	
DATE FILED 7/3/40 19		(Registrar of City or Town where deceased resided)	



JUL - 8 1940 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Fall River
(City or town making return)

Registered No.

Bristol
(County)
Fall River
(City or Town)

No. *Are Hawthorne 230me* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Frederick A. Norton* (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. *194 Washington Ave* St. *Wintthrop Mass* (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution *Hosp. 7* years months *3* days. In this community yrs. mos. days. (Specify whether)

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 *Wid.*

18 DATE OF DEATH *April 12 1940* (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of *Flora* (Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from *Apr. 9 1940*, to *Apr. 12 1940*

(or) WIFE of (Husband's name in full)

I last saw him alive on *Apr. 12 1940*, death is said

6 Age of husband or wife if alive years

to have occurred on the date stated above, at m. Duration

7 IF STILLBORN, enter that fact here.

Immediate cause of death.....

8 AGE *75* Years Months *22* If less than 1 day Hours Minutes

Carcinoma of urinary bladder *Apr. 1938*

9 Occupation: *Cook*

Due to

Industry or Business:

Due to

11 Social Security No.

Other conditions (Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) *Woodbury, Conn* (State or country)

Major findings: *Carcinoma* Of operations

13 NAME OF FATHER *Homer Norton*

Date of

14 BIRTHPLACE OF FATHER (City) *Watertown, Conn* (State or country)

Of autopsy

15 MAIDEN NAME OF MOTHER *Margaret Guard*

What test confirmed diagnosis? *Microscopic*

16 BIRTHPLACE OF MOTHER (City) *Conn* (State or country)

20 Was disease or injury in any way related to occupation of deceased?

17 Informant (Address) *Mrs Beatrice L. Hamilton* Relation, if any *Daughter*

If so, specify *Yes*

A TRUE COPY *Emile F. Bergeron*

(Signed) *Joseph J. Norman* M. D.

ATTEST: (Registrar of city or town where death occurred)

(Address) *11675 Main St* Date *4/12 1940*

DATE FILED *April 29 1940*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Forest Hills - Boston* (Cemetery) (City or Town)

DATE OF BURIAL *April 15 1940*

22 NAME OF FUNERAL DIRECTOR *Joseph J. Norman*

ADDRESS *405-20th Ave Boston Mass*

Received and filed *April 29 1940*

(Registrar of City or Town where deceased resided)

RECEIVED



JUL-31940 PM

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from one of the town where the body is to be buried or the funeral is to be held, or from a 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 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 electric agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in the schedule for every person aged 10 years and over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 63 Shirley St.

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. 13

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Alexander A. Mac Cormack

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

None

(a) Residence. No. 63 Shirley

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution None

(Specify whether)

years

months

days

In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED WIDOWED
or DIVORCED

5a If married, widowed or divorced

HUSBAND of Elizabeth Curry

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 40 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Supt. of Construction

11 Social Security No. None

12 BIRTHPLACE (City) P. E. I. Canada
(State or country)

13 NAME OF FATHER Alexander M. Mac Cormack

14 BIRTHPLACE OF FATHER (City) P. E. I.
(State or country) Canada

15 MAIDEN NAME OF MOTHER Christina Mac Donald

16 BIRTHPLACE OF MOTHER P. E. I.
(State or country) Canada17 Informant Christina Gilles (Daughter)
(Address) 63 Shirley St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Wm. D. Olds
(Signature of Agent of Board of Health or other)Health Officer 7/6/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 3 1940
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
June 25, 1940 to July 3, 1940I last saw him alive on July 3, 1940 death is said to
have occurred on the date stated above, at 7 2 p.m.

Immediate cause of death: hypertensive hemorrhage

Duration
IMPORTANT

Due to: cerebral artery

Due to: arterial sclerosis

Other conditions: none
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations: Underline the cause to which death

Date of: should be charged statistically.

Of autopsy:

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) C. Thompson M. D.

(Address) 17 Huntington St. Boston Date 7/5/40

21 Holy Cross Cemetery, Matten Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 8 1940

22 NAME OF FUNERAL DIRECTOR R. C. Kirby

ADDRESS 17 Huntington St. Boston

Received and filed 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 507 Pleasant St.

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

2 FULL NAME. Joseph Hayward

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 21 Grovers ave

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.
(Specify whether)

years

months

days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single
---------------	--------------------------	---

5a If married, widowed, or divorced

HUSBAND of
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Retired

10 Industry Civil Engineer
or Business:

11 Social Security No.

12 BIRTHPLACE (City) Charlestown
(State or country) Mass

13 NAME OF FATHER Henry Hayward

14 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass

15 MAIDEN NAME OF MOTHER Mary Mc Closkey

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass17 Informant Mrs. William Clark (Sister)
(Address) 21 Grovers Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)Agent July 6/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 6 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 16, 1938 to July 6, 1940

I last saw him alive on May 26, 1940, death is said to have occurred on the date stated above, at 5 a.m.

Immediate cause of death. Chronic myocarditis
angina pectoris

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)Major findings: none
Of operations. Date ofOf autopsy. none
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Syphilis & arteriosclerosis
(Signed) M. D.
(Address) Winthrop Mass. Date 7/6 194021 Forest Hills Boston
Place of Burial, Cremation or Removal. 1940 (City or Town)

DATE OF BURIAL July 8 1940

22 NAME OF FUNERAL DIRECTOR John Mc Maley
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, the date and the residence of the deceased, and the place and the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, 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, employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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. Its agent appointed to issue such permits, or if there is no such board, from the selectmen of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly, or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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 STATISTICS
COPY OF
CERTIFICATE OF DEATH

Malden

(City or town making return)

Registered No.

PLACE OF DEATH

Middlesex
(County)

Malden
(City or Town)

No. 14 Rockland Ave.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Louisa Susan Graves (Merwin)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 507 Pleasant St.

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days.
(Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word)
WIDOWED Widowed
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give name of husband)

(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 86 Years 10 Months 13 Days If less than 1 day
Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) New Haven
(State or country) Conn.

13 NAME OF FATHER Edwin F. Merwin

14 BIRTHPLACE OF FATHER (City) Woodbridge
(State or country) Conn.

15 MAIDEN NAME OF MOTHER Lucy Baldwin

16 BIRTHPLACE OF MOTHER (City) Conn.
(State or country)

17 Charles E. Graves Son
Informant 144 Loring Rd. Winthrop
(Address)

A TRUE COPY.

ATTEST: Bernice L. Hollister
(Registrar of city or town where death occurred)

DATE FILED July 15, 1940

19

18 DATE OF DEATH July 6, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. The deceased died on July 6, 1940, at 10:40 P.M.

I last saw her alive on July 4, 1940.

Death is said to have occurred on the date stated above, at 10:40 P.M.

Immediate cause of death

Chronic Myocarditis 1930

Generalized arteriosclerosis 1925

Due to

Due to

Other conditions Carcinoma right breast 1939
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy exam.

What test confirmed diagnosis? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roland P. Wilder

(Address) 440 Pleasant St.

DATE 7/7/40

21 PLACE OF BURIAL Green, New Haven, Conn.

CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 9, 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed Aug 11-40

19

(Registrar of City or Town where deceased resided)



AUG 11 1840 AM

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

Copy notified 8/13/40 ✓

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH **Suffolk** (County)
Winthrop (City or Town)

No. **Station Hospital, Fort Banks, Mass.** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Diane AGNES CONERFORD**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **Quarters #7 B. Ft. Devens, Mass** St. **Lowell Ayer, Massachusetts**
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution **2 days** years months **8** days. In this community yrs. mos. **8** days.
(Specify whether)

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	18 DATE OF DEATH July 7th 1940 (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 June 30 1940 , to July 7th 1940	
(or) WIFE of (Husband's name in full)			I last saw her alive on July 7th 1940 , death is said to have occurred on the date stated above, at 12:07P.M.	
6 Age of husband or wife if alive years			Immediate cause of death Encephalitis, post measles	
7 IF STILLBORN, enter that fact here.			Duration 8 days	
8 AGE 1 Years 10 Months 19 Days If less than 1 day Hours Minutes			Due to	
9 Usual Occupation:			Due to	
10 Industry or Business:			Other conditions (Include pregnancy within 3 months of death)	
11 Social Security No.			Major findings: Of operations Date of July 7	
12 BIRTHPLACE (City) Plattsburg, New York (State or country)			Of autopsy (Diagnosis confirmed)	
13 NAME OF FATHER Aloysius J. Conerford			What test confirmed diagnosis? Spinal puncture	
14 BIRTHPLACE OF FATHER (City) New Rochelle, New York (State or country)			20 Was disease or injury in any way related to occupation of deceased? No	
15 MAIDEN NAME OF MOTHER Dorothy Stephens			If so, specify Encephalitis	
16 BIRTHPLACE OF MOTHER (City) Plattsburg, New York (State or country)			(Signed) A. O. Kellum MC, USA M. D. (Address) Fort Banks, Mass Date July 7, 1940	
17 Informant Aloysius J. Conerford Relation, if any Father (Address) Quarters 7 B. Ft. Devens, Mass			21 Fort Devens Cemetery, Fort Devens, Mass Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL July 10, 1940	
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) 7/1 8740 (Date of Issue of Permit)			22 NAME OF FUNERAL DIRECTOR Charles R. Fennison ADDRESS Winthrop, Mass	
Received and filed 19			A TRUE COPY ATTEST: (Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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. 46, 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.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

(County) Essex

(City or Town) Danvers

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 173

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.) Margaret Matheson

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

42 Harbor View Ave.

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

15

9

18

In this community 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

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Cannot be located

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 88 years Months Days If less than 1 day Hours Minutes

9 Usual Occupation:

housework

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) P. E. Island

(State or country)

13 NAME OF FATHER

John H. McKenzie

14 BIRTHPLACE OF FATHER (City)

P. E. Island

(State or country)

15 MAIDEN NAME OF MOTHER

Euphemia ----

16 BIRTHPLACE OF MOTHER (City)

P. E. Island

(State or country)

17

Informant (Address)

Mary K. McPhillips

Relation, if any

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

7/23/40

19

18 DATE OF DEATH

July 7, 1940.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Oct. 29, 1934

July 7, 1940

I last saw him alive on July 7, 1940

to have occurred on the date stated above, at 5:15 a.m.

Immediate cause of death

Brain atrophy

Generalized arteriosclerosis

Due to

Bronchopneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

Melvin Goodman

(Address)

DSH

Date

7/19/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Canton

(City or Town)

DATE OF BURIAL

July 8, 1940

22 NAME OF FUNERAL DIRECTOR

Kirby Brothers

ADDRESS

Winthrop

Received and filed

Aug. 13 - 40

19

(Registrar of City or Town where deceased resided)



AUG 23 1940 AM

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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.

Registered No. 100

2 FULL NAME

No.

29 Neptune Ave.

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

75 Howard

St.

Leviston Me.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

(Specify whether)

years

months

days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

Female white married

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Max Mendelson

(Husband's name in full)

6 Age of husband or wife if alive

70

years

7 IF STILLBORN, enter that fact here.

8

AGE

64

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

or Business:

at home.

11 Social Security No.

none

12 BIRTHPLACE (City)
(State or country)

Russia

13 NAME OF
FATHER

Mordecai Rosenthal

14 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

15 MAIDEN NAME
OF MOTHER

Minnie Sedersky

16 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

17

Informant
(Address)

Max Mendelson.

Relation, if any

75 Howard Ave. Leviston 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
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7/10/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July 9, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

June 26, 1940 to July 9, 1940

I last saw him alive on July 9, 1940 death is said

to have occurred on the date stated above, at 6:00 p.m.

Immediate cause of death

Coronary Thrombosis

Duration
IMPORTANT

2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Charles Liberty M. D.

Date July 9, 1940

21 NAME OF
DATE OF BURIAL

July 10

1940

22 NAME OF
FUNERAL DIRECTOR

Israel Einstein

ADDRESS

32 Wendenburg St. Rox

Received and filed

19

#21 Martha Ann

(Registrar)

Fall River notified 8/13/40

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**



(City or town making return)

SUFFOLK
(County)
WINTHROP
(City or Town)

Registered No. *121*

No. **STATION HOSPITAL, FORT BANKS, MASS.** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **BZDULA, Henry W. Bzdula**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. **1494 Rodman St., Fall River, Mass.** St. (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution **38 days** years months days In this community yrs. mos. days.
(Specify whether) **38 days**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) Single MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive. years		
7 IF STILLBORN, enter that fact here.		
8 AGE 21 Years 8 Months 5 Days If less than 1 day Hours Minutes		
9 Usual Occupation: Member of CCC (Enrollee)		
10 Industry or Business: Civilian Conservation Corps		
11 Social Security No.		
12 BIRTHPLACE (City) North Attleboro, Mass (State or country)		
13 NAME OF FATHER Joseph J. Bzdula		
14 BIRTHPLACE OF FATHER (City) Kanna, Poland (State or country)		
15 MAIDEN NAME OF MOTHER Victoria Piekarska		
16 BIRTHPLACE OF MOTHER (City) Sadkowa, Poland (State or country)		

17 Informant **Joseph J. Bzdula** Relation, if any **Father**
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Chil Dress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) **7/13/40**
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 12 1940 (Month) (Day) (Year)	
19 I HEREBY CERTIFY, That I attended deceased from June 3 , 19 40 to July 12 , 19 40	
I last saw him alive on July 12 , 19 40 , death is said to have occurred on the date stated above, at 11:10a.	Duration
Immediate cause of death: Hemorrhage, internal	4 hours
Due to Anemia, simplex	38 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically.
Date of autopsy None performed, permission refused.	
What test confirmed diagnosis? None	
20 Was disease or injury in any way related to occupation of deceased? No	
If so, specify <i>Eugene R. Inwood</i>	
(Signed) Eugene R. Inwood, 1st Lt M. D.	
(Address) Ft. Banks, Mass Date July 12 1940	
21 <i>Oak Grove Cemetery, Fall River, Mass</i> Place of Burial, Cremation or Removal (City or Town)	
DATE OF BURIAL July 15 1940 19	
22 NAME OF FUNERAL DIRECTOR <i>Charles R. Bonner</i>	
ADDRESS 170 Winthrop St	
Received and filed	19
A TRUE COPY ATTEST:	(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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. 46, 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.)*

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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

Winthrop
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 125

PLACE OF DEATH

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Curran
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 40 Belcher St. St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months 5 days. In this community yrs. mos. 5 days.
(Specify whether)

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 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 5 Days If less than 1 day Hours Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER William J. Curran

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Alice Halligan

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant William J. Curran (Address) 40 Belcher (Relation, if any) father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 12 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 2, 1940, to July 12, 1940 last saw him alive on July 11, 1940 death is said to have occurred on the date stated above, at 6:17 A. m.

Immediate cause of death

Intestinal meningitis 2 days
Due to meningitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Date of

What test confirmed diagnosis? Subm. meningitis

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Murphy M. D. (Address) 40 Belcher St. Date 7/12/40

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 13 1940

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed 7/12/40 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 date, time and place of death, the cause of death, and the place at which he is defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is hurried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

1

No.

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

(Specify whether)

years

months

days.

In this community

yrs.

8 mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Female white Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

84 years

7 IF STILLBORN, enter that fact here.

8

AGE

79

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

of Home

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Russia

13 NAME OF
FATHER

Samuel Palais

14 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

15 MAIDEN NAME
OF MOTHER

Famine-Lamotte

16 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

17

Informant
(Address)Benjamin Ziegler
20-Local Ave

Relation, if any

1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 126

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Female white Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

84 years

7 IF STILLBORN, enter that fact here.

8

AGE

79

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

of Home

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Russia

13 NAME OF
FATHER

Samuel Palais

14 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

15 MAIDEN NAME
OF MOTHER

Famine-Lamotte

16 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

17

Informant
(Address)Benjamin Ziegler
20-Local Ave

Relation, if any

1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July

(Month)

18

(Day)

1940

(Year)

19 I HEREBY CERTIFY That I attended deceased from

July 18, 1940, to July 18, 1940

I last saw him alive on July 18, 1940, death is said

to have occurred on the date stated above, at 1:45 P.M.

Immediate cause of death

Duration
IMPORTANT

Due to

myocarditis

7/1/40

Due to

myocarditis

7/1/40

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

7/18

M. D.

1940

21

Place of Burial, Cremation or Removal

DATE OF BURIAL

(City or Town)

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*, *school*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGES should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

No. Winthrop Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Scopa (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 164 A Chelsea St. East Boston Mass. (If nonresident, give city or town and state)

Length of stay: In hospital or institution. Hospital years months days. In this community yrs. mos. days. (Specify whether)

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 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE X Years X Months X Days If less than 1 day Hours Minutes

9 Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Hospital (State or country) Mass.

13 NAME OF FATHER Raffaele Scopa

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Elizabetha Sciarappa

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant Raffaele Scopa (Father) (Address) 164 A Chelsea St. E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 18 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 18, 1940 to July 18, 1940. I last saw him alive on July 18, 1940, death is said to have occurred on the date stated above, at m. Duration Immediate cause of death. IMPORTANT

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Date of

Of autopsy. What test confirmed diagnosis? Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. (Address) 187 W. Main St. Boston, Mass. Date July 22, 1940

21 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 22 1940

22 NAME OF FUNERAL DIRECTOR J. A. Langone

ADDRESS 180 W. Main St. Boston, Mass.

Received and filed. 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-139. No. 8427-e

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital	2 FULL NAME Female Newman (If deceased is a married, widowed or divorced woman, give also maiden name.)		13 DATE OF DEATH July 19 1940 (Month) (Day) (Year)		
(a) Residence. No. 58 Brookfield Rd. St. (Usual place of abode)	(If deceased is a married, widowed or divorced woman, give also maiden name.)		15 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.....m. Immediate cause of death..... Stillborn		
Length of stay: In hospital or institution..... years months days. (Specify whether)	(If nonresident, give city or town and state)		Due to detached placenta Due to detached placenta		
5a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)	(or) WIFE of..... (Husband's name in full)		Other conditions..... (Include pregnancy within 3 months of death)		
6 Age of husband or wife if alive..... years	7 IF STILLBORN, enter that fact here. Stillborn		Major findings: Of operations..... Date of..... Of autopsy..... What test confirmed diagnosis?.....		
8 AGE..... Years..... Months..... Days..... Hours..... Minutes	9 Occupation:..... Industry..... or Business:.....		20 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) G. W. Newman, M. D. (Address) 112 1940		
11 Social Security No. Winthrop	12 BIRTHPLACE (City) Winthrop (State or country) Mass.		21 Place of Burial, Cremation or Removal Holy Cross (City or Town) Malden DATE OF BURIAL July 28 1940		
13 NAME OF FATHER Gerard B. Newman	14 BIRTHPLACE OF FATHER (City) Gloucester (State or country) Mass.		22 NAME OF FUNERAL DIRECTOR W. J. Kelly ADDRESS 11 Winthrop St., E. B.		
15 MAIDEN NAME OF MOTHER Constance Roffey	16 BIRTHPLACE OF MOTHER (City) Holyoke (State or country) Mass.		Received and filed..... 19..... (Registrar)		
17 Informant: Gerard B. Newman, father (Address) 58 Brookfield Rd. Win.	Relation, if any		1 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) 7/20/40 (Date of Issue of Permit)		

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 123

(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)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Female 2 COLOR OR RACE White 3 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Single

13 DATE OF DEATH July 19 1940
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

15 I HEREBY CERTIFY. That I attended deceased from
19....., 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.

6 Age of husband or wife if alive..... years

Immediate cause of death.....

7 IF STILLBORN, enter that fact here. Stillborn

Duration
IMPORTANT

8 AGE..... Years..... Months..... Days..... Hours..... Minutes

Due to detached placenta

9 Occupation:.....

Due to detached placenta

10 Industry.....
or Business:.....

Other conditions.....
(Include pregnancy within 3 months of death)

11 Social Security No. Winthrop

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

13 NAME OF FATHER Gerard B. Newman

14 BIRTHPLACE OF FATHER (City) Gloucester
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Constance Roffey

16 BIRTHPLACE OF MOTHER (City) Holyoke
(State or country) Mass.

17 Informant: Gerard B. Newman, father
(Address) 58 Brookfield Rd. Win.

1 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) 7/20/40
(Date of Issue of Permit)

Major findings:
Of operations..... Date of.....

Of autopsy.....
What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
(Signed) G. W. Newman, M. D.
(Address) 112 1940

21 Place of Burial, Cremation or Removal Holy Cross (City or Town) Malden
DATE OF BURIAL July 28 1940

22 NAME OF FUNERAL DIRECTOR W. J. Kelly
ADDRESS 11 Winthrop St., E. B.

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.

200m-10-139. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 189

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 127 Quincy Ave



St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Donovan Jenney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 127 Quincy Ave St.
(Usual place of abode)
Length of stay: In hospital or institution (Specify whether) years months days. In this community 30 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 Frederick J. Jenney (Husband's name in full)			
6 Age of husband or wife if alive 63 years			
7 IF STILLBORN, enter that fact here.			
8 AGE 63 Years Months Days If less than 1 day Hours Minutes			
9 Usual Occupation: Housewife			
10 Industry or Business: Own Home			
11 Social Security No.			
12 BIRTHPLACE (City) St. John (State or country) N.B.			
13 NAME OF FATHER Daniel Donovan			
14 BIRTHPLACE OF FATHER (City) St. John (State or country) N.B.			
15 MAIDEN NAME OF MOTHER Marie Hasson			
16 BIRTHPLACE OF MOTHER (City) St. John (State or country) N.B.			

17 Informant Alice Donovan Relation, if any Sister
(Address) 127 Quincy Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

William D. Childress
(Signature of Agent of Board of Health or other)
Agent July 21/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 20 1940 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from October 24, 1927, to July 20, 1940 I last saw her alive on July 20, 1940, death is said to have occurred on the date stated above, at 11 a.m. Duration 1927
Immediate cause of death: Mitral Stenosis 1927	Due to Rheumatic Heart Disease 1927
Due to Acute Coronary Thrombosis 7/20/40	Other conditions Atherosclerosis 1935
(Include pregnancy within 3 months of death)	
Major findings: Of operations none	Underline the cause to which death should be charged statistically.
Of autopsy none	What test confirmed diagnosis? Clinical & lab.
20 Was disease or injury in any way related to occupation of deceased? No	
If so, specify	(Signed) Jacob Abrams M. D. (Address) 562 Shirley St. Date 7/20/40
21 Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL July 22 1940	22 NAME OF FUNERAL DIRECTOR John M. Malley ADDRESS Winthrop
Received and filed 19	
A TRUE COPY ATTEST: (Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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.)*

No undertaker or other person shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

This certificate should be filled out by 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-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



Danvers

(City or town making return)

Registered No. 150

PLACE OF DEATH

Essex
(County)

Danvers
(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 84 Beacon

(Usual place of abode)

St. Danvers

Length of stay: In hospital or institution (Specify whether) years months 1 days 6

(If nonresident, give city or town and state) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Occupation: none

Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Brandon, Vt.
(State or country)

13 NAME OF FATHER John Desordy

14 BIRTHPLACE OF FATHER (City) Canada
(State or country)

15 MAIDEN NAME OF MOTHER Julia

16 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

PARENTS

17 Informant M.K. McPhillips Relation, if any (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 7/29/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 20, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 14, 19, to July 20, 19, 40

I last saw him alive on July 20, 19, 40, death is said to have occurred on the date stated above, at 8 P. m. Duration

Immediate cause of death: Myocardial failure 1 day
Arteriosclerosis 10 years

Due to Nephrosclerosis 10 years

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.

Date of

Of autopsy clin.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Peter D. Magopian, M. D.

(Address) Date 7/27/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Cemetery (City or Town)

DATE OF BURIAL July 23, 1940

22 NAME OF FUNERAL DIRECTOR David Hodge & Son, Inc.

ADDRESS Danversville

Received and filed Aug 13 - 19

(Registrar of City or Town where deceased resided)



AUG 3 1893 AM

PHYSICIANS should state Exact statement of OCCUPATION is 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.

1 No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Sarah (Ware) Reed { (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 186 Pauline St. (If nonresident, give city or town and state)

(Usual place of abode)

Length of stay: In hospital or institution Hospital years months 7 days. In this community 30 yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced HUSBAND of Herbert Reed (Give maiden name of wife in full)
(or) WIFE of Herbert Reed (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 5 Months 16 Days If less than 1 day Hours Minutes

9 Occupation: Housewife
Industry Own home
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Northport (State or country) Maine

13 NAME OF FATHER Jason Ware

14 BIRTHPLACE OF FATHER (City) Lincolnville (State or country) Maine

15 MAIDEN NAME OF MOTHER Sarah Field

16 BIRTHPLACE OF MOTHER (City) Maine (State or country)

17 Informant Herbert Reed Relation, if any Husband
(Address) 186 Pauline St. Winthrop, 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
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/25/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 2, 1940 to July 23, 1940.
I last saw him alive on July 23, 1940, death is said to have occurred on the date stated above, at 11:30 P.M.
Immediate cause of death Bronchopneumonia Duration 3 days
Other conditions atrophic cirrhosis of the liver 3 yrs
(Include pregnancy within 3 months of death)

Major findings: atrophic cirrhosis of the liver Underline the cause to which death should be charged statistically.
Of operations none Date of July 17, 40
Of autopsy pathological
What test confirmed diagnosis? pathological

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. W. Dickinson M. D.
(Address) Winthrop Date July 25 1940

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. City or Town
DATE OF BURIAL July 26 1940

22 NAME OF FUNERAL DIRECTOR Herbert S. Reynolds
ADDRESS Winthrop

Received and filed. 19....
(Registrar)

100m-10-39, No. 8427-e

RETURN OF CERTIFICATES OF DEATH

No undertaker of the person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)
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. 142

No. 16 Enfield Road

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie (Comes) Hollingsworth
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 16 Enfield Road
(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community // yrs. mos. days.
(Specify whether)

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) Anna Thomas W. Hollingsworth
(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 80 Years X Months 12 Days If less than 1 day Hours Minutes

9 Occupation: Usual at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Unable to obtain

14 BIRTHPLACE OF FATHER (City) (State or country) Unable to obtain

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Lewis W. Hollingsworth son
(Address) 16 Enfield Road Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
7/23/40
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21 40
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 1935, to July 21, 1940
I last saw h... alive on July 20, 1940, death is said to have occurred on the date stated above, at 3:47 m.

Immediate cause of death: Edema 7 lungs
Duration IMPORTANT 2 days

Due to

Due to

Other conditions Cerebral Hemorrhage 1 yr
(Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Harry A. Bell M. D.
(Address) Winthrop Date 7/21/40

21 Winthrop Cemetery Winthrop
Place of Burial, Crémation or Removal (City or Town)
DATE OF BURIAL July 23, 1940 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39. No. 8427-e

PLACE OF DEATH		Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Winthrop (City or Town)			STANDARD CERTIFICATE OF DEATH		Registered No.	
No. Winthrop Community Hospital				St. {		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME Marion (Kirkland) Hughes (If deceased is a married, widowed or divorced woman, give also maiden name.)					{ (If U. S. War Veteran, specify WAR)	
(a) Residence, No. 94 Main (Usual place of abode)				St.		(If nonresident, give city or town and state)	
Length of stay: In hospital or institution. hospital (Specify whether)				years months days 1 hour		In this community 17 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED					
Female	White	Widowed					
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of Thomas Hughes (Husband's name in full)							
6 Age of husband or wife if alive years							
7 IF STILLBORN, enter that fact here.							
8 AGE 77 Years 7 Months 13 Days If less than 1 day Hours Minutes							
9 Usual Occupation: At home							
10 Industry or Business:							
11 Social Security No.							
12 BIRTHPLACE (City) Glasgow (State or country) Scotland							
13 NAME OF FATHER James Kirkland							
14 BIRTHPLACE OF FATHER (City) Scotland (State or country)							
15 MAIDEN NAME OF MOTHER Jessie Jarden							
16 BIRTHPLACE OF MOTHER (City) Scotland (State or country)							
17 Informant Jennie Hughes (daughter) (Address) 94 Main St Winthrop Mass							
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) Health Officer 7/29/40 (Official Designation) (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH July 27 1940 (Month) (Day) (Year)							
19 I HEREBY CERTIFY That I attended deceased from July 20, 1940 to July 27, 1940 last saw him alive on July 27, 1940 death is said to have occurred on the date stated above, at 12:00 m. Immediate cause of death..... Due to Myocardial Due to Angina Pectoris Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?..... 20 Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) C. R. Bennison M. D. (Address) Winthrop Mass Date 7/28/40 21 Winthrop Cemetery Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL July 29, 1940 19 22 NAME OF FUNERAL DIRECTOR Charles R. Bennison ADDRESS Winthrop Mass Received and filed 19 (Registrar)							

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EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *s. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 111

1 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)

2 FULL NAME Josephine Sewall (Steward) E Lowell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 87 Bartlett Road St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years 2 months 21 days.

(Specify whether)

In this community 35 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

(Give maiden name of wife in full)

(or) WIFE of Charles Elwell

(Husband's name in full)

6 Age of husband or wife if alive 20 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) East Boston (State or country) Mass

13 NAME OF FATHER Joseph. McClellan Steward

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Abbie Amanda Crouse

16 BIRTHPLACE OF MOTHER (City) Gloucester (State or country) Mass

17 Informant Walter Lyman Relation, if any Son (Address) 21 Park Ave. Post Washington D.C.

1 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 & Co. (Signature of Agent of Board of Health or other)

Health Officer 7/31/40 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

19 DATE OF DEATH 7 30 40 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5-13, 1940, to 7-30, 1940.

I last saw her alive on 7-30, 1940, death is said to have occurred on the date stated above, at 1:30 p.m.

Immediate cause of death Cerebral Hemorrhage

Duration IMPORTANT 7/30

Due to

Due to

Other conditions Turbidity, weakness (Include pregnancy within 3 months of death)

Signatures

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Harvey, Arthur

(Signed) W. M. D. (Address) Winthrop Date 7/31 1940

21 Winthrop Community Hospital, Mass Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 18 Winthrop 1940

22 NAME OF FUNERAL DIRECTOR Edgar P. Bennerman ADDRESS Winthrop St. Winthrop Mass

Received and filed Aug 2 1940

(Registrar)

Per Mr. Bennerman

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH
Suffolk County
Winthrop (City or Town)
No. Winthrop Community Hospital
2 FULL NAME Elizabeth Estelle Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 71 Buchanan St. Winthrop St.
(Usual place of abode)
Length of stay: In hospital or institution (Specify whether) years months 3 days. (If nonresident, give city or town and s.a.c.) In this community 7 yrs. mos. days.

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1070-97

(If death occurred in a hospital or institution, give name of institution and street and number)

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)
5a If married, widowed, or divorced HUSBAND of William C. Davis (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 78 Years 5 Months 21 Days If less than 1 day Hours Minutes
9 Usual Occupation: At Home
10 Industry or Business:
11 Social Security No.:
12 BIRTHPLACE (City) Barrington (State or country) Nova Scotia
13 NAME OF FATHER not known
14 BIRTHPLACE OF FATHER (City) not known (State or country)
15 MAIDEN NAME OF MOTHER not known
16 BIRTHPLACE OF MOTHER (City) not known (State or country)
17 Informant Mrs. Mary Pollard Daughter (Address) 71 Buchanan St., Winthrop

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH July 31, 1940 (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.)
1070-97
Was there an autopsy? No (See reverse side for description for unknown person)
20 Where did injury occur? (City or town and State)
21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Date 7/31/40
22 Mr. Wollaston Quincy, Mass. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL August 2, 1940 19.
23 NAME OF FUNERAL DIRECTOR Richard M. White ADDRESS 147 Winthrop St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7027

Received and filed 19.

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

(3) Medical Examiners will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Cholsea

(City or town making return)

Registered No. 328

Suffolk

(County)

Cholsea

(City or Town)

U.S.N. Hospital

No. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Samuel Reese
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) World

(a) Residence. No. 199 Winthrop St. Winthrop

(Usual place of abode)

Hospital

Length of stay: In hospital or institution. years months days 0 16 0
(Specify whether) (If nonresident, give city or town and state) this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 44 Years 7 Months 13 Days If less than 1 day Hours Minutes

Usual Occupation: Mechanic

Industry Elevator Constructor

10 or Business: 012-05-1345

11 Social Security No. East Boston, Mass.

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER Geo. William Reese

14 BIRTHPLACE OF FATHER (City) (State or country) Baltimore, Maryland

15 MAIDEN NAME OF MOTHER Emma Marie Roulett

16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston, Mass.

17 Informant Geo. W. Reese 199 Winthrop St., Winthrop, Mass. (Address)

A TRUE COPY.

ATTEST: Joseph A. Turrell (Registrar of city or town where death occurred)

DATE FILED June 4, 19 40

18 DATE OF DEATH June 2, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 27, 1940 to June 2, 1940 in June 2, 1940

I last saw him alive on June 2, 1940 death is said to have occurred on the date stated above, at 8:05 a.m. Duration

Immediate cause of death: 1. Hypertensive Unk.
2. Nephritis, chronic with renal failure unk.

3. Broncho pneumonia, terminal 2 days
Due to Malignant Hypertension unk

Due to Hypertensive Heart Disease

Other conditions: (Include pregnancy within 6 months of death) arteriosclerosis and pulseless alterians

Major findings: None Underline the cause to which death should be charged statistically.

Of operations: None Date of: Clinical & Laboratory No

What test confirmed diagnosis? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify: F.A. Latham, Lt. (MC) USN M. D. (Signed) USN Hosp. Date 6/3 40

21 PLACE OF BURIAL: Winthrop, Mass. (City or Town)

DATE OF BURIAL: June 4, 19 40

22 NAME OF FUNERAL DIRECTOR: Chas. R. Bennison Winthrop, Mass.

ADDRESS: Winthrop, Mass.

Received and filed: Aug 14 19 40

(Registrar of City or Town where deceased resided)

AUG 14 1940 PM



SUFFOLK
(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 5907

No. New England Deaconess Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine McCormick (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Shore Drive St. Winthrop Mass. (Usual place of abode)

Length of stay: In hospital or institution. (Specify whether) years months days. (If nonresident, give city or town and state) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Austin F. McCormick Jr (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: at home

Industry 10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) East Boston (State or country)

13 NAME OF FATHER Simon J Donovan

14 BIRTHPLACE OF FATHER (City) Southampton England (State or country)

15 MAIDEN NAME OF MOTHER Mary A Harrington

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant John Donovan Relation, if any (Address) (son by former)

A TRUE COPY.

ATTEST: James A. O'Brien (Registrar of city or town where death occurred)

DATE FILED 7/3/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 30 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 6/29/40, 19....., to 6/30/40, 19.....

I last saw him/her alive on 6/30/40, 19....., death is said to have occurred on the date stated above, at 4/40P.m.

Immediate cause of death cerebral hemorrhage Duration 48 hrs

Due to hypertension 7 yrs

chronic nephritis 1 yr

Due to cardiac hypertrophy 7 yrs

arteriosclerosis 7 yrs

Other conditions diabetes mellitus (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A P Joslin

(Address)

Boston

Date

6/30/40 M. D.

21 PLACE OF BURIAL Holy Cross Malden (Cremation or removal) (Cemetery) (City or Town)

DATE OF BURIAL July 3 1940 19

22 NAME OF FUNERAL DIRECTOR R C Kirby

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)



AUG 14 1940 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5903

PLACE OF DEATH

(County)

(City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas O McEnaney 2d (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 29 Washington Ave St. Winthrop Mass (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. 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 Months Days If less than 1 day Hours Minutes

9 Usual Occupation: attorney at law

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) E Boston Mass (State or country)

13 NAME OF FATHER James P McEnaney

14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

15 MAIDEN NAME OF MOTHER Lucy E Martin

16 BIRTHPLACE OF MOTHER (City) New Brunswick (State or country)

18 DATE OF DEATH July 1 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/22/40, 19, to 7/1/40, 19.

I last saw him alive on 7/1/40, 19, death is said to have occurred on the date stated above, at 4/40A m. Duration

Immediate cause of death pulmonary embolus 7/1/40

Due to thrombosis of deep veins of legs dys

Due to

Other conditions appendical abscess June 12 (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations drainage of appendical abscess Date of 6/23/40 Underline the cause to which death should be charged statistically.

Of autopsy What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify W B Osgood M. D. (Signed) P B B Hosp (Address) Date 7/1/19 40

21 PLACE OF BURIAL Holy Cross Malden (Cemetery) (City or Town)

DATE OF BURIAL July 4 1940 19

22 NAME OF FUNERAL DIRECTOR M J Kelly

ADDRESS East Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

17 Informant Rose E McEnaney (Address) above (Relation, if any) sister

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred) 7/3/40

DATE FILED 19



AUG 14 1946 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

918

Registered No.

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth T. Crowe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(H. U. S.
War Veteran.
Specify WAR)

Winthrop

(a) Residence. No. 24 Maple Road

(Usual place of abode)

St.

Length of stay: In hospital or institution

(Specify whether)

years

1 months

d3.

(If nonresident, give city or town and state)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

F.

W.

MARRIED

WIDOWED

or DIVORCED

Singl

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 98

Years 8

Months 4

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

none

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Boston

Mass.

(State or country)

13 NAME OF
FATHER

Dennis Crowe

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Elizabeth Royan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant Ellen M Fitzgerald

Relation, if any

(Address)

(Servant)

Same.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

July 11, 1940

DATE FILED

19.

18 DATE OF
DEATH

July 9, 1940

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY. That I have deceased from July 9, 1940

I last saw him alive on 4, 45, death is said

to have occurred on the date stated above, at

Duration

Immediate cause of death

Chronic Myocarditis

1936

Arterio Sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Old Fracture Femur

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jeremiah J. Boyle

(Address)

1446 Camb. St. Cambridge

M. D.

7/9/40

21 PLACE OF BURIAL Holyhood Brookline Mass.

CREMATION FOR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

July 18, 1940

19.

22 NAME OF

FUNERAL DIRECTOR

William H. Mc Kenna

ADDRESS

390 Medford St. Som

Received and filed

19.

(Registrar of City or Town where deceased resided)



AUG 16 1890 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6277

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)

No. Beth Israel Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Irma Grady

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

59 Beal

st. Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

fem

4 COLOR OR RACE

white

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(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 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 12 Years

Months

Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

at school

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Boston Mass

13 NAME OF
FATHER

James W Grady

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Cambridge Mass

15 MAIDEN NAME
OF MOTHER

Winifred Henry

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Boston

17

Informant
(Address)

mother

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

7/17/40

19

18 DATE OF
DEATH

July 13 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
6/19/40, 19, to 7/13/40, 19.I last saw her alive on 7/13/40, 19, death is said
to have occurred on the date stated above, at 3/35P m.

Immediate cause of death

carcinoma of adrenal
cortex with metastases

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

11 so, specify

(Signed)

L Rosenfeld

(Address)

Boston

Date 7/13/40 M. D.

21 PLACE OF BURIAL

CREMATION OR REMOVAL

New Calvary Boston

(Cemetery)

(City or Town)

DATE OF BURIAL

July 16 1940

19

22 NAME OF

FUNERAL DIRECTOR

C H Treanor

ADDRESS

East Boston

Received and filed

19

(Registrar of City or Town where deceased resided)



AUG 14 1842 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. **6442**

1 PLACE OF DEATH
(County)
BOSTON
(City or Town)



No. **Glenside Hospital**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George W Verdi

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(U. S. War Veteran, specify WAR)

(a) Residence, No.

70 Thornton Park

St. **Winthrop**

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

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**

widowed

5a If married, widowed, or divorced

HUSBAND of

Annie Sullivan

(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 **70** Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

tailor

Industry

10 or Business:

Boston Tailoring Co

11 Social Security No.

031-05-6725

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

George Verdi

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

Ellen Taliapetia

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Greece

17

Informant

Mrs Helen Sheehan

Relation, if any

daughter

(Address)

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

7/23/40

DATE FILED

19

18 DATE OF DEATH

July 20 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

7/11/40

, 19

, to

7/20/40

, 19

, 19

I last saw him alive on

7/19/40

19

death is said

to have occurred on the date stated above, at

2/45A

Duration

Immediate cause of death

broncho pneumonia

8 dys

cerebral hemorrhage

3 wks

Due to

general & cerebral arterio

Due to

sclerosis

unk

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

L D Chapman

(Signed)

M. D.

(Address)

Boston

Date

7/20/40

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Winthrop Mass

(Cemetery)

(City or Town)

DATE OF BURIAL

July 22 1940

19

22 NAME OF FUNERAL DIRECTOR

M F Hayes

ADDRESS

Whitman Mass

Received and filed

19

(Registrar of City or Town where deceased resided)



AUG 1 2 1940 AM

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARYBOSTON
(City or town making return)COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 6463

PLACE OF DEATH

(County)
Boston

(City or Town)

No. In front of 33 Gladstone St E B St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Occhipinti
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 352 Shirley St. Winthrop Mass

(Usual place of abode)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

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 -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 1 Years 5 Months Days If less than 1 day Hours Minutes

Usual
9 Occupation:Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Somerville Mass13 NAME OF
FATHER Santo Occhipinti14 BIRTHPLACE OF
FATHER (City) Italy
(State or country)15 MAIDEN NAME
OF MOTHER Angelina Pace16 BIRTHPLACE OF
MOTHER (City) Italy
(State or country)17 Informant father Relation, if any
(Address)

A TRUE COPY.

ATTEST: (Registrar of City or town where death occurred)

DATE FILED 7/24/40 19

18 DATE OF
DEATH July 21 1940
(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.)Fractured skull and other
other injuries - said to have
fallen from window.

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did
Injury occur?
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in
public place? (Specify type of place)Manner of
InjuryNature of
Injury

While at work? 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 7/21/40

22 St Michael's Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 23 1940 19

23 NAME OF
FUNERAL DIRECTOR J Russo

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

of death should be transmitted on Form R-305 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.)

25m-10-139, No. 8427-g



AUG 14 10 AM

Use this form in case the deceased resided in another city or town at the time of death, or in case the death occurred in a 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 STATISTICS
COPY OF
CERTIFICATE OF DEATH



BOSTON
(City or town making return)

Registered No. 6681

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Mass Women's Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Olive C. Helsall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 33 Sewall Ave. St. Winthrop Mass
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem 4 COLOR OR RACE white 5 SINGLE MARRIED (write the word)
WIDOWED married
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Ronald A. Helsall
(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 42 Years 2 Months 17 days If less than 1 day
Hours Minutes

Usual
9 Occupation: at home

Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City) East Otis Mass
(State or country)

13 NAME OF FATHER Fred Snow

14 BIRTHPLACE OF FATHER (City) E Otis Mass
(State or country)

15 MAIDEN NAME OF MOTHER Cecilia A Theresa

16 BIRTHPLACE OF MOTHER (City) E Canaan Conn
(State or country)

17 Informant husband Relation, if any
(Address)

A TRUE COPY.

ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 8/1/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 27 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 7/22/40, 19, to 7/27/40, 19.

I last saw her alive on 7/27/40 19, death is said to have occurred on the date stated above, at 12/30P.m. Duration

Immediate cause of death mesenteric thrombosis 5 dys?

Due to cause unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: gangrene of bowel
Of operations resection Date of 7/25/40

Of autopsy
What test confirmed diagnosis? operation

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify N W Swinton M. D.
(Signed) Boston Date 7/27/40
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or town)

DATE OF BURIAL July 30 1940 19

22 NAME OF FUNERAL DIRECTOR C R Bennis
ADDRESS Winthrop Mass

Received and filed 19

(Registrar of City or Town where deceased resided)



AUG 14 1890 AM

information should be carefully supplied. AG should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 56 Thornton Park

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME James Lawson Welso
(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. 14

(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 56 Thornton Park St.
(Usual place of abode) (If nonresident, give city or town and state)Length of stay: In hospital or institution..... years months days. In this community 40 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced
HUSBAND of James M. Larkin
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 2 Months 22 Days If less than 1 day Hours Minutes

9 Occupation: Owner

10 Industry or Business: J. L. Welso, storage, Searsville

11 Social Security No.

12 BIRTHPLACE (City) Springfield
(State or country) New Brunswick

13 NAME OF FATHER Alexander Kelso

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Brown

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)17 Informant: Walter Welso Relation, if any (Son)
(Address) 56 Thornton Park, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)Agent Aug. 9/41
(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 August 9, 1940
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from June 3, 1940 to Aug. 7, 1940.
I last saw him alive on Aug. 9, 1940 death is said to have occurred on the date stated above, at 3:45 p.m.Immediate cause of death: Coronary Occlusion
Carcinoma of Stomach
Due toDue to
Other conditions
(Include pregnancy within 3 months of death)Major findings: Carcinoma of Stomach
Of operations Date of Nov. 25, 39
Of autopsy none
What test confirmed diagnosis? Clinical20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Sydney W. Kirkpatrick M. D.
(Address) Winthrop, Mass. Date Aug 9, 194021 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 11, 194022 NAME OF FUNERAL DIRECTOR Charles R. Bennisson
ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

Duration

IMPORTANT

Aug 9-1940
March 1939

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Suffolk

(County)

Winthrop

(City or Town)

89 Cliff Ave., Winthrop

No. St. {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Carl H. Turner**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) **None**(a) Residence. No. **89 Cliff Ave., Winthrop**

(Usual place of abode)

St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community **29** yrs. mos. days.
(Specify whether)

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 **Eva Bailey Turner**
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 **61** years

7 IF STILLBORN, enter that fact here.

8 AGE **67** Years **3** Months **17** Days If less than 1 day Hours Minutes9 Usual Occupation: **Manger**10 Industry or Business: **Theatrical Agency**11 Social Security No. **None**12 BIRTHPLACE (City) **Worcester**
(State or country) **Mass.**13 NAME OF FATHER **Hiram Turner**14 BIRTHPLACE OF FATHER (City) **Bethlehem**
(State or country) **N. H.**15 MAIDEN NAME OF MOTHER **Ellen Brewster**16 BIRTHPLACE OF MOTHER (City) **N. H.**
(State or country)17 Informant **Harold Turner** Relation, if any **Son**
(Address) **47 Cliff Ave., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)**Health Officer** (Official Designation) **8/22/40** (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.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 21, 1940**
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from **December 28, 1939** to **August 21, 1940**
I last saw him alive on **August 20, 1940**, death is said to have occurred on the date stated above, at **4 a.m.**Immediate cause of death **Acute Coronary Thrombosis** Duration **Aug 1940**Due to **Angina Pectoris** **Dec 1939**Due to **Intermyocardial** **1939**Other conditions (Include pregnancy within 3 months of death) **Artemia** **Aug. 1939**Major findings: **none** Underline the cause to which death should be charged statistically.

Of operations Date of

Of autopsy What test confirmed diagnosis? **Clinical & Laboratory**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **Jaundice**
(Signed) **Jacob G. Brown, M.D.** M. D.
(Address) **562 Winthrop St., Winthrop** Date **8/22/1940**21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **August 23, 1940** 1922 NAME OF FUNERAL DIRECTOR **Richard W. White**
ADDRESS **147 Winthrop St., Winthrop**Received and filed **SEP 10 1940** 19

(Registrar)

[illegible]

information should be carefully supplied. If physicians send state information should be carefully supplied. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-e

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
Winthrop Community Hospital
No. _____ St. {
2 FULL NAME **Blanche G. Byrne**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **173 Shirley St., Winthrop** St. _____
(Usual place of abode)
Length of stay: In hospital or institution. **5** years months **5** days. In this community **50** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Single**
MARRIED WIDOWED OR DIVORCED
5a If married, widowed, or divorced HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)
6 Age of husband or wife if alive. _____ years
7 IF STILLBORN, enter that fact here.
8 AGE **69** Years **8** Months **25** Days If less than 1 day Hours _____ Minutes _____
9 Occupation: **At Home**
10 Industry _____
11 Social Security No. **none**
12 BIRTHPLACE (City) **Boston** (State or country) **Mass.**
13 NAME OF FATHER **Edward Byrne**
14 BIRTHPLACE OF FATHER (City) **not known** (State or country) _____
15 MAIDEN NAME OF MOTHER **Ella Fuller**
16 BIRTHPLACE OF MOTHER (City) **not known** (State or country) _____
17 Informant **Mrs. George D. Capes** Relation, if any **Cousin**
(Address) **39 Forrest St., Arlington, Mass.**
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Cullis
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **8/29/40** (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. **157**
(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 26, 1940**
(Month) (Day) (Year)
19 I HEREBY CERTIFY. That I attended deceased from **Aug. 7** to **Aug. 26**, 19**40**.
I last saw him alive on **Aug. 26**, 19**40** death is said to have occurred on the date stated above, at **3:40 p.m.**
Immediate cause of death **Pulmonary Embolism**
Due to **Thrombosis of left femoral vein**
Due to _____
Other conditions **Operation for gall stones**
(Include pregnancy within 3 months of death)
Major findings: **Gall stones, thickened Gall bladder** Date of **Aug 21-40**
Of operations _____
Of autopsy **Pulmonary Embolism**
What test confirmed diagnosis **Autopsy**
20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **Agathe M. Robinson** M. D.
(Address) **Winthrop, Mass.** Date **Aug 28** 19**40**.
21 **Winthrop Winthrop**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **August 30, 1940** 19_____
22 NAME OF FUNERAL DIRECTOR **Richard W. White**
ADDRESS **147 Winthrop St., Winthrop**
Received and filed _____ 19_____
SEP 10 1940
(Registrar)

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.

Registered No. **175**

No. **Winthrop Community Hospital** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Sarah Agnes (Downey) Shattuck**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. **9 Ocean View** St.
 (Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution **2 1/2** years months **9** days. In this community **37** yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **MARRIED**
WIDOWED or **DIVORCED** **Married**

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Howard Porter Shattuck**
 (Husband's name in full)

6 Age of husband or wife if alive **67** years

7 IF STILLBORN, enter that fact here.

8 AGE **58** Years **8** Months **12** Days If less than 1 day Hours Minutes

Usual 9 Occupation: **At home**

Industry 10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) **East Boston**
 (State or country) **Massachusetts**

13 NAME OF FATHER **Edward E. Downey**

14 BIRTHPLACE OF FATHER (City) **Ireland**
 (State or country)

15 MAIDEN NAME OF MOTHER **Bridget Leach**

16 BIRTHPLACE OF MOTHER (City) **Ireland**
 (State or country)

17 **Howard P. Shattuck** Relation, if any (husband)
 Informant (Address) **9 Ocean View St Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **8/29/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **8 27 40**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **4/27** to **8/27** 19**40** to **1940**
 I last saw him alive on **8/27** 19**40**, death is said to have occurred on the date stated above, at **4 1/2** m.
 Immediate cause of death **1. Silencing System**

Duration **2 days**
IMPORTANT

Due to **Anterior Silencing Heart Disease** 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of
 Of autopsy
 What test confirmed diagnosis?

PHYSICIAN
 Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) **Harvey A. Wells** M. D.
 (Address) **10 Winthrop St** Date **8/29/40**

21 **Winthrop Cemetery Winthrop Mass**
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL **August 30, 1940**

22 NAME OF FUNERAL DIRECTOR **Charles R. Bennison**
 ADDRESS **Winthrop Mass**

Received and filed **SEP 10 1940** 19

(Registrar)

Information should be stated on back of certificate. Exact statement of OCCUPATION should be stated on back of certificate. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-e

301 A

Suffolk
(County)

Wintest
(City or Town)

STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH No. **55 Bellevue Avenue** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **William Jeffreys. Kershaw** (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence, No. **55 Bellevue Ave** St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution. _____ years _____ months _____ days. In this community **43** yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Married**

5a If married, widowed, or divorced HUSBAND of **Emma Evelyn Hoxon** (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

6 Age of husband or wife if alive **54** years

7 IF STILLBORN, enter that fact here.

8 AGE **84** Years ☒ Months ☒ Days If less than 1 day _____ Hours _____ Minutes

9 Occupation **Relief H.S. Manager** Industry or Business: _____

11 Social Security No. **220-03-3747**

12 BIRTHPLACE (City) **England** (State or country)

13 NAME OF FATHER **unable to obtain**

14 BIRTHPLACE OF FATHER (City) _____ (State or country)

15 MAIDEN NAME OF MOTHER _____

16 BIRTHPLACE OF MOTHER (City) _____ (State or country)

17 Informant **Abel H. Kershaw** Relation, if any **Son** (Address) **55 Bellevue Ave Wintest**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 31 1940** (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **August 25, 1940, to August 31, 1940**

I last saw him alive on **August 30, 1940**, death is said to have occurred on the date stated above, at **7:40 A.M.**

Immediate cause of death _____

Cerebral Hemorrhage **1 week**

Due to **Generalized arteriosclerosis** **years**

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: **Prostatectomy** Date of **1930**

Of operations _____

Of autopsy _____

What test confirmed diagnosis? **clinical findings**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify _____

(Signed) **Arthur C. Murray** M. D. (Address) **Wintest, Mass.** Date **9/3/40**

21 **Wintest, Mass.** Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Sept - 3rd Wintest** 1940

22 NAME OF FUNERAL DIRECTOR **O. R. Bonini** ADDRESS **Wintest, Mass.**

Received and filed _____ 19 _____

SEP 10 1940 (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) **9/3/40** (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 45, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, æsthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

from 18-302 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. 3427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



Foxborough

(City or town making return)

Registered No.

1 PLACE OF DEATH
Norfolk (County)
Foxborough (City or town)

No. Foxborough State Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary G. Downs (nee Moore) (If deceased is married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Neptune Ave St. Waltham Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution Hospital years 1 months 13 days In this community yr 1 mo 13 days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Aaron Downs (name in full)

6 Age of husband or wife if alive deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 72 years 9 Months 17 Days If less than 1 day Hours Minutes

9 Occupation: Usual Housewife

10 or Business: Own home

11 Social Security No.

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER John Moore
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Katherine Dudley

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant Hospital Records Relation, if any (Address)

A TRUE COPY.

ATTEST: Dora I. Wilson (Registrar of city or town where death occurred)

DATE FILED 9/14/40

18 DATE OF DEATH August 31 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Oct. 18, 1938, to Aug. 31, 1940.

I last saw her alive on August 31, 1940, death is said to have occurred on the date stated above, at 9:35 P. M. Duration

Immediate cause of death Chronic Myocarditis Unk

Due to Secondary Anemia July 1940

Due to

Other conditions Senile Psychosis 1937 (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy Date of What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Grosvenor B. Pearson M. D. (Address) Foxborough Date 9/1/40

21 PLACE OF BURIAL St. Pauls Arlington (Cremation or removal) (City or town)

DATE OF BURIAL 9-3-40 19

22 NAME OF FUNERAL DIRECTOR Napoleon Levesque & Son

ADDRESS 15 Horton St., Salem, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



SEP 10 10 10 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



BOSTON ✓

(City or town making return)

Registered No. 7832

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Boston State Hospital

St.

2 FULL NAME

William McNulty

(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

St.

Winthrop Mass

(Usual place of abode)

Length of stay: In hospital or institution.

(Specify whether)

years

months

days.

(If nonresident, give city or town and state)

In this community 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 Age of husband or wife if alive.

years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation

shoemaker

Industry
or Business:

Plant's Shoe factory

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF
FATHER

Charles P McNulty

14 BIRTHPLACE OF
FATHER (City)

(State or country)

New Brunswick

15 MAIDEN NAME
OF MOTHER

Bridgett O'Rourke

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

mother

Relation, if any

A TRUE COPY.

ATTEST

(Registrar of city or town where death occurred)

DATE FILED

8/13/40 19.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July 18 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

3/18/40

7/18/40

19.

19.

I last saw him alive on 7/18/40

to have occurred on the date stated above, at 10/10A

Duration

Immediate cause of death.

pulmonary tuberculosis

1 yr

Due to

Due to

Other conditions dementia precox paranoid

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Schmidhofer

M. D.

(Address) Boston

Date 7/19/19 40

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Harvard Med School S.P

(Cemetery) Newbury after B.P.

DATE OF BURIAL

22 NAME OF
FUNERAL DIRECTOR

J S Waterman & Sons

ADDRESS

Boston

Received and filed

9/13/40

19.

(Registrar of City or Town where deceased resided)



OCT 10 1934

Name of Person or Firm	Address
J. H. Smith	123 Main St Anytown, Pa.
W. B. Jones	456 Elm St Somerset, Pa.
C. D. Brown	789 Oak St Pittsburgh, Pa.
E. F. Green	1011 Pine St Scranton, Pa.

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(City or town making return)

Registered No. 6750

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH
(County)
SUFFOLK
BOSTON
(City or Town)
No. 126 Kilsyth Rd St.

2 FULL NAME Rose Schwartz
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR.)

162

(a) Residence. No. 140 Cliff Ave St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem 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 Jacob Schwartz (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years. Months. Days If less than 1 day Hours. Minutes

9 Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER William Nurenberg

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Sophie--

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant. Anna Schwartz (Address) (Relation, if any) dau

A TRUE COPY. 25 Mt Hood Rd Brighton

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 8/5/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 1 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 7/1/40, 19, to 8/1/40, 19.

I last saw her alive on 8/1/40, 19, death is said to have occurred on the date stated above, at 1/40 P.m.

Immediate cause of death cerebral thrombosis 24 hrs

Due to arterio sclerosis 12 yrs
arterio sclerotic &
hypertensive heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify O H Wagman M. D.
(Signed) Winthrop Date 8/1/40
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL City of Boston Woburn
(Cemetery) (City or Town)

DATE OF BURIAL Aug 2 1940 19

22 NAME OF FUNERAL DIRECTOR M Stanetsky
ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

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SEP 25 1965

Suffolk

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COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 6763

(If death occurred in a hospital or institution,
give its NAME instead of street and number)(If U. S.
War Veteran,
specify WAR)

163

1 PLACE OF DEATH
1 FULL NAME Mary E Halsall
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 587 Pleasant St. Winthrop
(Usual place of abode)
(If nonresident, give city or town and state)
Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Fem 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) Richard Halsall
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 86 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 6 Months 26 Days If less than 1 day Hours Minutes

9 Usual Occupation: medical doctor

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) East Boston Mass
(State or country)

13 NAME OF FATHER Angus McQuarry

14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

15 MAIDEN NAME OF MOTHER Phoebe A Andrews

16 BIRTHPLACE OF MOTHER (City) Virginia
(State or country)

17 Informant Florence A Halsall (Address) above Relation daughter

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

8/5/40

19

18 DATE OF DEATH August 1 1940
(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.)

Arteriosclerosis
fractured femur

20 Accident, suicide, or homicide (specify) accidents

Date of occurrence Nov. 2 1930 19

Where did injury occur? Winthrop Mass
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?

(Specify type of place)
Manner of fall from bed.
Injury

Nature of injury

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Timothy Leary M. D.
(Address) Boston Date 8/1/19 4022 Place of Burial Woodlawn Everett
(City or Town)

DATE OF BURIAL August 4 1940 19

23 NAME OF FUNERAL DIRECTOR C R Bennison

ADDRESS Winthrop

Received and Filed 19

(Registrar of City or Town where deceased resided)



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Cambridge

(City or town making return)

Registered No. 1089

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

164

2 FULL NAME

John Thomas Dunn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

56 Sagamore Avenue

Winthrop

(a) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Specify whether)

years

months

6 days

(If nonresident, give city or town and state)

In this community yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX
Male4 COLOR OR RACE
white5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
single

18 DATE OF DEATH

August

7

1940

(Month)

(Day)

(Year)

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day Hours Minutes

9 Occupation:

Retired Meter Reader

10 Industry or Business:

City of Boston

11 Social Security No.

Boston

12 BIRTHPLACE (City) (State or country)

Massachusetts

13 NAME OF FATHER

Walter S. Dunn

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)

Dublin
Ireland

17 Informant (Address)

Hannah Dunn

Relation
sister

56 Sagamore Avenue, Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

August 8

19 40

18 DATE OF DEATH

August

7

1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from August 1 to August 7, 1940

I last saw him alive on August 6, 1940, death is said to have occurred on the date stated above, at 10:05 A.M.

Immediate cause of death

Cyst of brain

1932

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George A. Connor,

M. D.

(Address)

Cambridge

Date

8-7-19 40

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross

Malden

(Cemetery)

(City or Town)

DATE OF BURIAL

August 9

19 40

22 NAME OF FUNERAL DIRECTOR

John F. O'Maley

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)

0-41501



EP231.1.1.11

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COPY OF
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

Registered No. 6942

PLACE OF DEATH

(County)

(City or Town)

No. Elm Hill Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret F. Greene (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

165

(a) Residence. No. 35 Lincoln St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fem
4 COLOR OR RACE white
5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John P. Greene (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day Hours Minutes

Usual
9 Occupation: at home

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER Daniel Sweeney

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary McCarthy

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant John Greene Relation, if any (son)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)
8/12/40

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 8 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/3/40, 19, to 8/6/40, 19.

I last saw her alive on 8/6/40, 19, death is said to have occurred on the date stated above, at 1 P. Duration

Immediate cause of death carcinoma of rectum 1937

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J J McNally M. D.

(Address) Boston Date 8/8/40

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or Town)

DATE OF BURIAL August 12 1940 19

22 NAME OF FUNERAL DIRECTOR D J Dooley

ADDRESS E Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

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BOSTON

(City or town making return)

Registered No. 106816

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Beth Israel Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bernard Marcus

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR.)

(a) Residence, No.

5 Wave Way Ave

St. Winthrop Mass

(Usual place of abode)

Length of stay: In hospital or institution.

(Specify whether)

years

months

days.

(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

18 DATE OF
DEATH

August 13 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from
8/3/40, 1940, to 8/13/40, 1940.I last saw h. im alive on 8/13/40, 1940, death is said
to have occurred on the date stated above, at 10/25 P.M. Duration

Immediate cause of death.

chronic glomerulonephritis yrs.
uremia yrs.

Due to congestive heart failure mos.

generalized anasarca weeks

Due to

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

L. Rosenfeld

M. D.

(Address)

Boston

Date 8/13/1940

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Workmens Circle Mel-

(Cemetery)

(City or Town)

DATE OF BURIAL

Aug 14 1940

19

22 NAME OF
FUNERAL DIRECTOR

M Stanetsky

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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 23 Years Months Days If less than 1 day Hours Minutes

9 Occupation: student

10 Industry or Business:

11 Social Security No. -

12 BIRTHPLACE (City) (State or country) Boston Mass

13 NAME OF FATHER Isaac Marcus

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Sarah Schwartz

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant father Relation, if any (Address)

A TRUE COPY.

ATTEST

(Registrar of city or town where death occurred)

DATE FILED

8/16/40

19

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(City or town making return)

Registered No. 7100 167

PLACE OF DEATH

(County)

BOSTON

(City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Muriel H Guntill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 120 Loring Rd St. Winthrop

(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Fem

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)

8 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 20 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual

at home

10 Industry or Business:

11 Social Security No. 017-12-2689

12 BIRTHPLACE (City) Portsmouth NH (State or country)

13 NAME OF FATHER

Carol Guntill

14 BIRTHPLACE OF FATHER (City)

(State or country) Pine Point Me

15 MAIDEN NAME OF MOTHER

Helen McDonald

16 BIRTHPLACE OF MOTHER (City)

(State or country) Boston Mass

17 Informant mother Relation, if any (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

8/17/40

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

August 14 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from 8/13/40 to 8/14/40

I last saw her alive on 8/40, 19 death is said to have occurred on the date stated above, at 2/20A m.

Immediate cause of death: toxic hepatitis

Duration

14 days

Due to ?

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. B. Osgood

M. D.

(Address)

Boston

Date 8/14/1940

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or Town)

DATE OF BURIAL Aug 17 1940 19

22 NAME OF FUNERAL DIRECTOR D J Dooley

ADDRESS E Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

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BOSTON

(City or town making return)

Registered No. 7142

168

PLACE OF DEATH
1 { (County) BOSTON (City or Town)

No. Palmer Memorial Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude A Leach (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 61 Court Rd St. Winthrop (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fem 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 Frank J Leach (Husband's name in full)

8 Age of husband or wife if alive..... years 7 IF STILLBORN, enter that fact here.

8 AGE 54 Years..... Months..... Days..... If less than 1 day Hours..... Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.:

12 BIRTHPLACE (City) E Boston Mass (State or country)

13 NAME OF FATHER William J Burke

14 BIRTHPLACE OF FATHER (City) New Brunswick (State or country)

15 MAIDEN NAME OF MOTHER Margaret F Ryan

16 BIRTHPLACE OF MOTHER (City) Cork Ireland (State or country)

17 Informant. Alice D Burke (sister) (Address) 26 Enfield Rd Win

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 8/19/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 15 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 8/14/40, 19....., to 8/15/40, 19..... I last saw her alive on 8/15/40, 19....., death is said to have occurred on the date stated above, at 3/15A. Duration

Immediate cause of death..... carcinoma of sigmoid partial obstruction large indef

Due to bowel perforation of bowel with wks

Due to secondary peritonitis & abscesses 1 mo

Other conditions diabetes mellitus 11 mos

(Include pregnancy within 3 months of death)

Major findings: Underline the cause to which death should be charged statistically.

Of operations..... Date of.....

Of autopsy.....

What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... A Marble

(Signed)..... (Address) Boston Date 8/15/19 40 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Arlington (Cemetery) (City or Town)

DATE OF BURIAL Aug 17 1940 19

22 NAME OF FUNERAL DIRECTOR M J Kelly

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)



SEP 25 1943 AM

Suffolk

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CERTIFICATE OF DEATH

BOSTON

(City or town making return)

PLACE OF DEATH

(County)

Boston

(City or Town)

No. 330 Brookline Ave

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 7352

2 FULL NAME Harris Housman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

169

(a) Residence. No. 50 Cutler St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED widowed WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of Anna Mankowitz

(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 69 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: tailor

Industry 10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Austria (State or country)

13 NAME OF FATHER Max Housman

14 BIRTHPLACE OF FATHER (City) Austria (State or country)

15 MAIDEN NAME OF MOTHER Ida-

16 BIRTHPLACE OF MOTHER (City) Austria (State or country)

17 Informant Max Housman (Address) (son) Relation, if any

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 19

8/27/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 24 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 8/11/40, 19 to 8/24/40, 19

I last saw him alive on 8/24/40, 19, death is said to have occurred on the date stated above, at 10/25 P.

Duration

Immediate cause of death: broncho pneumonia 5 dys

Due to bronchial asthma yrs

congestive heart failure 1 wk

Due to perforated appendix 13 dys with peritonitis

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Gline Jr. M. D.

(Address) Boston Date 8/24/1940

21 PLACE OF BURIAL. Cremation OR REMOVAL Austrian W Rox (Cemetery) (City or Town)

DATE OF BURIAL July 25 1940 19

22 NAME OF FUNERAL DIRECTOR J H Levine

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



SEP 25 1964 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



BOSTON

1 PLACE OF DEATH
(County) SUFFOLK
BOSTON
(City or Town)

No. Mass General Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Paul Temple Robbs { (If U. S. War Veteran, specify WAR) 170
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 335 Winthrop St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution..... years months days. (Specify whether)
In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED married

5a If married, widowed, or divorced
HUSBAND of Anna A Conley
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 11 Months 18 Days If less than 1 day
Hours Minutes

9 Occupation: glass cutter

10 Industry or Business: glass cutter

11 Social Security No. 011-03-1914

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER Willard R Robbs

14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

15 MAIDEN NAME OF MOTHER Clara E Temple

16 BIRTHPLACE OF MOTHER (City) Bowdoinham Me
(State or country)

17 Informant wife Relation, if any
(Address) ()

A TRUE COPY.

ATTEST: James E. Conley
(Registrar of city or town where death occurred)

DATE FILED 9/4/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 31 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 8/26/40, 19 to 8/31/40, 19

I last saw him alive on 8/31/40, 19, death is said to have occurred on the date stated above, at 4/10A m. Duration

Immediate cause of death.....

acute appendicitis 16 dys

acute purulent pylophlebitis-8 dys

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Date of.....

Of autopsy

What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) G. F. Houser M. D.

(Address) Boston Date 8/31/40

21 PLACE OF BURIAL Winthrop Mass
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL Sept 3 1940 19

22 NAME OF FUNERAL DIRECTOR H. S. Reynolds

ADDRESS Winthrop Mass

Received and filed..... 19

(Registrar of City or Town where deceased resided)

RECEIVED



SEP 25 9 11 AM

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

use changed as per phone call from Revere Board of Health 9/11/40

100m-10-39, No. 8427

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)

2 FULL NAME Josephine A. Newell
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 87 Reservoir Ave. Revere. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of stay: In hospital or institution..... years months 27 days. In this community 20 yrs. mos. days.

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 177

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED widow (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Henry A. Newell (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLEBORN, enter that fact here.

8 AGE 28 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) N.E. (State or country)

13 NAME OF FATHER Morris Ahearn

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Margaret Rowe

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Margurite Murphy (daughter) (Address) 87 Reservoir Ave Revere

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 1 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 8/8, 1940, to 9/1, 1940. I last saw her alive on 8/31/40, 1940, death is said to have occurred on the date stated above, at 5 A.m.

Immediate cause of death: cerebral hemorrhage Hemiplegia rt. side

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings : Of operations Date of Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Frank F. Sandler M. D. (Address) Revere Mass Date 9/2 1940

21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Sept. 3 1940

22 NAME OF FUNERAL DIRECTOR R. J. DeMille ADDRESS Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chidress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/2/40 (Date of Issue of Permit)

Received and Filed SEP 10 1940 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 7671

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Mass General Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Taschula Hantaves
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

172

(a) Residence. No. 25 Wave Way Ave St. Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)
male white MARRIED
or WIDOWED
or DIVORCED widowed5a If married, widowed, or divorced Mary Zanikola
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 69 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Greece
(State or country)

13 NAME OF FATHER Christos Hantaves

14 BIRTHPLACE OF FATHER (City) Greece
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Greece
(State or country)17 Informant Cleopatra Theras Relation, if any
(Address) dau

A TRUE COPY.

ATTEST: Registrar of city or town where death occurred

DATE FILED 9/9/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 3 1940
(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.)
fractured skull; traumatic intra-

cranial hemorrhage. Multiple contusions & abrasions. Said to have been injured by an auto at Winthrop Sept 3-1940. Pedestrian

20 Accident, suicide, or homicide (specify).

Date of occurrence. 19.

Where did injury occur? Winthrop
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of injury

Nature of injury

While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Brickley M. D.
(Address) Boston Date 9/3/4022 Mt Hope Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept 6 1940 19

23 NAME OF FUNERAL DIRECTOR A C Hasiotis
ADDRESS Boston

Received and filed. 19

(Registrar of City or Town where deceased resided)

Copies of returns or statements of death should be transmitted on Form R-305 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.) after the close of the month in which the death occurred.

25m-10-139, No. 8427-g

PARENTS



OCT 19 1948 AM

25m-10-39, No. 8427-g

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 7666

PLACE OF DEATH

(County)
Boston

(City or Town)

No. 818 Harrison Ave.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mildred Ward

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

86 Beal

St. Winthrop

(a) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

(If nonresident, give city or town and state)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Fem

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 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 3

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Boston Mass

(State or country)

13 NAME OF
FATHER

Edward Ward

14 BIRTHPLACE OF
FATHER (City)

Boston Mass

(State or country)

15 MAIDEN NAME
OF MOTHER

Mildred Snow

16 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

17

Informant

(Address)

father

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

19

9/9/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Sept 4 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

crushed skull & fractured
femur.

20 Accident, suicide, or homicide (specify)

Date of occurrence

Sept 4 1940

19

Where did

injury occur?

Boston

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of
injury

struck by automobile

Nature of
injury

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Timothy Leary

M. D.

(Address)

Boston

Date 9/4/40

22

Place of Burial, Cremation or Removal

Calvary

Boston

DATE OF BURIAL

Sept 8 1940

19

23 NAME OF

FUNERAL DIRECTOR

Maurice Kirby

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)



OCT 10 1941 AM

information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. CAUSE OF DEATH in plain terms, so 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. 174

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Fleming (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 39 Wordsworth St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution... Hospital East Boston years months days. In this community yrs. mos. days. (Specify whether)

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 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days 7 Hours Minutes If less than 1 day

Usual Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER Joseph Fleming

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Margaret Sawyer

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant Joseph Fleming (Address) 39 Wordsworth St. E. B. (Relationship 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:

W. M. D. Childress (Signature of Agent of Board of Health or other)

Health Officer 9/9/40 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 5 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept 5, 1940 to Sept 5, 1940. I last saw him alive on Sept 5, 1940 death is said to have occurred on the date stated above, at 2:30 p.m.

Immediate cause of death.

Premature birth 5 months 1940

Due to premature placental separation

Due to separation placenta

Other conditions (Include pregnancy within 3 months of death)

Major findings: Placental separation

Of operations Cesarean Date of 9-5-40

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Raymond J. G. M. D.

(Address) Boston

21 Place of Burial, Cremation or Removal (City or Town), DATE OF BURIAL Sept 9, 1940

22 NAME OF FUNERAL DIRECTOR Charles W. Treanor ADDRESS E. Boston

Received and filed SEP 10 1940 19

(Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

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. **56 Washington Avenue**

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Carrie Estelle (Brackett) Cook**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **56 Washington Avenue**

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community **15** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
Widowed **Widowed**

6a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Frank P. Cook**
(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE **83** Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: **At home**

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) **Rumford**
(State or country) **Maine**

13 NAME OF FATHER **Peter Brackett**

14 BIRTHPLACE OF FATHER (City) **Maine**
(State or country)

15 MAIDEN NAME OF MOTHER **Betsy Abbott**

16 BIRTHPLACE OF MOTHER (City) **Maine**
(State or country)

17 Informant **Mrs. Louise E. Field sister** Relation, if any
(Address) **56 Washington Ave Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **9/7/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Sept 5 1940**
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
Aug 10, 19**40**, to **Sept 5**, 19**40**.
I last saw him alive on **Sept 5**, 19**40**, death is said
to have occurred on the date stated above, at **8:35 p.m.**

Immediate cause of death..... Duration
Cancer of the Liver **3 months**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings :

Of operations Date of.....
Of autopsy
What test confirmed diagnosis? **Clinical**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **Gynecological** M. D.
(Signed) **Wm. S. Childers**
(Address) **Winthrop, Mass** Date **Sept 6 1940**

21 **Newport Maine**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **September 8, 1940**

22 NAME OF FUNERAL DIRECTOR **Charles R. Bennison**
ADDRESS **Winthrop Mass**

Received and filed..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, 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)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)
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. *176*

1 No. *Winthrop Community Hosp.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Lizzie Sewitz* (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. *16 Cross St.* St. *Winthrop, Mass.*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution *5 days* (Specify whether) years months *5* days. In this community *18* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED or DIVORCED *widow* (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of *Benjamin Sewitz* (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE *68* Years Months Days If less than 1 day Hours Minutes

Usual Occupation: *Housewife*

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) *Russia*
(State or country)

13 NAME OF FATHER *Joseph Rosenzweig*

14 BIRTHPLACE OF FATHER (City) *Russian*
(State or country)

15 MAIDEN NAME OF MOTHER *cannot be learned*

16 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)

17 Informant *Henry Gewirtz* Relation, if any (Address) *16 Cross St. Winthrop* (*son*)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *9/9/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Sept 8 1940*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Sept 2*, 19*40*, to *Sept 8*, 19*40*.

I last saw her alive on *Sept 8*, 19*40*, death is said to have occurred on the date stated above, at *11:45* m.

Immediate cause of death *coronary thrombosis* Duration IMPORTANT *5 days*

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *Frank T. Sandler* M. D.

(Signed) *Frank T. Sandler* (Address) *Wentz Mass* Date *9/8* 19*40*

21 *Winthrop Cem. Everett, Mass.* Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Sept 9* 19*40*

22 NAME OF FUNERAL DIRECTOR *Manuel Stankelsky*

ADDRESS *10 Wash. St. Dor. Mass*

Received and filed *SEP 10 1940* 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

PHYSICIANS should state EXACTLY what should be stated EXACTLY. Exact statement of OCCUPATION should be given in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 304 Pleasant

2 FULL NAME

Mabel Morrill Furbur
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 304 Pleasant
(Usual place of abode)

St. { (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 stay: In hospital or institution. (Specify whether) years months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George Edwin Furbur (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 7 Months 26 Days If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

13 NAME OF FATHER Charles Edward Browne

14 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine

15 MAIDEN NAME OF MOTHER Mary Caroline Morrill

16 BIRTHPLACE OF MOTHER (City) Portland
(State or country) Maine17 Informant Alice M. Browne Relation, if any sister
(Address) 304 Pleasant St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1311

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 10 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 15, 1940, to Sept 10, 1940. I last saw her alive on Sept 5, 1940 death is said to have occurred on the date stated above, at 7:00 m.

Immediate cause of death: Cardiac Failure

Due to De-compensation since May 1940.

Due to Cardiac Renal Disease

Due to Several years.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What test confirmed diagnosis: General clinical signs

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Marion Woodman M. D.

(Address) 21 Bay St Boston Date Sept 10 1940

21 Place of Burial, Cremation or Entombment (City or Town)

DATE OF BURIAL September 14 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and Filed SEP 25 1940 (Registrar)

19

Noted for burial permit (S-25-44)

Noted for burial permit (S-25-44)

Noted for burial permit (S-25-44)

Noted for burial permit (S-25-44)

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Noted for burial permit (S-25-44)

Noted for burial permit (S-25-44)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose; the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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 hurled or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

HAVERHILL ✓
(City or town making return)

Registered No. 178

PLACE OF DEATH

(County)
HAVERHILL
(City or Town)



No. 6 Downing av

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Esther B. Levine**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 111 Locust

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. no years months days. In this community yrs. mos. 14 days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of **Harry Levine**
(Husband's name in full)

6 Age of husband or wife if alive. **About 44** years

7 IF STILLBORN, enter that fact here.

8 **About**
AGE **44** Years Months Days If less than 1 day Hours Minutes

Usual
9 Occupation: **Housewife**

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Russia**

13 NAME OF
FATHER **Eli Berger**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Russia**

15 MAIDEN NAME
OF MOTHER **Sarah Sandler**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Russia**

17 Informant **Arthur Berger** Relation, if any
(Address) **6 Downing av**

A TRUE COPY.

ATTEST: **Bernard H. Donahue**
(Registrar of city or town where death occurred)

DATE FILED **Sept 12** 19 **40**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **September 10** 19**40**
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE and MANNER thereof
are as follows: (If an injury was involved, state fully.)

Chronic myocarditis

Contrib: Bronchial asthma

20 Accident, suicide, or homicide (specify) **no**

Date of occurrence **—** 19**—**

Where did
injury occur? **None**
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in
public place? **None**
(Specify type of place)

Manner of
injury **None**
Nature of
injury **None**

While at work? **no** Was there an autopsy? **no**

21 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify
(Signed) **John L O'Toole** M. D.
(Address) **Haverhill** Date **Sept 10** 19**40**

22 **Hebrew** **Everett**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **September 10** 19**40**

23 NAME OF
FUNERAL DIRECTOR **William J Comeau**
ADDRESS **Haverhill**

Received and filed **—** 19**—**

(Registrar of City or Town where deceased resided)

of death should be transmitted on Form R-305 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.)

25m-10-'39. No. 8427-g



OCT 10 1964 AM

(Registrar)

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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. 180

No. 139 Somerset Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Medora (Yaw) Floyd
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. 139 Somerset Ave St.
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 48 yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED married

5a If married, widowed, or divorced
 HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Herbert Wilson Floyd
 (Husband's name in full)

6 Age of husband or wife if alive 82 years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 7 Months 18 Days If less than 1 day
 Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Halifax
 (State or country) Vermont

13 NAME OF FATHER Frederick Yaw

14 BIRTHPLACE OF FATHER (City) Vermont
 (State or country)

15 MAIDEN NAME OF MOTHER Lorina Sargent

16 BIRTHPLACE OF MOTHER (City) Vermont
 (State or country)

17 Informant Herbert W Floyd Relation, if any (Husband)
 (Address) 139 Somerset Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm S Childress
 (Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 9 15 40
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 9/13, 1940, to 9/15, 1940.

I last saw her alive on 9/15, 1940, death is said to have occurred on the date stated above, at 2:15 m.

Immediate cause of death

Pneumonia - Bronchitis

Due to

Due to

Other conditions Chronic hypoxemia
 (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) H. W. Childress M. D.
 (Address) Winthrop Date 9/16 1940

21 Winthrop Winthrop
 Place of Burial, Crematorium or Removal (City or Town)
 DATE OF BURIAL Sept. 18 1940

22 NAME OF FUNERAL DIRECTOR Howard S. Rumble
 ADDRESS Winthrop Mass.

Received and filed SEP 25 1940 19

(Registrar)

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a 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 must 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



(BOSTON)

181

(City or town making return)

Registered No. 7992

1 PLACE OF DEATH
{ SUFFOLK
(County)
BOSTON
(City or Town)

No. Carney Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine R Goetz
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 91 Winthrop St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution. years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX fem 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

18 DATE OF DEATH Sept 15 1940
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Louis W Goetz
(Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from 9/14/40, 19, to 9/15/40, 19

(or) WIFE of (Husband's name in full)

I last saw her alive on 9/15/40, 19, death is said to have occurred on the date stated above, at 4:45A m. Duration

6 Age of husband or wife if alive 32 years

Immediate cause of death post partum hemorrhage 8 hrs

7 IF STILLBORN, enter that fact here.

8 AGE 29 Years Months Days If less than 1 day Hours Minutes

Due to

9 Occupation: housewife

Due to

10 Industry or Business:

Other conditions (Include pregnancy within 3 months of death)

11 Social Security No.

12 BIRTHPLACE (City) Somerville Mass (State or country)

Major findings: Of operations

13 NAME OF FATHER John P O'Neil

Date of

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

Of autopsy

15 MAIDEN NAME OF MOTHER Margaret F Murphy

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

20 Was disease or injury in any way related to occupation of deceased?

17 Informant husband Relation, if any (Address)

If so, specify

A TRUE COPY Francis J. Fay

(Signed) J Carangelo M. D.

ATTEST: (Registrar of city or town where death occurred)

(Address) Boston Date 9/15/1940

DATE FILED 9/19/40 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston (Cemetery) (City or Town)

DATE OF BURIAL Sept 18 1940

22 NAME OF FUNERAL DIRECTOR R C Kirby

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)



OCT 10 1914

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 8161 182

1 PLACE OF DEATH
(County)
SUFFOLK
BOSTON
(City or Town)

No. Palmer Memorial Hosp

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **John F Gray**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **226 Main** St. **Winthrop**
(Usual place of abode)
Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

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 **Mary J Clancy**
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **63**
(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE **82** Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: **boilermaker**

Industry
10 or Business: **retired**

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Chelmsford Mass**

13 NAME OF
FATHER **Thomas Gray**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Ireland**

15 MAIDEN NAME
OF MOTHER **Ellen Corrigan**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Ireland**

17 Informant **wife** Relation, if any
(Address)

A TRUE COPY **Francis J Gray**
ATTEST: (Registrar of city or town where death occurred)
9/26/40

DATE FILED **19**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Sept 21 1940**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
8/29/40, 19, to **9/21/40**, 19.

I last saw him alive on **9/21/40**, 19, death is said
to have occurred on the date stated above, at **7/05P.m.** Duration

Immediate cause of death **arteriosclerotic heart disease**

Due to

Due to

(old cerebral hemorrhage -
Paralysis **5 yrs**
Other conditions (Include pregnancy within 3 months of death) **PHYSICIAN**

Major findings:
Of operations

Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **C C Franseer** M. D.
(Signed) **Boston** Date **9/22/40**
(Address)

21 PLACE OF BURIAL **Holy Cross Malden**
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL **Sept 24 1940** 19.

22 NAME OF FUNERAL DIRECTOR **F J Magrath**
ADDRESS **Boston**

Received and filed 19.

(Registrar of City or Town where deceased resided)

after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-4



OCT 10 11 AM

PLATE OF DEATH

1 **Suffolk** (County)
Winthrop (City or Town)
 No. **Winthrop Community Hospital** (If death occurred in a hospital or institution, give NAME instead of street and number)

2 FULL NAME **Mrs. Emma Lund** (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. **8 Pleasant St.** St. **Winthrop**
 (Usual place of abode)
 Length of stay: In hospital or institution **Hospital** years months **6** days. In this community yrs. mos. days.
 (Specify whether)

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Widowed**
 5a If married, widowed, or divorced HUSBAND of **Henry B. Lund** (Give maiden name of wife in full)
 (or) WIFE of **Henry B. Lund** (Husband's name in full)
 6 Age of husband or wife if alive. Years
 7 IF STILLBORN, enter that fact here.
 8 AGE **80** Years **10** Months **25** Days If less than 1 day Hours Minutes
 9 Usual Occupation: **At Home**
 Industry
 10 or Business:
 11 Social Security No. **None**
 12 BIRTHPLACE (City) **Rutland**
 (State or country) **Mass.**
PARENTS
 13 NAME OF FATHER **Samuel T. King**
 14 BIRTHPLACE OF FATHER (City) **Rutland**
 (State or country) **Mass.**
 15 MAIDEN NAME OF MOTHER **Sarah Bancroft**
 16 BIRTHPLACE OF MOTHER (City) **Northfield**
 (State or country) **Mass.**
 17 Informant **Mrs. Ethel Burnap** Relation, if any **Daughter**
 (Address) **8 Pleasant St., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
 (Signature of Agent of Board of Health or other)
Agent - Sept. 24/40
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Sept 22, 1940**
 (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.)
Respiratory pneumonia
Fracture left femur
 20 Accident, suicide, or homicide (specify) **Accident**
 Date of occurrence **9/15/40** 19
 Where did Injury occur? **Winthrop**
 (City or town and State)
 Did injury occur in or about home, on farm, in industrial place, in public place? **Home**
 (Specify type of place)
 Manner of Injury **Fall**
 Nature of Injury
 While at work? Was there an autopsy?
 21 Was disease or injury in any way related to occupation of deceased?
 If so, specify **Cornelius Whately** M. D.
 (Signed) **Wm. D. Childress** Date **9/23/40**
 (Address) **Rutland Rutland Mass**
 22 Place of Burial, Cremation or Removal. (City or Town)
Rutland
 DATE OF BURIAL **Sept. 25, 1940** 19
 23 NAME OF FUNERAL DIRECTOR **Richard D. White**
 ADDRESS **147 Winthrop St., Winthrop**
 Received and filed **SEP 25 1940** 19
 A TRUE COPY ATTEST: (Registrar)

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . .

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 88, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where 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 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 anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Sufflok

(County)

Winthrop

(City or Town)

No. 5 Bellevue Terrace

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carrie May Hetherington nee Brooks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Bellevue Terrace

(Usual place of abode)

St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community 15 yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widow (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Dr. Gilbert E. Hetherington (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 1 Months 28 Days If less than 1 day Hours Minutes

9 Usual Occupation: no occupation

10 Industry at home or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Stark (State or country) Maine

13 NAME OF FATHER Benjamin Brooks

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Maine

15 MAIDEN NAME OF MOTHER Theresa Maxim

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Maine

17 Informant T. Gilbert Hetherington son (Address) 5 Bellevue Terrace, 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)

 The Commonwealth of Massachusetts
 OFFICE 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. 184

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 23 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 1940, to 1940, last saw him alive on Sept 23, 1940, death is said to have occurred on the date stated above, at 5:30 m.

Immediate cause of death: Uterine infection Duration 3 days

Due to

Due to

Other conditions: Pneumonia of lungs 9 mos. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Hetherington, M. D. (Address) 1940

21 Thorntown, Cody, New Brunswick. Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 26, 1940

22 NAME OF FUNERAL DIRECTOR J. E. Parker ADDRESS 300 Meridian St., E. Boston.

Received and filed SEP 25 1940

(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)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

N.B. WRITE PLAINLY WITH INK. IN THE LEFT MARGIN, PRINT NAME, ADDRESS, PHONE NUMBER, AND DATE. THIS IS A PERMANENT RECORD. THIS INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED IN YEARS, MONTHS, AND DAYS. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

PLACE OF DEATH

Suffolk
(County)
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.
185
Registered No.

No. Community Hospital, Winthrop, St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Baby Jewkes
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 27 Marshall St. Winthrop, Mass.
(Usual place of abode)
(If nonresident, give city or town and state)
Length of stay: In hospital or institution Hospital years months 0 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here. Stillborn		
8 AGE Years Months Days If less than 1 day Hours Minutes		
9 Occupation: Usual None Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) Winthrop (State or country) Mass.		
PARENTS	13 NAME OF FATHER Frederick M. Jewkes	
	14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.	
	15 MAIDEN NAME OF MOTHER Margaret C. Barry	
	16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.	

17 Informant F. M. Jewkes (Father)
(Address) 27 Marshall St., Winthrop
Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
10/1/40
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH September 29 1940 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19..... I last saw him alive on....., 19....., death is said to have occurred on the date stated above, at..... m. Immediate cause of death..... Stillborn 8:23 A.M. Due to (Premature) (one of twins) Due to Other conditions..... (Include pregnancy within 3 months of death) Major findings: Of operations..... Date of..... Of autopsy none What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Arthur C. Murray M. D. (Address) Winthrop, Mass. Date 9/29 1940 21 St. Michael's Church - Boston Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Sept 30 19..... 22 NAME OF FUNERAL DIRECTOR R. C. Kirby ADDRESS 17 Bevington St. Boston Received and filed..... 19..... (Registrar)
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GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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).*

RULES OF PRACTICE

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make an entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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. *186*

1 No. *457 Shirley* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Bernard H. Flaherty* { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *457 Shirley* St. (If nonresident, give city or town and state)
Length of stay: In hospital or institution *none* years months days. In this community *5* yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Widowed*
5a If married, widowed, or divorced *Susan O'Hara*
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 *82* Years Months Days If less than 1 day Hours Minutes
9 Usual Occupation: *Police Inspector*
Industry
10 or Business:
11 Social Security No. *none*
12 BIRTHPLACE (City) *Pitchburg Mass*
(State or country)
13 NAME OF FATHER *Patrick Flaherty*
14 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)
15 MAIDEN NAME OF MOTHER *Mary Tarpey*
16 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)
17 Informant *Grace Flaherty (daughter)* Relation, if any
(Address) *457 Shirley*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Sept 30 - 1940*
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from *Nov. 1939*, to *9/30*, 19*40*
I last saw him alive on *9/29/40* 19 death is said to have occurred on the date stated above, at *430 A.*
Immediate cause of death *Pulmonary Edema* Duration *3 days*
Due to *General Arterio Sclerosis* 2 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *Miss G. E. Kelly* M. D. Date *9/30* 19*40*
(Address)
21 *St. Bernard's Pitchburg*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *October 2 - 1940*
22 NAME OF FUNERAL DIRECTOR *Harold F. Root*
ADDRESS *Pitchburg Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 9/30/40
(Official Designation) (Date of Issue of Permit)

Received and filed *19*
1940 (Registrar)

SPACE FOR ADDITIONAL INFORMATION

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-10-739, No. 3427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Malden

(City or town making return)

Registered No. 187

1 PLACE OF DEATH
Middlesex
(County)
Malden
(City or Town)
No. 14 Rockland Ave. St.



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Reid
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 27 Vine Ave. St. Winthrop
(Usual place of abode)

Length of stay: In hospital or institution.....2 years 6 months days. In this community 7 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Janet McBain
(Give maiden name or 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 77 Years 11 Months 19 days If less than 1 day Hours Minutes

Usual Occupation: Clerk Retired

Industry Office

10 or Business

11 Social Security No.

12 BIRTHPLACE (City) Scotland
(State or country)

13 NAME OF FATHER (Unable obtain) Reid

14 BIRTHPLACE OF FATHER (City) (Unable obtain)
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)
(State or country)

17 Informant John B. Reid Son
(Address) 1986 Commonwealth Ave. Boston
Relation, if any

A TRUE COPY.

ATTEST: [Signature] (City or town where death occurred)

DATE FILED Oct. 5, 1940 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 22, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Aug. 38 to Sept. 22, 1940

I last saw him alive on Sept. 22, 1940, death is said to have occurred on the date stated above, at 10 P.M. Duration

Immediate cause of death: Terminal Broncho Pneumonia 9/21/40

Due to Generalized Arteriosclerosis '30

Due to Chronic Myocarditis 1935

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Roland P. Wilder M. D.

(Address) 214 Clifton St. Date 9/23/40
21 PLACE OF BURIAL CREMATION OR REMOVAL Cedar Grove, Dorchester (City or Town)

DATE OF BURIAL Sept. 25, 1940 19

22 NAME OF FUNERAL DIRECTOR Charles P. Bennison
ADDRESS Winthrop

Received and Filed 19

(Registrar of City or Town where deceased resided)



OCT 23 1961

REVERSE NOTIFIED

Suffolk 11/18/40
(County)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

188

Registered No.

PLACE OF DEATH

Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATHNo. Community Hospital St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Anne Fleming
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 178 Bellingham Ave. St. Revere
(Usual place of abode) (If nonresident, give city or town and state)Length of stay: In hospital or institution Hospital years months 12 days. In this community 3 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed.5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of John E. Fleming
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years - Months - Days If less than 1 day
Hours MinutesUsual
9 Occupation: HousewifeIndustry
10 or Business: At Home

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) England13 NAME OF
FATHER Richard Power14 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland15 MAIDEN NAME
OF MOTHER Mary Rice16 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland17 Informant Mrs. Eleanor O'Leary (Address) (Relation, if any)
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. O'Leary
(Signature of Agent of Board of Health or other)Health Officer 10/18/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 3 1940
(Month) (Day) (Year)19 I HEREBY CERTIFY that I attended deceased from
Sept 21, 1940, to Oct 3, 1940I last saw her alive on Oct 3, 1940 death is said
to have occurred on the date stated above, at 4:30 p.m.

Immediate cause of death: Cerebral Hemorrhage Sept 21

Due to Hypertension do not know

Due to Hypertension do not know

Other conditions: Hypertension heart do not know
(Include pregnancy within 3 months of death) Run

Major findings: -

Of operations: - Date of: -

Of autopsy: -

What test confirmed diagnosis? -

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify John J. Collins M. D.

(Signed) (Address) Revere Mass Date 10-3-1940

21 Holy Cross Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 5 1940

22 NAME OF FUNERAL DIRECTOR J. V. United Company

ADDRESS 254 Beach St. Revere

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Suffolk

(County)

Winthrop

(City or Town)

PLACE OF DEATH

No. 125 Cliff 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. 189

2 FULL NAME Margaret S. Cassidy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 149 Washington Ave

(Usual place of abode)

St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution. Rest Home

(Specify whether)

years 2 months

days.

In this community 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 84 years 10 Months 10 Days If less than 1 day Hours Minutes

Usual Occupation: at home

Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Boston Mass (State or country)

13 NAME OF FATHER Michael Cassidy

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Anne Cox

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Dr Arthur E. Cassidy Relation, if any Himself (nephew)
(Address) 149 Washington Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 4th 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 1, 1939, to Oct 4, 1940. Last saw her alive on Oct 1, 1940. Death is said to have occurred on the date stated above, at 1 p.m.

Immediate cause of death

Due to acute pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations. Date of

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. J. Cassidy M. D. (Address) 149 Washington Ave Date 10/4 1940

21 Old Calvary Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL October 7th 1940 19

22 NAME OF FUNERAL DIRECTOR W. J. Cassidy
ADDRESS 160 Harrison Ave Boston

Received and filed OCT 9 1940 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

N. E.—WHILE PLAINLY, WITH UNADING BLACK INK—THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-739, No. 8427-d

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
 No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Freda Bramson (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 36 Wave Way Ave. St. Winthrop Mass.
 (Usual place of abode)
 Length of stay: In hospital or institution 1 mo. 14 years months days. In this community 14 yrs. mos. days.
 (Specify whether)

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 Mavis Bramson
 (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 55 Years Months Days If less than 1 day Hours Minutes
 Usual Occupation: House wife
 Industry or Business:
11 Social Security No.
12 BIRTHPLACE (City) Russia
 (State or country)
13 NAME OF FATHER Jacob Tratenberg
14 BIRTHPLACE OF FATHER (City) Russia
 (State or country)
15 MAIDEN NAME OF MOTHER Pauline Geffin
16 BIRTHPLACE OF MOTHER (City) Russia
 (State or country)

17 Informant Mae Goldberg (Relation, if any)
 (Address) 23 Shore Drive Winthrop Mass.
 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/6/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 5th. 1940
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 1937 to Oct. 5, 1940
 I last saw her alive on Oct 5, 1940 death is said to have occurred on the date stated above, at 11:00 P.M. Duration
 Immediate cause of death Coronary Thrombosis 4 mts.
 Due to Hypertensive - Coronary Artery Heart Disease 5 yrs.
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations Date of
 Of autopsy
 What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Charles Liberman M. D.
 (Address) 26 Wave Way Ave Date Oct 5 1940
21 Winthrop Cemetery Everett, Mass.
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL October 6 1940
22 NAME OF FUNERAL DIRECTOR Manuel Stanitsky
 ADDRESS 10 Washington St. Dor.
 Received and filed Oct 6 1940 19
 A TRUE COPY ATTEST: (Registrar)

GOVERNING THE

A physician or sistered 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.*

obtained as to the 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.)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

(Registrar)

RETURN OF CERTIFICATES OF DEATH

any undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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.)*

RULES OF PRACTICE

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **192**

PLACE OF DEATH
1 **Suffolk**
(County)
Wintthrop
(City or Town)
No. **78 Crystal Cove Ave.** St.



2 FULL NAME **Nellie M. Ellis (Kimball)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. { (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. **78 Crystal Cove Ave.** St.
(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **3** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Widowed**
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of **Nellie M. Ellis**
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE **81** Years **0** Months **4** Days If less than 1 day Hours _____ Minutes _____

9 Usual Occupation: **at home**

10 Industry or Business: **own**

11 Social Security No. _____

12 BIRTHPLACE (City) _____ (State or country) _____

13 NAME OF FATHER **Abel Kimball**

14 BIRTHPLACE OF FATHER (City) _____ (State or country) _____

15 MAIDEN NAME OF MOTHER **Harriet Dockum**

16 BIRTHPLACE OF MOTHER (City) _____ (State or country) _____

17 Informant **Mr. Charles M. Lumsden (daughter)**
(Address) **78 Crystal Cove 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)

Health Officer (Official Designation) **10/14/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 13, 1940**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **Aug 1**, 19**39** to **October 13** 19**40**
I last saw him alive on **Oct 12**, 19**40** death is said to have occurred on the date stated above, at **3:30 P.M.**
Immediate cause of death **hypertensive pulmonary disease**

Duration
IMPORTANT

Due to **hypertensive**

Due to **varicose**

Other conditions **varicose ulcers**
(Include pregnancy within 3 months of death)

IMPORTANT

PHYSICIAN

Major findings:

Of operations _____ Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) **C. J. M. M. M.** M. D.

(Address) **100m-2-40-D-729-a** Date **10-14-1940**

21 **Woodland Cemetery, Wintthrop**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **October 16, 1940**

22 NAME OF FUNERAL DIRECTOR **A. H. Anderson Co. W. B. G. at**

ADDRESS **517 Broadway Wintthrop Mass.**

Received and filed _____ 19 _____

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

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. 193

No. 423 Winthrop St. St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME John Fox
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 423 Winthrop St. St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community 15 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Margaret E. Walsh
(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 80 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Dry maker

10 Industry or Business: Retired

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Patrick Fox

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen M. Shane

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant James Fox (Address) 423 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health officer 10/18/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 17 1940
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from Sept 1 1939 to Oct 17 1940
I last saw him alive on Sept 19 1940, death is said to have occurred on the date stated above, at 1.30 P.M.

Immediate cause of death

Arteriosclerosis

Due to Chronic nephritis 1906

Due to Chronic nephritis 1926

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? Urinalysis

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Fox M. D.

(Address) 617 E. St. Malden Date Oct 17 1940

21 Place of Burial, Cremation or Removal (City or Town)

Holy Cross Malden

DATE OF BURIAL Oct 20 1940

22 NAME OF FUNERAL DIRECTOR Frederick J. McGrath

ADDRESS 44 Montague St. East Boston

Received and filed 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town to whom the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, in the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

(3) Medical Examiners 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 of a person has been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. State instrument or record number. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 12 Prescott St

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

134

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 William H. Fielding

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 12 Prescott St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

years

months

days

In this community

yrs.

mos.

days

(Specify whether)

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 Julia E. Walsh Fielding

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day
Hours Minutes

Usual

9 Occupation Master Printer

Industry

10 or Business Printing

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

Charles Fielding

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Mary Corrigan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

PARENTS

17 Informant

(Address)

Julia Fielding

Relation, if any

(Wife)

12 Prescott 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 on Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October 18, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from April 27, 1940 to October 18, 1940

I last saw him alive on October 17, 1940, death is said to have occurred on the date stated above, at 12:15 P. M.

Immediate cause of death

Duration (IMPORTANT)

Due to

Arteriosclerosis

5 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

(IMPORTANT)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edmund J. Moran

M. D.

(Address) 664 Lexington St

Date Oct 18, 1940

21 Winthrop Winthrop

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Oct. 21, 1940

19

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

Dec 7 1863

74

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of 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 of death, the date of death, the date of the contract, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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 one of the town where the body is to be buried or the funeral is to be held, or from a 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 septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH Weymouth (County)
Weymouth (City or Town)
 2 FULL NAME Edward F. Soney
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 79 Cliff Ave St. Weymouth
 (Usual place of abode)
 Length of stay: In hospital or institution none years months days. In this community 20 yrs. mos. days.
 (Specify whether)

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. 195

(If death occurred in a hospital or institution, give name and address of street and number)

(If U. S. War Veteran, specify WAR) None

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
Married
 6 Age of husband or wife if alive 51 years
 7 IF STILLBORN, enter that fact here.
 8 AGE 49 Years Months Days If less than 1 day
 9 Occupation: Salesman
 10 Industry or Business: Shirts
 11 Social Security No. None
 12 BIRTHPLACE (City) Bangor
 (State or country) Maine

13 NAME OF FATHER Frank Soney
 14 BIRTHPLACE OF FATHER (City) Maine
 (State or country)
 15 MAIDEN NAME OF MOTHER Ella B (unknown)
 16 BIRTHPLACE OF MOTHER (City) Maine
 (State or country)

17 Informant Helen V Collins Relation if any Wife
 (Address) 79 Cliff Ave, Weymouth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress D.
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/21/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 19, 1940
 (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.)

Compacted & rupture of blood vessels

20 Accident, suicide, or homicide (specify) None
 Date of occurrence 19

Where did injury occur? None
 (City or town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? None
 (Specify type of place)

Manner of Injury None
 Nature of Injury None

While at work? None Was there an autopsy? None

21 Was disease or injury in any way related to occupation of deceased? None

If so, specify Respiratory Disease
 (Signed) Wm. D. Childress M. D.

(Address) Weymouth Date 10/21/40

22 Place of Burial, Cremation or Removal Weymouth (City or Town)

DATE OF BURIAL Oct 21 1940

23 NAME OF FUNERAL DIRECTOR P. C. Irish

ADDRESS 17 Huntington St Boston

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths 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 anaesthetic." "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)."

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 148 Winthrop

St.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

196

Registered No.

2 FULL NAME Raymond Brewer Parker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 148 Winthrop

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

years

months

days.

In this community 26 yrs. mos. days.

(Specify whether)

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 Helen Frances Stark

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 10 Months 16 Days If less than 1 day
Hours Minutes

Usual

9 Occupation:

Physician

Industry

10 or Business:

11 Social Security No. Somerville, M

12 BIRTHPLACE (City) Reading
(State or country) Massachusetts

13 NAME OF FATHER

Henry Clark Parker

14 BIRTHPLACE OF FATHER (City)

Reading

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Henrietta Cogan

16 BIRTHPLACE OF MOTHER (City)

Unable to obtain

(State or country)

17 Relation, if any

Informant Helen F. Parker (wife)
(Address) 148 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chilress
(Signature of Agent of Board of Health or other)Health Officer 10/31/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October 19, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from July 16, 1940, to October 19, 1940

I last saw him alive on October 18, 1940, death is said to have occurred on the date stated above, at 7:55 p.m.

Immediate cause of death

Coronary thrombosis

Duration
IMPORTANT
Sudden

Due to Arteriosclerosis

Due to

Other conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Hypertension

IMPORTANT
PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

125 Spring St

Date Oct 19, 1940

M. D.

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL October 22, 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

(3) Medical Examiners 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 unhealthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

197

Registered No.

PLACE OF DEATH

Suffolk
County
Worcester
(City or Town)



No. 78 English Ave. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Edward Harney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR).....

(a) Residence. No. 78 English Ave. St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community 15 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED
or DIVORCED
6 Age of husband or wife if alive. 80 years
7 IF STILLBORN, enter that fact here.
8 AGE. 81 Years Months Days If less than 1 day Hours Minutes
9 Occupation: Contracting
10 or Business: self
11 Social Security No. none
12 BIRTHPLACE (City) Halifax N.S.
(State or country)

13 NAME OF FATHER John Harney
14 BIRTHPLACE OF FATHER (City) Halifax N.S.
(State or country)

15 MAIDEN NAME OF MOTHER Bridget Kelley
16 BIRTHPLACE OF MOTHER Halifax N.S.
(State or country)

17 Informant. (Address) Walter Harney (Wife)
(Relative, 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. J. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/26/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Thursday October 24, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from November 1, 1938, to October 24, 1940
I last saw him alive on October 24, 1940, death is said to have occurred on the date stated above, at 11 A.M.
Immediate cause of death.....

Bronchial pneumonia 30 days
Due to cerebral thrombosis 70 days
Generalized arteriosclerosis
Due to Senility
Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Date of
What test confirmed diagnosis? auscultation

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) F. J. McGrath M. D.
(Address) 620 Beach St. N. H. Date 10-26-40

21 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Oct. 24, 1940

22 NAME OF FUNERAL DIRECTOR
ADDRESS

Received and filed 19

A TRUE COPY ATTEST:
(Registrar)

Received and filed 19

A TRUE COPY ATTEST:
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, 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.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

or death should be transmitted on Form K-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

PLACE OF DEATH

MIDDLESEX

(County)

SOMERVILLE

(City or Town)

No. 24 Highland Ave.

St. { (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
COPY OF
CERTIFICATE OF DEATH

SOMERVILLE

(City or town making return)

Registered No. 724

2 FULL NAME Emma F. Chapman (Crowell)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

198

(a) Residence. No. Preble Avenue

(Usual place of abode)

St. Winthrop, Mass.

Length of stay: In hospital or institution Nurse's Home 1 months 6 days

(Specify whether)

(If nonresident, give city or town and state)
In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

F

White

MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frederick B. Chapman

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years 5 Months 6 Days If less than 1 day Hours Minutes

9 Usual Occupation:

Housewife

10 Industry or Business:

At Home

11 Social Security No.

12 BIRTHPLACE (City)

Providence,

(State or country)

R.I.

13 NAME OF FATHER

Stephen W.B. Crowell

14 BIRTHPLACE OF FATHER (City)

Milton,

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Sarah B. Smith

16 BIRTHPLACE OF MOTHER (City)

Needham,

(State or country)

Mass.

17 Informant

Chester B. Chapman

Relation, if any

(Address)

Preble Ave., Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

October 28, 1940

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October 25, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan. 1, 1940, 19 to October 25, 1940

I last saw him alive on October 25, 1940. Death is said to have occurred on the date stated above, at 10:30 AM

Immediate cause of death Diabetes Mellitus 10 years

Due to Diabetic Coma 2 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Herbert Cholerton, M. D.

(Address) Somerville, Mass. Date 10/26/1940

21 PLACE OF BURIAL Canton Cem., Canton, Mass.

CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL October 28, 1940

22 NAME OF FUNERAL DIRECTOR John S. McGowan,

ADDRESS Somerville, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)



NOV-6 1940 AM

50m-10-39, No. 8427-h

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. **199**

PLACE OF DEATH

 1 **Buffalo**
 (County)
Wentworth
 (City or Town)

 (If death occurred in a hospital or institution,
 specify NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

 (If U. S.
 War Veteran,
 specify WAR)

(a) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

(If nonresident, give city or town and state)

In this community **25** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

male

white

MARRIED

WIDOWED

OR DIVORCED

married

6a If married, widowed, or divorced

HUSBAND of

 (Give maiden name of wife in full)
Christine Guha

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

39 years

7 IF STILLBORN, enter that fact here.

8

AGE

48

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Salesman

Industry

10 or Business:

General Importing Co

11 Social Security No.

021-03-2520

12 BIRTHPLACE (City)

(State or country)

Gucl

13 NAME OF FATHER

Peter Levas

14 BIRTHPLACE OF FATHER (City)

(State or country)

Gucl

15 MAIDEN NAME OF MOTHER

Stella Booras

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Gucl

17

Informant

(Address)

Anne Levas

Relation, if any

100 Cliff Ave. Wrentham, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

 (Signature of Agent of Board of Health or other)
Wm. D. Childress

 (Official Designation)
Health Officer

 (Date of Issue of Permit)
10/29/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October 26, 1940

(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.)
Cardiac Failure
probably coronary disease
and to some extent
on sidewalk

20

Accident, suicide, or homicide (specify)

Date of occurrence

19

Where did

injury occur?

(City or town and State)

 Did injury occur in or about home, or farm, or industrial place, in public place?
Not used

(Specify type of place)

Manner of

injury

Nature of

injury

While at work?.....Was there an autopsy?.....

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **James M. D.**

(Address)

Date **10/29/40**

22

Place of Burial, Cremation or Removal

(City or Town)

Woodlawn Cem. New York, N. Y.
DATE OF BURIAL **Oct 31, 1940**

23

NAME OF FUNERAL DIRECTOR

James C. Hascott
ADDRESS **1654 Washington St., Boston**

Received and filed

A TRUE COPY ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker, or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is hurried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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. as amended.

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. 33, Sec. 1.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.

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 anaesthetic." "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

MIDDLESEX

(County)

TEWKSBURY

(City or Town)

TEWKSBURY STATE HOSPITAL and INFIRMARY

No. St.

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

TEWKSBURY STATE HOSPITAL
 and INFIRMARY
 TEWKSBURY

(City or town making return)

Registered No. 304

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Russell W. Hook
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. 56 Locust St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months 5 days. In this community yrs. mos. days.
 (Specify whether)

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 43 Years. 7 Months. 22 Days If less than 1 day
 Hours..... Minutes

9 Usual Occupation: Dependent

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) East Boston
 (State or country) Mass.

13 NAME OF FATHER Dudley Hook

14 BIRTHPLACE OF FATHER (City) Boston
 (State or country) Mass.

15 MAIDEN NAME OF MOTHER Emma Battis

16 BIRTHPLACE OF MOTHER (City) Boston
 (State or country) Mass.

17 Informant HOSPITAL RECORDS Relation, if any
 (Address) (.....)

A TRUE COPY.

ATTEST: James H. Kelley M. D. Supt.
 (Registrar of city or town where death occurred)

DATE FILED Sept. 2, 19 40

18 DATE OF DEATH Sept. 2, 1940
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
Aug. 27, 1940, to Sept. 2, 1940

I last saw him alive on Sept. 2, 1940, death is said
 to have occurred on the date stated above, at 2:35P m. Duration

Immediate cause of death.....

Disseminated Sclerosis unknown

Due to

Due to

Other conditions Terminal Broncho-pneumonia
 (Include pregnancy within 3 months of death) PHYSICIAN

Major findings:
 Of operations Underline the cause to which death should be charged statistically.

..... Date of.....

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) C. W. Houghton M. D.

(Address) T.S.H. & I. Tewksbury Date 9-2 1940

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mayflower, Duxbury
 (Cemetery) (City or Town)

DATE OF BURIAL Sept. 4, 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
 ADDRESS 170 Winthrop St., Winthrop

Received and filed..... 19.....

(Registrar of City or Town where deceased resided)



NOV 25 1967

MIDDLESEX (County)		NEWTON (City or Town)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF DEATH		NEWTON (City or town making return)	
1 PLACE OF DEATH No. <u>Newton Hospital</u> St. <u>Winthrop Mass</u>		Registered No. <u>340</u> 201		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)	
2 FULL NAME <u>Eliza Letson</u> (If deceased is married, give name of husband; if divorced, give also maiden name.)							
(a) Residence. No. <u>186 Bartlett Road</u> St. <u>Winthrop Mass</u> (Usual place of abode) Length of stay: In hospital or institution <u>Hospital</u> years months days <u>2</u> In this community yrs. mos. days.							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u>		18 DATE OF DEATH <u>Oct 9 1940</u> (Month) (Day) (Year)			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)				19 I HEREBY CERTIFY. That I attended deceased from <u>Oct 7, 1940</u> to <u>Oct 9, 1940</u> I last saw him alive on <u>Oct 9, 1940</u> Death is said to have occurred on the date stated above, at <u>7:43 pm</u> Duration <u>Intestinal Obstruction</u> <u>10/4/40</u>			
6 Age of husband or wife if alive. _____ years				Immediate cause of death. _____			
7 IF STILLBORN, enter that fact here.				Due to <u>Adhesions</u>			
8 AGE <u>41</u> Years <u>5</u> Months <u>17</u> Days If less than 1 day Hours _____ Minutes _____				Due to _____			
9 Usual Occupation: <u>Nurse</u>				Other conditions _____ (Include pregnancy within 3 months of death)			
10 Industry or Business: <u>Household</u>				Major findings: <u>Intestinal Obstruction</u> <u>Adhesions of</u> _____ Date of <u>Oct 7 1940</u>			
11 Social Security No. <u>021-16-7583</u>				Underline the cause to which death should be charged statistically. <u>X-Ray</u>			
12 BIRTHPLACE (City) <u>Liverpool</u> (State or country) <u>England</u>				20 Was disease or injury in any way related to occupation of deceased? <u>No</u>			
13 NAME OF FATHER <u>Henry F Letson</u>				If so, specify _____			
14 BIRTHPLACE OF FATHER (City) <u>Chatham</u> (State or country) <u>N B</u>				(Signed) <u>Herbert G Murphy</u> M. D. (Address) _____ Date <u>19</u>			
15 MAIDEN NAME OF MOTHER <u>Eliza Letson</u>				21 PLACE OF BURIAL <u>Boston Mass</u> <u>10/9</u> <u>40</u> CREMATION OR REMOVAL <u>Winthrop Cemetery</u> <u>Winthrop Mass</u>			
16 BIRTHPLACE OF MOTHER (City) <u>Chatham</u> (State or country) <u>N B</u>				DATE OF BURIAL <u>Oct 11</u> <u>19</u> <u>40</u>			
17 Informant <u>James H Letson</u> (Address) <u>59 Ingle side Ave Winthrop Mass</u> Relation, if any <u>Brother</u>				22 NAME OF FUNERAL DIRECTOR <u>Richard H White</u> ADDRESS <u>Winthrop Mass</u>			
A TRUE COPY.				Received and Filed <u>Nov 16</u> <u>1940</u> <u>Donald S. McLeod</u> (Registrar of City or Town where deceased resided)			
ATTEST: _____ (Registrar of city or town where death occurred)							
DATE FILED <u>Oct 14</u> <u>19</u> <u>40</u>							



NOV 15 1914

PLACE OF DEATH

 { SUFFOLK
(County)
BOSTON

(City or Town)


 The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8718

No. N. E. Deaconess Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie Kline

(If deceased is a married, widowed or divorced woman, give also maiden name.)

 (If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

148 Shore Drive

St.

Winthrop

(Usual place of abode)

Length of stay: In hospital or institution.

(Specify whether)

years

months

days.

(If nonresident, give city or town and state)

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

fem

4 COLOR OR RACE

white

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Samuel Kline

(Husband's name in full)

6 Age of husband or wife if alive

62

years

7 IF STILLBORN, enter that fact here.

8

AGE 64

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

11 Social Security No.

Russia

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

Bernard Sundler

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Katie -

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant

Julius M

Relation, if any

(Address)

(son)

A TRUE COPY

Francis J. Fay

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

10/15/40

19

18 DATE OF DEATH

Oct 11 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

10/9/40

19

to 10/11/40

19

I last saw her alive on 10/11/40

19

death is said to have occurred on the date stated above, at 12/55P

Duration

Immediate cause of death

coronary occlusion

abt 3 dys

cerebral accident (prob embolus) 2 dys

Due to with right hemiplegia

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C C Bailey

M. D.

(Address)

Boston

died 10/11/19 40

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Beth Israel W Rox

(Cemetery)

(City or Town)

DATE OF BURIAL

Oct 13 1940

19

22 NAME OF

FUNERAL DIRECTOR

J H Levine

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

100m-10-39, No. 8427-e

Suffolk
(County)
Winthrop
(City or Town)

STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH

No. **26 - Forrest** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Rose Piken** (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. **26 - Forrest** St. **Winthrop** (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **16** yrs. mos. days. (Specify whether)

To be filed for burial permit with Board of Health or its Agent.

203

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX **Female** 4 COLOR OR RACE **white** 5 SINGLE **MARRIED** (write the word) **Married**

5a If married, widowed, or divorced HUSBAND of **Israel Piken** (Give maiden name of wife in full) (or) WIFE of **Israel Piken** (Husband's name in full)

6 Age of husband or wife if alive **55** years

7 IF STILLBORN, enter that fact here.

8 AGE **47** Years _____ Months _____ Days _____ Hours _____ Minutes

9 Usual Occupation: **Housewife** 10 Industry or Business: **at home**

11 Social Security No. _____

12 BIRTHPLACE (City) **Russia** (State or country)

13 NAME OF FATHER **Solomon Ginsberg**

14 BIRTHPLACE OF FATHER (City) **Russia** (State or country)

15 MAIDEN NAME OF MOTHER **Freda - cannot be**

16 BIRTHPLACE OF MOTHER (City) **Russia** (State or country)

17 Informant **Israel Piken** Relation, if any **Husband** (Address) **26 - Forrest St.**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 1, 1940** (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **July 13, 1938**, to **Nov 1, 1940**. I last saw her alive on **Nov 1, 1940**, death is said to have occurred on the date stated above, at **12:55 p.m.** Duration **IMPORTANT 11/1/40**

Immediate cause of death: **Cerebral Hemorrhage**

Due to **Hypertension** **340**

Due to **Hypertension? Heart Disease** **340**

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____ Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **A. Nathan Caplan** M. D. (Signed) **36 Princeton St.** (Address) Date **11/1/1940**

21 **Winthrop** (City or Town) Place of Burial, Cremation or Removal. **Nov 3** DATE OF BURIAL **1940**

22 NAME OF FUNERAL DIRECTOR **Mamele Spetsky** ADDRESS **10 - Wash St. W.**

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. Childers (Signature of Agent of Board of Health or other Health Officer) **11/1/40** (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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.)

RULES OF PRACTICE

(3) Medical Examiners 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 recognised 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 usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

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

To be filed for burial permit
with Board of Health
or its Agent

204

Registered No.

No. #21 Emerson Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Kent
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. #21 Emerson Road St.
(Usual place of abode)

Length of stay: In hospital or institution X years X months X days.
(Specify whether) In this community 18 yrs. X mos. X days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed
or WIDOWED or DIVORCED

5a If married, widowed, or divorced, HUSBAND of Elizabeth J. Marvin Kent
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 22 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 11 Months 24 Days If less than 1 day Hours Minutes

Usual Occupation: Retiree (owner)

Industry or Business: Groceries & Commission

11 Social Security No.

12 BIRTHPLACE (City) Nova Scotia
(State or country)

13 NAME OF FATHER John Kent

14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

15 MAIDEN NAME OF MOTHER Sarah Williams

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

17 Informant Mrs Wm. Kemble (daughter)
(Address) 30 Quaker Rd Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/4/40
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 2 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Mar 3 1931 to Nov 1 1940

I last saw him alive on Nov 1 1940 death is said to have occurred on the date stated above, at 9:15 P.M.

Immediate cause of death: Coronary occlusion
Duration IMPORTANT 18-2-40

Due to Generalized arteriosclerosis 1907

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis: B.P. History

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: Arteriosclerosis

(Signed) 6000 St. James M.D.

(Address) Date 11-4-1940

21 Place of Burial, Cremation or Removal: Mt. Hope Cemetery - Boston Mass
(City or Town)

DATE OF BURIAL Nov 4th 1940

22 NAME OF FUNERAL DIRECTOR: E. R. Beseman
ADDRESS: Wintthrop Mass

Received and filed 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the 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, and no such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

(3) Medical Examiners 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.—Praise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Conclusion on cause of death made by attending physician on admission to hospital read and signed by Dr. Schwartz 11/10/41

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

205

Registered No.

1 PLACE OF DEATH No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Leynick { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 69 Neptune Road East Boston St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days 7 If less than 1 day Hours Minutes

Usual Occupation:

Industry or Business:

11 Social Security No. Winthrop

12 BIRTHPLACE (City) (State or country) Mass

13 NAME OF FATHER Edward T. Leynick

14 BIRTHPLACE OF FATHER (City) (State or country) East Boston Mass

15 MAIDEN NAME OF MOTHER Anna G. Mason

16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston Mass

17 Informant Edward T. Leynick (Father) Relation, if any (Address) 69 Neptune Road E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/7/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 5 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 5, 1940 to Nov 5, 1940

I last saw him alive on Nov 5, 1940; death is said to have occurred on the date stated above, at 11:30 m.

Immediate cause of death Pulmonary embolism

Due to Myocardial infarction

Due to Myocardial infarction

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify Septic H. Fluorid M. D. (Signed) 19 November 1940 Date 11/6 1940

21 Place of Burial, Cremation or Removal Holy Cross Malden (City or Town)

DATE OF BURIAL Nov 7 1940

22 NAME OF FUNERAL DIRECTOR Fredrick J. Maguire ADDRESS 64 Mendenham St East Boston

Received and filed 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the 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 clerk, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of 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 and over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
County
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. 206

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Grana (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 238 Webster St. East Boston (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER James M. Grana

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Marion E. Sullivan

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

17 Informant James M. Grana (Address) 238 Webster St. E. Boston

Relationship, if any

Relationship, if any

Relationship, if any

Relationship, if any

Relationship, if any

Relationship, if any

Relationship, if any

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 10 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 11/10/40, 19 to 11/10/40, 19 I last saw h. alive on 19, death is said to have occurred on the date stated above, at m. Immediate cause of death.

Due to Stillborn

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Date of

Of autopsy none

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Pasquale Crivello M. D.

(Address) 234 Main St. Date 11/12/40

21 Place of Burial, Cremation or Removal Boston

DATE OF BURIAL Nov 14 1940

22 NAME OF FUNERAL DIRECTOR

ADDRESS East Boston

Received and filed.

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. A. Chilcote

(Signature of Agent of Board of Health or other)

Health Officer 11/13/40

(Official Designation) (Date of Issue of Permit)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, its agent, appointed to issue such permits, or, if there is no such board, from the clerk of the town where the body is removed; and no undertaker or other person shall exhum a human body and reinter it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent, or clerk, in the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

(3) Medical Examiners 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 helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 8 Billows St



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

207

Registered No.....

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Edward Joseph Reilly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran, specify WAR) World

(a) Residence. No. 8 Billows St.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

years

months

days.

In this community 3 yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
or WIDOWED or DIVORCED

5a If married, widowed, or divorced, HUSBAND of Alice H. Donahue
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

6 Age of husband or wife if alive. 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Paper Ruler
Industry Printing
10 or Business:

11 Social Security No. 021-01-5074

12 BIRTHPLACE (City) Charlestown
(State or country) Massachusetts

13 NAME OF FATHER Thomas F. Reilly

14 BIRTHPLACE OF FATHER (City) Randolph
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Agnes O'Connell

16 BIRTHPLACE OF MOTHER (City) Montreal
(State or country) Canada

17 Relation, if any

Informant Alice E. Reilly (wife)
(Address) 8 Billow St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
Health Officer
(Official Designation)

(Date of Issue of Permit) 11/13/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 11, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
SEPT. 7, 1940, to Nov. 11, 1940

I last saw him alive on Nov 11, 1940, death is said to
have occurred on the date stated above, at 3:15 P. m.

Immediate cause of death
HYPERTENSIVE ENCEPHAL-
OPATHY

Due to ESSENTIAL HYPERTEN-
SION

Other conditions CARDIAC ENLARGEMENT
(Include pregnancy within 3 months of death)

Major findings: NONE
Of operations: NONE
Date of: NONE
Of autopsy: NONE
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: Transfusion
(Signed) M. D.
(Address) 22 Winthrop St Date Nov 12 1940

21 Place of Burial, Cremation or Removal Winthrop
DATE OF BURIAL November 14 1940

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Massachusetts

Received and filed..... 19.....

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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).*

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

PLACE OF DEATH

Suffolk
 Winthrop
 (County)
 Winthrop
 Suffolk
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent

268

Registered No.

No. 83 Waldermar Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Hattie E. Eddy Gillis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. 83 Waldermar Ave

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)
 Female White MARRIED
 or DIVORCED Married

6a If married, widowed, or divorced
 HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John W. Gillis
 (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day
 Hours Minutes

9 Occupation: Usual Housewife

10 Industry Own Home
 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Danby VT
 (State or country)

13 NAME OF FATHER Benjamin Eddy

14 BIRTHPLACE OF FATHER (City) Vermont
 (State or country)

15 MAIDEN NAME OF MOTHER Cannot Be learned

16 BIRTHPLACE OF MOTHER (City) Vermont
 (State or country)

17 Informant John W. Gillis (Husband)
 (Address) 83 Waldermar

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death
 was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
 Health Officer
 (Official Designation)
 11/14/40
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 13, 1940
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
 Nov 6, 1940, to Nov 13, 1940
 I last saw her alive on Nov 13, 1940 death is said to
 have occurred on the date stated above, at 10:45 m.
 Immediate cause of death
 Chronic Myocarditis

Duration
 IMPORTANT
 1936

Due to Chronic table Nephritis 1940

Due to Bronchial Asthma 1936

Other conditions
 (Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? Lab test

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

20 Was disease or injury in any way related to occupation of deceased? not

If so, specify

(Signed) Frank E. Rowe M. D.
 (Address) Danby VT Date Nov 13, 1940

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov 15, 1940

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
 ADDRESS Winthrop

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or 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 the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate of the coroner, if provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

(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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)
Scitthrop
(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. 209

1 No. 105 Grovers Ave. St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Anna M. Donovan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 105 Grovers St.
(Usual place of abode)

Length of stay: In hospital or institution none years months days. In this community 15 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE Br. 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word) White

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
Ann M. Donovan

6 Age of husband or wife if alive 36 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: At Home

Industry or Business: Housewife

11 Social Security No. none

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Adolf Panenotich

14 BIRTHPLACE OF FATHER (City) Germany (State or country)

15 MAIDEN NAME OF MOTHER Anna M. Dossenbach

16 BIRTHPLACE OF MOTHER (City) Germany (State or country)

17 Informant Timothy Donovan (Address) 105 Grovers Ave. Scitthrop
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 W. S. Chulchess
(Official Designation) Health Officer (Date of Issue of Permit) 11/18/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 15 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1940, to Nov 15, 1940.
I last saw her alive on Nov 14, 1940, death is said to have occurred on the date stated above, at 5:15 a.m.

Immediate cause of death

carcinoma of chest

Due to cancer of breast

Due to carcinoma

Other conditions Diabetic Mellitus

(Include pregnancy within 3 months of death)

Major findings: Cancer of breast.

Of operations: None Date of

Of autopsy: None

What test confirmed diagnosis? Clinical examination

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles O. Thompson M. D.

(Address) 125 South St. Scitthrop Date Nov 16, 1940

Place of Burial, Cremation or Removal Scitthrop (City or Town)

DATE OF BURIAL Nov 18 1940

21 NAME OF FUNERAL DIRECTOR

ADDRESS Boston

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 80 Read

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cassie Jane Victoria (Morrow) Moore

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 80 Read

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community 55 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Eli Moore

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 78 Years

9

Months 15

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

At home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Prince Edward Island

13 NAME OF

FATHER

Lemuel Morrow

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Prince Edward Island

15 MAIDEN NAME

OF MOTHER

Ermina (Unable to obtain maiden name)

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unable to obtain

17

Relation, if any

Informant

(Address)

Floissie W. Moore (daughter)

80 Read St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/18/40

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.

210

Registered No.

18 DATE OF

DEATH

November 16 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

May 21, 1936 to November 16, 1940

I last saw her alive on November 15, 1940, death is said to

have occurred on the date stated above, at 10 P. M.

Immediate cause of death

Acute Coronary Thrombosis

Duration

IMPORTANT

Due to

Angina Pectoris

1 year

Due to

Arteriosclerosis

4 years

Other conditions.

none

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations.

none

Date of

Of autopsy.

not done

What test confirmed diagnosis?

Clinical & Laboratory

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Jacob Abrams M.D.

(Address)

802 Bay St. Date 11/5/40

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL November 19, 1940

19

22 NAME OF

FUNERAL DIRECTOR

Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the 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).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including recognized septicaemia), and by the action of chemical (drugs or poisons, thermal, electric, and other agents, and deaths following abortion, but also deaths from disease resulting from 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 and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

Information should be printed in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 211

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Katherine Ward Scoville (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 87 Shore Drive St. (If nonresident, give city or town and state)
Length of stay: In hospital or institution Hospital years months 6 days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive. years
7 IF STILLBORN, enter that fact here.
8 AGE 59 Years Months Days If less than 1 day Hours Minutes
9 Usual Occupation: Teacher Industry or Business: Winthrop Schools
11 Social Security No.
12 BIRTHPLACE (City) Middleton (State or country) Conn.
13 NAME OF FATHER George S. Scoville
14 BIRTHPLACE OF FATHER (City) Tylerville (State or country) Conn.
15 MAIDEN NAME OF MOTHER Katherine Hackett
16 BIRTHPLACE OF MOTHER (City) Hartford (State or country) Conn.

PARENTS

17 Informant Mary Scoville (Address) Meriden Conn. 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:
Wm. L. Childress Jr. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/19/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 19 1940 (Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from May 29, 1939 to November 19, 1940
I last saw her alive on November 18, 1940 death is said to have occurred on the date stated above, at 3:10 P.M.
Immediate cause of death: Carcinoma of sigmoid
Duration 6 mos. IMPORTANT
Due to
Due to
Other conditions General peritonitis 24 hrs. (Include pregnancy within 3 months of death)
Chronic Bronchitis. 2-3 years PHYSICIAN
Major findings: Carcinoma of sigmoid Underline the cause to which death should be charged statistically.
Of operations General peritonitis Date of Nov 15/40
Of autopsy no
What test confirmed diagnosis? clinical & laboratory
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Chiquis M.D. M. D.
(Address) 562 Park St. Date 11/19/40
21 St. Johns Middleton Conn. Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 19
22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop
Received and filed 19
(Registrar)

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .

Gen. Laws, Chap. 46, Sec. 9.

SPACE FOR ADDITIONAL INFORMATION

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

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.

212

Registered No.

No. Winthrop Community Hospital

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Bunker Barron

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Moore

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years

(Specify whether)

months 1 days.

In this community 20 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 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 40 Years 2 Months Days If less than 1 day Hours Minutes

9 Occupation: Carpenter

10 Industry W P A or Business:

11 Social Security No. 032-03-3810

12 BIRTHPLACE (City) Chelsea (State or country) Massachusetts

13 NAME OF FATHER Pierce P. Barron

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Ada Bunker

16 BIRTHPLACE OF MOTHER (City) Augusta (State or country) Maine

17 Informant Charles A. Barron (brother) (Address) 159 Gold St South Boston

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 Jr.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/2/1940 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 19 40
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 11-18, 1940 to 11-19, 1940

I last saw him alive on 11-19, 1940, death is said to have occurred on the date stated above, at 11:30 p.m.

Immediate cause of death Ethmoiditis

due to the pneumococcus

Due to with rupture and meningitis 24h

Due to a terminal broncho-pneu- 24 hrs

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Date of See diagnosis above

Of autopsy Pathological

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Asa W. Bickins M. D.
(Address) 89 Somerset Av Date 11-21-194021 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 22, 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body was died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts as required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate of a hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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, and from a 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:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including running septicemia), and by the action of chemical (drugs or poisons, thermal, electrical, agents, and deaths following abortion; but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)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.

213

Registered No.....

No. 779 Shirley St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME..... Lena Sarah (Butler) Simmons
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. South Thomaston Maine St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. 27 days.
(Specify whether)

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 Zebedee Simmons
(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 6 Months 4 Days If less than 1 day Hours Minutes

Usual
9 Occupation: At home

Industry
10 or Business:

11 Social Security No. South Thomaston

12 BIRTHPLACE (City) Maine
(State or country)

13 NAME OF FATHER William R. Butler

14 BIRTHPLACE OF FATHER (City) South Thomaston
(State or country) Maine

15 MAIDEN NAME OF MOTHER Julia Sartell

16 BIRTHPLACE OF MOTHER (City) Camden
(State or country) Maine

17 Informant Jennie C. Bowers (sister)
(Address) 779 Shirley St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)

Health officer 11/21/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 20 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 31, 1940 to November 20, 1940
I last saw her alive on Nov. 20, 1940, death is said to have occurred on the date stated above, at 3:15 a.m.

Immediate cause of death Cancer of stomach
Duration IMPORTANT ?

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... Date of.....
Of autopsy.....
What test confirmed diagnosis?.....
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jennie S. Reisman M. D.

(Address) 47 Washington Ave Date 11-20-1940

Southomaston Cemetery So. Thomaston

Place of Burial, Cremation or Removal (City or Town) Me.

DATE OF BURIAL Nov. 23, 1940 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed..... 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the 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 requiring by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Pride statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make a note, then, in this section for every person aged 10 or over. If the occupation had been given or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent **214**

Registered No.

No. **108 Waldemar av.,** St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME **Mary A. Duncan nee 'Whyte**
 (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. **108 Waldemar av.,** St.
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community **23** yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Widow**
WIDOWED or **DIVORCED**

5a If married, widowed, or divorced
 HUSBAND of
 (Give maiden name of wife in full)
 (or) WIFE of **William Duncan**
 (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE **90** Years **11** Months **21** Days If less than 1 day
 Hours Minutes

9 Usual Occupation: **none**

10 Industry or Business: **at home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Dundee**
 (State or country) **Scotland**

13 NAME OF FATHER **Alexander Whyte**

14 BIRTHPLACE OF FATHER (City) **Unknown**
 (State or country) **Scotland**

15 MAIDEN NAME OF MOTHER **Jean Miller**

16 BIRTHPLACE OF MOTHER (City) **Unknown**
 (State or country) **Scotland**

17 **Justin A. Duncan** Relation, if any **son**
 Informant (Address) **52 Lowell Rd., Winthrop, Mass.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chidress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/26/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 24, 1940**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Sept. 20, 1940, to November 24, 1940.

I last saw her alive on **November 22, 1940,** death is said
 to have occurred on the date stated above, at **1:30 P.m.**

Immediate cause of death.....

Terminal bronchitis - pneumonia **3 days**

Due to **Cerebral hemorrhage** **2 months**

Due to **Generalized arteriosclerosis** **years**

Other conditions
 (Include pregnancy within 3 months of death)

Major findings :

Of operations Date of

Of autopsy Date of

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Arthur C. Murray** M. D.
 (Address) **Winthrop, Mass.** Date **11/25/40**

21 **Woodlawn** **Everett**

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **November 27, 1940**

22 NAME OF FUNERAL DIRECTOR **L. E. Parker**

ADDRESS **300 Meridian St., E. Boston, Mass.**

Received and filed..... 19.....

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom from a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 48, G. L. (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)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

[Faint, illegible handwriting visible through the paper]

PLAINLY WITH INFLUENZA. THE CAUSE AND MANNER OF DEATH 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



(City or town making return) **215**

Registered No.

PLACE OF DEATH
(County) **Suffolk**
(City or Town) **Winthrop**
No. **125 Cliff Ave. Winthrop**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Mary Emma (Moore) Lyons**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. **138 Tafts Avenue** St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution **Conv. Home** years months **20** days. In this community **13** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Widowed**
MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Gustavus Ellis Lyons**
(Husband's name in full)

6 Age of husband or wife if alive.....years

7 IF STILLBORN, enter that fact here.

8 AGE **87** Years **10** Months **8** Days If less than 1 day
Hours.....Minutes

9 Occupation: **At home**

10 Industry or Business:

11 Social Security No.....

12 BIRTHPLACE (City) **New York**
(State or country) **New York**

13 NAME OF FATHER **Gideon Moore**

14 BIRTHPLACE OF FATHER (City) **New York**
(State or country) **New York**

15 MAIDEN NAME OF MOTHER **Sarah Jane Hill**

16 BIRTHPLACE OF MOTHER (City) **Philadelphia**
(State or country) **Pennsylvania**

17 Informant **Edwin Lyons** Relation, if any **son**
(Address) **138 Tafts 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:

Mon. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/29/40** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 27 1940**
(Month) (Day) (Year)

13 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.)
Fractured Right Hip

20 Accident, suicide, or homicide (specify) **Accident**

Date of occurrence **11/17/40** 19.....

Where did injury occur? **Winthrop**
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? **At home**
(Specify type of place)

Manner of injury **Fall**
Nature of injury
While at work? **No** Was there an autopsy? **No**

21 Was disease or injury in any way related to occupation of deceased?

If so, specify **Angina Pectoris** M. D.
(Signed) **Wm. C. ...**
(Address) **Winthrop** Date **11/25/40**

22 **Forest Dale Cemetery Malden**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **November 30, 1940** 19.....

23 NAME OF FUNERAL DIRECTOR **Charles R. Bennison**
ADDRESS **Winthrop Mass.**

Received and filed.....19.....

A TRUE COPY ATTEST:
Correction on date of death as per attending physician (Registrar)

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . .

Gen. Laws, Chap. 46, Sec. 9.

No undertaker, or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths 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 anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

216

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

1 No. *5 Washington Ave.* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Edward P. Lane* { (If U. S.
War Veteran,
specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *5 Washington Ave.* St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution *none* years months days. In this community *15* yrs. mos. days.
(Specify whether)

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 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE *44* Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: *Lawyer*

Industry
10 or Business:

11 Social Security No. *none*

12 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

13 NAME OF FATHER *Patrick J. Lane*

14 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Catherine A. Pompert*

16 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass*

17 Informant *Edward P. Lane* (Relation, if any)
(Address) *105 Brothers 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. Phil dress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *11/29/40* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *November 28* 19*40*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 20, 19*40*, to *November 28*, 19*40*.

I last saw her alive on *November 28*, 19*40*, death is said to
have occurred on the date stated above, at *11:55 P.m.*
Immediate cause of death.....

Duration
IMPORTANT

Due to *Tumor of Brain* *6 mo.*

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

IMPORTANT
PHYSICIAN

Major findings: *Inoperable tumor of brain* Underline
Of operations..... the cause to
Date of *June 1940* which death
Of autopsy..... should be
What test confirmed diagnosis? charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.....
(Signed) *Arthur C. Montanary* M. D.
(Address) *Winthrop, Mass* Date *11/29/40*

21 Place of Burial, Cremation or Removal *Winthrop* (City or Town) *Winthrop*
DATE OF BURIAL *Nov 30* 19*40*

22 NAME OF FUNERAL DIRECTOR *R. C. Kirby*
ADDRESS *Boston*

Received and filed..... 19.....

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, it is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(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 electric agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Provide statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entries in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE 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. 347

PLACE OF DEATH

No. Winthrop Community Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary (Karas) 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. Weymouth
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months / days. In this community 35 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED

18 DATE OF DEATH November 29 1940
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of John T. Cusick
(Give maiden name of wife in full)
(or) WIFE of John T. Cusick
(Husband's name in full)

19 I HEREBY CERTIFY. That I attended deceased from
October 30, 1940, to November 26, 1940
I last saw her alive on November 26, 1940, death is said to
have occurred on the date stated above, at 8 A. m.

Immediate cause of death Cerebral Hemorrhage Duration 20 minutes
IMPORTANT

6 Age of husband or wife if alive..... years
7 IF STILLBORN, enter that fact here.

8 AGE 67 Years..... Months..... Days..... If less than 1 day
Hours..... Minutes.....

Due to Essential Hypertension 2 years

9 Usual Occupation: Housewife

Due to.....

10 Industry or Business: Own Home

Other conditions Hypertensive Heart Disease 6 months
(Include pregnancy within 3 months of death)

11 Social Security No. 000000000

12 BIRTHPLACE (City) Quincy
(State or country) Mass.

Major findings: none Date of.....
Of operations.....
Of autopsy: none
What test confirmed diagnosis? Electrocardiogram
IMPORTANT
PHYSICIAN
Underline the cause to which death should be charged statistically.

13 NAME OF FATHER Peter Harris

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Forbes

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

17 Informant Yes Cusick (Son) Relation, if any
(Address) 37 Floyd St. Weymouth Mass.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Cardiac Phlebotomy

(Signed) S. J. Macaluso M. D.
(Address) 583 Beacon St. Boston Date 11-30 1940

21 Holy Wood Brookline
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec 2 1940

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Weymouth 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:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent Nov 30/40
(Official designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)

Windsor
(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. 218

No. 110 Bay View Ave. St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Christina Charlotte Olson
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 40 Division St. Malden - Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution None years months days. In this community yrs. 3 mos. days.
(Specify whether)

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 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here. _____

8 AGE 86 Years 3 Months _____ Days | If less than 1 day
Hours _____ Minutes

9 Occupation: None
Usual

10 Industry _____
or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Astroland - Sweden
(State or country)

13 NAME OF FATHER Samuel Olson

14 BIRTHPLACE OF FATHER (City) Astroland
(State or country) Sweden

15 MAIDEN NAME OF MOTHER _____

16 BIRTHPLACE OF MOTHER (City) Astroland
(State or country) Sweden

17 Informant Mrs. Myrtle Melia Relation, if any (Niece)
(Address) 11013 Bay View Ave - Windsor

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Philbrick
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/30/40 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 30 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
July, 1940, to November, 1940.
I last saw her alive on November 30, 1940, death is said to
have occurred on the date stated above, at 10:30 P. m.

Immediate cause of death Pneumonia
Cardiac Decompensation

Due to Cardiac Decompensation

Due to Pulmonary Congestion

Other conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ Date of _____

Of autopsy _____
What test confirmed diagnosis _____

20 Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Paul J. Gahan M. D.
(Address) 39 Bay St. Malden Date Nov 30 1940

21 Funeral Home Dorchester
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 2 1940

22 NAME OF FUNERAL DIRECTOR Colin J. Dennis
ADDRESS 144 Salem St. Malden

Received and filed _____ 19 _____

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such clerk, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

Statement of Occupation.—Provide statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

or death should be transmitted on a form 1-302 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-10-139, No. 8427-4

PLACE OF DEATH

SUFFOLK
BOSTON (County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 9474

1 (City or Town) No. St. Elizabeth's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Hoar (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 219

(a) Residence. No. 56 Bowdoin St. Winthrop (If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fem 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William Hoar (Husband's name in full)

6 Age of husband or wife if alive. years 7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Industry 10 or Business: at home

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Patrick Mulcahy

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Egan

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 5 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/4/40, 19, to 11/5/40, 19, I last saw her alive on 11/4/40, 19, death is said to have occurred on the date stated above, at 6 A. m. Duration Immediate cause of death. coronary thrombosis 1dy

Due to arterio sclerosis ? general diabetes mellitus 3 yr

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Date of Underline the cause to which death should be charged statistically.

Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify J. F. Casey (Signed) Boston Date 11/5/1940 M. D.

(Address) Boston Date 11/5/1940

21 PLACE OF BURIAL CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or Town)

DATE OF BURIAL Nov 7 1940 19

22 NAME OF FUNERAL DIRECTOR R C Kirby ADDRESS Boston

17 Informant Thos Hoar (Address) above Relation, if any (son)

A TRUE COPY. Francis J. [Signature]

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 11/8/40 19

Received and filed 19

(Registrar of City or Town where deceased resided)



DEC 14 1961

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 948220

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. N E Deaconess Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dr Otto Plath
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 92 Johnson Ave St. Winthrop Mass
(Usual place of abode)
Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Specify whether)

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 Aurelia Schnoper (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 34 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years 5 Months 23 Days If less than 1 day Hours Minutes

Usual Occupation: professor

Industry or Business: Boston University

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Germany

13 NAME OF FATHER Theodore Plath

14 BIRTHPLACE OF FATHER (City) (State or country) Germany

15 MAIDEN NAME OF MOTHER Ernistine Kottke

16 BIRTHPLACE OF MOTHER (City) (State or country) Germany

17 Informant wife Relation, if any (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 11/8/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 5 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 10/7/40, 19 to 11/5/40, 19.

I last saw him alive on 11/5/40, 19, death is said to have occurred on the date stated above, at 9/35P m. Duration

Immediate cause of death diabetes mellitus 4 mos

broncho pneumonia 4 days

Due to gangrene left foot 2 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J A Holmes M. D.

(Address) Boston Date 11/6/1940

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or Town)

DATE OF BURIAL Nov 9 1940 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop

Received and filed 11/8/40 19

(Registrar of City or Town where deceased resided)

of death should be transmitted 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.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 9640

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. 394 Mass Ave

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Percy R Stewart
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

221

(a) Residence. No. 11 Prescott St. Winthrop
(Usual place of abode)Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Specify whether)

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 Marion Carver
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: school teacher
Boston Public Schools

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Garland Me
(State or country)

13 NAME OF FATHER Arthur M Stewart

14 BIRTHPLACE OF FATHER (City) Maine
(State or country)

15 MAIDEN NAME OF MOTHER Hannah F Reed

16 BIRTHPLACE OF MOTHER (City) Belmont Mass
(State or country)

17 Informant: wife Relation, if any (Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

11/14/40

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 11 1940
(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.)

Coronary Sclerosis
treated therefor

20 Accident, suicide, or homicide (specify).....

Date of occurrence..... 19.....

Where did Injury occur?.....
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in public place?.....
(Specify type of place)Manner of Injury.....
Nature of Injury.....

While at work?..... Was there an autopsy?..... no.....

21 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Timothy Leary M. D.

(Address) Boston Date 11/11/40

22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov 13 1940 19.....

23 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass

Received and filed 19.....

(Registrar of City or Town where deceased resided)



DEC 14 1949 AM

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 52 Locust St.

2 FULL NAME Jennie Cohen - nee Bower
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 52 Locust St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)Length of stay: In hospital or institution No years months days. In this community 10 yrs. mos. days.
(Specify whether)

The Commonwealth of Massachusetts
OFFICE 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) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Joseph Cohen (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Beryl Bower

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Rose (unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Edward Cohen (son) 94 Atlantic Ave. Revere
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Dec. 6/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 5, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 10, 1938, to Dec 5, 1940
I last saw him alive on Dec 5, 1940 death is said to have occurred on the date stated above, at 10:30 p.m.
Immediate cause of death: coronary thrombosis

Duration IMPORTANT 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Beryl Cohen M. D.
(Address) 108 Meridian St. Boston Date 7/6/40

21 Place of Burial, Cremation or Removal (City or Town) Chelsea
DATE OF BURIAL December 6, 1940

22 NAME OF FUNERAL DIRECTOR Thomas J. Toff Funeral Home
ADDRESS 151 Washington Ave. Chelsea

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (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).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 electric agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Praise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some record in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 52 Fairview

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Henry Sawyer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

52 Fairview

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

years

months

days.

In this community 53 yrs.

mos.

days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed or divorced

HUSBAND of Grace May Webster

(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 66 Years 3 Months 22 Days If less than 1 day Hours Minutes

Usual

9 Occupation: Furniture mover

Industry

10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Chelsea
(State or country) Massachusetts

13 NAME OF FATHER John F. Sawyer

14 BIRTHPLACE OF FATHER (City) Maine
(State or country)

15 MAIDEN NAME OF MOTHER Frances A. Burrill

16 BIRTHPLACE OF MOTHER (City) Bangor
(State or country) Maine17 Informant Evelyn F. Ballou (daughter)
(Address) 52 Fairview St Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. A. 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.

Registered No. 223

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 8, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 15, 1940, to December 8, 1940

I last saw him alive on December 7, 1940, death is said to have occurred on the date stated above, at 3:15 A.M.

Immediate cause of death

Duration
IMPORTANTDue to Bronchopneumonia (terminal)
Cerebral hemorrhage 1 day
6 weeks

Due to Hypertension years(?)

Other conditions

(Include pregnancy within 3 months of death)

Hypertension of the heart

IMPORTANT

PHYSICIAN

Major findings:

Of operations none

Date of -

Of autopsy none

What test confirmed diagnosis? Clinical

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William C. Murray M. D.

(Address) 123 North Street, Boston, Mass. Date 12/9/40 1940

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL December 10, 1940 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the 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 permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also, deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk Winthrop (County) (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 224	
No. 42	Myrtle Ave. St.			{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME Philip Riley (If deceased is a married, widowed or divorced woman, give also maiden name.)			{ (If U. S. War Veteran, specify WAR) No.	
(a)	Residence. No. 42 Myrtle (Usual place of abode)	Ave. St. Winthrop		(If nonresident, give city or town and state)	
Length of stay: In hospital or institution. No. years months days.		(Specify whether)		In this community 12 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)		
Male	White	Widowed			
5a	It married, widowed, or divorced Mary Gannon 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. Deceased years				
7	IF STILLBORN, enter that fact here.				
8	AGE 77 Years. Months. Days. If less than 1 day Hours. Minutes				
9	Usual Occupation: Retired Barber				
10	Industry or Business: Barber				
11	Social Security No. none				
12	BIRTHPLACE (City) (State or country) Italy				
PARENTS	13 NAME OF FATHER Anthony Riley				
	14 BIRTHPLACE OF FATHER (City) (State or country) Italy				
	15 MAIDEN NAME OF MOTHER Rose unknown				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Italy				
17	Informant Mrs. Lillian D. Bishop, step-daughter (Address) 42 Myrtle 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. Chuldruff (Signature of Agent of Board of Health or other) Health Officer 12/13/40 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18	DATE OF DEATH December 11 1940. (Month) (Day) (Year)				
19	I HEREBY CERTIFY That I attended deceased from January 27, 1937, to December 11, 1940. I last saw him alive on December 10, 1940, death is said to have occurred on the date stated above, at 7:59 a.m. Immediate cause of death Cerebral Hemorrhage Due to Arteriosclerosis Other conditions (Include pregnancy within 3 months of death) Major findings: none Of operations Date of Of autopsy What test confirmed diagnosis? Clinical 20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Jacob Abrams, M. D. (Address) 562 Shirley St., Winthrop Date 12/11/40 21 Place of Burial, Cremation or Removal Winthrop Winthrop DATE OF BURIAL December 13 1940 22 NAME OF FUNERAL DIRECTOR W. J. Kelly ADDRESS 11 Meridian St., B. Received and filed 19 (Registrar)				

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died : and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

Supplek
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. 16

2 FULL NAME

James Cassels Higgins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) none

(a) Residence. No. 156 Somerset Ave

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution None
(Specify whether)

years

months

days

In this community 24 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

Married

(write the word)

5a If married, widowed, or divorced HUSBAND of

Margaret Lennor

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8

AGE 72 Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation: Salesman

Industry

10 or Business: Custom Shirt Manufacture

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country)

Long New York

13 NAME OF FATHER

James C. Higgins

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Catherine Ryan

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant

(Address)

Mrs. Margaret Higgins, wife
156 Somerset 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:

Wm. S. Chuldeley, Jr.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/19/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 17, 1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from Jan. 1, 1938 to Dec. 17, 1940

I last saw him alive on Dec. 16, 1940 death is said

to have occurred on the date stated above, at 11:30 A.M.

Immediate cause of death

Cerebral Hemorrhage 2 yrs.

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. J. Praeger

(Address) 200 Marlborough St. Boston

DATE 12-15-40

21 St. Joseph's Cemetery Met. Burying

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 20, 1940

22 NAME OF FUNERAL DIRECTOR

Man E. Burke

ADDRESS 752 Chauncy St. Boston

Received and filed DEC 20 1940

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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)*

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

[illegible]

N. B. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. No corrections should be made. If corrections are necessary, they should be made in the margin. The cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions and extracts from the laws on back of certificate.

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. 226

No. 186 Bartlett Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eliza A. (Letson) Letson
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 186 Bartlett Rd. St. (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution..... years months days. In this community 26 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Henry F Letson (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years. 9 Months. 2 Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Chatham (State or country) New Brunswick

13 NAME OF FATHER Francis Josnia Letson

14 BIRTHPLACE OF FATHER (City) New Brunswick (State or country)

15 MAIDEN NAME OF MOTHER Isabella Jane Kerr

16 BIRTHPLACE OF MOTHER (City) Chatham (State or country) New Brunswick

17 Informant James Letson (Address) 59 Ingleside Ave Winthrop (Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the Burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 12/20/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 17 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept. 1, 1940, to December 17, 1940.

I last saw her alive on December 12, 1940, death is said to have occurred on the date stated above, at 2:40 P.M.

Immediate cause of death.....

Due to Congestive Heart Failure 2 wks

Due to Coronary occlusion 3 1/2 mos

Due to Generalized arteriosclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings :

Of operations.....

Of autopsy.....

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur C. Morrison M. D.

(Address) Winthrop Date 12/19/1940

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 20 1940

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed DEC 20 1940

19

(Registrar)

PARENTS

100ms-39, No. 8427-e

SPACE FOR ADDITIONAL INFORMATION

N. B.—WHILE FILLING, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-10-39. No. 8427-d

PLACE OF DEATH		Suffolk County		JAN 9 1941		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
1 PLACE OF DEATH		Winthrop		Winthrop Community Hospital		STANDARD CERTIFICATE OF DEATH		Registered No. 227	
2 FULL NAME		John H. Mahoney		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 15 Crescent Ave.		St. Kew Mass		(Usual place of abode)		(If nonresident, give city or town and state)		(If U. S. War Veteran, specify WAR)	
Length of stay: In hospital or institution		years		months 4		days		In this community 20 yrs. mos. days.	
(Specify whether)									
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)							
Male	White	MARRIED Married							
5a If married, widowed, or divorced HUSBAND of Ida M. Simmons (Give maiden name of wife in full)									
(or) WIFE of (Husband's name in full)									
6 Age of husband or wife if alive 75 years									
7 IF STILLBORN, enter that fact here.									
8 AGE 79 Years Months Days If less than 1 day Hours Minutes									
9 Usual Occupation: Retired									
10 Industry: Hotel operator									
11 Social Security No. None									
12 BIRTHPLACE (City) Boston (State or country) Mass									
13 NAME OF FATHER Jeremiah Mahoney									
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)									
15 MAIDEN NAME OF MOTHER Mary Ward									
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)									
17 Informant: Ida M. Mahoney (Address) 15 Crescent Ave., Winthrop (Relation, if any) Wife									
18 DATE OF DEATH December 18 1940 (Month) (Day) (Year)									
19 I HEREBY CERTIFY. That I attended deceased from September 10, 1940, to Dec 18, 1940. I last saw him alive on Dec 18, 1940, death is said to have occurred on the date stated above, at 9:10 p.m. Duration 12-14-40									
Immediate cause of death: Lobar Pneumonia									
Due to: Peptic Ulcers									
Due to: Secondary Anemia									
Other conditions (Include pregnancy within 3 months of death)									
Major findings: Of operations Date of: Underline the cause to which death should be charged statistically.									
20 Was disease or injury in any way related to occupation of deceased? No									
If so, specify: John J. Collins M. D. (Signed) Kew Mass Date 12-18 1940 (Address)									
21 PLACE OF BURIAL, Cremation or Removal: Woodlawn Cemetery (City or Town) DATE OF BURIAL Dec 21 1940									
22 NAME OF FUNERAL DIRECTOR: R. C. Kelly ADDRESS: Boston, Mass									
Received and filed 19									
A TRUE COPY ATTEST: (Registrar)									

ADRIAN E. CRAMPTON

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

BOSTON HEALTH DEPT.

12/21/40

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)
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. **228**

1 No. *292 Winthrop* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Mary B. Lane* (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *292 Winthrop* St. *Winthrop*
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution *None* years months days. In this community *25* yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>F</i>	4 COLOR OR RACE <i>W</i>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <i>Single</i>
5a If married, widowed, or divorced HUSBAND of <i>—</i> (Give maiden name of wife in full) (or) WIFE of <i>—</i> (Husband's name in full)		
6 Age of husband or wife if alive <i>—</i> years		
7 IF STILLBORN, enter that fact here.		
8 AGE <i>82</i> Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: <i>at home</i>		
10 Industry or Business: <i>none</i>		
11 Social Security No. <i>none</i>		
12 BIRTHPLACE (City) <i>East Boston</i> (State or country) <i>Mass.</i>		
13 NAME OF FATHER <i>Thomas Lane</i>		
14 BIRTHPLACE OF FATHER (City) <i>Ireland</i> (State or country)		
15 MAIDEN NAME OF MOTHER <i>Mary A. Norton</i>		
16 BIRTHPLACE OF MOTHER (City) <i>Ireland</i> (State or country)		
17 Informant (Address) <i>Augustus Morris</i> <i>292 Winthrop St. Winthrop</i>	Relation, if any <i>(Nephew)</i>	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of agent of Board of Health or other)

140
(Official Designation)

Dec. 20-1940
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <i>Dec 18 1940</i> (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from <i>Dec 13</i> , 19 <i>43</i> , to <i>Dec 18</i> , 19 <i>40</i> . I last saw him alive on <i>Dec 16</i> , 19 <i>40</i> . death is said to have occurred on the date stated above, at <i>11:45 P.</i> m. Immediate cause of death <i>myocardial infarction</i> Due to <i>Chronic atherosclerosis</i> <i>water retention</i> Due to <i>—</i> Other conditions <i>—</i> (Include pregnancy within 3 months of death)	Duration IMPORTANT <i>17</i>
Major findings: Of operations <i>—</i> Date of <i>—</i> Of autopsy <i>—</i> What test confirmed diagnosis? <i>—</i>	Underline the cause to which death should be charged statistically.	
20 Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify <i>—</i> (Signed) <i>—</i> M. D. (Address) <i>Washington St. Winthrop</i> Date <i>12/10/1940</i>	21 Place of Burial, Cremation or Removal <i>Holy Cross Cem. Malden</i> (City or Town)	
DATE OF BURIAL <i>December 21</i> 19 <i>40</i>		
22 NAME OF FUNERAL DIRECTOR <i>E. A. Lane</i> ADDRESS <i>201 Bowdoin St. Dorchester</i>		
Received and filed <i>—</i> 19 <i>—</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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

N-B. WRITE PLAINLY WITH INK. INKING PLAINLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 193 Main St.



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 829

2 FULL NAME Alfred Illingworth
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. 193 Main St.
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community 20 yrs. mos. days.
 (Specify whether)

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, name of HUSBAND of ~~Martha~~ A Hinds
 (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 77 years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 4 Months 3 Days If less than 1 day Hours Minutes

9 Usual Occupation: Wool Sorter

10 Industry or Business: Wool Shop

11 Social Security No.

12 BIRTHPLACE (City) Bradford (State or country) England

13 NAME OF FATHER Abraham Illingworth

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Mary Lister

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant Percy Illingworth (Son) (Address) 6 Ashland Ave Methuen Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
 (Signature of Agent of Board of Health or other)

Health Officer (Date of Issue of Permit) 12/21/40

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 20, 1940
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 14, 1936, to December 20, 1940. I last saw him alive on December 19, 1940. Death is said to have occurred on the date stated above, at 11:30 P.M.

Immediate cause of death Bular Palsy Duration 1940

Due to Anteriosclerosis 1939

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: none Of operations Date of

Of autopsy What test confirmed diagnosis Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jacob Abraham M. D. (Address) 562 South St Date 12/21/40

21 Winthrop Winthrop Place of Burial, Cremation or Removal DATE OF BURIAL Dec 22 1940 (City or Town)

22 NAME OF FUNERAL DIRECTOR Howard S. Arnold ADDRESS Winthrop Mass.

Received and filed 19

(Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 230

2 FULL NAME Mary Fitzgibbons Thomas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 86 Hermon St.

(Usual place of abode)

St.

(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 stay: In hospital or institution Hospital

(Specify whether)

years

months 2 days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frank Allen Thomas
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Covington (State or country) Ky.

13 NAME OF FATHER Thomas Fitzgibbons

14 BIRTHPLACE OF FATHER (City) Covington (State or country) Ky.

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER Cannot be learned (State or country)

17 Informant J. Thomas (Son) (Address) 86 Hermon St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers
(Signature of Agent of Board of Health or other)

(Official Designation) 12/22/40
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 12 21 40
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 4/16, 1940, to 12/21, 1940

I last saw him alive on 12/21, 1940, death is said to have occurred on the date stated above, at 1:15 p.m.

Immediate cause of death: Cerebral Hemorrhage Duration 7 days

Due to.

Due to.

Other conditions: High Arterial Disease, etc.
(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. D.

(Address) Winthrop Winthrop Date 12/21, 1940

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec 22, 1940

22 NAME OF FUNERAL DIRECTOR John H. Moler

ADDRESS Winthrop

Received and filed.

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....



EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by 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 hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, 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).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not 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*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 85 Harmon



The Commonwealth of Massachusetts
OFFICE 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. 232

2 FULL NAME Edward Ashet Rhines

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 85 Harmon

(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community 50 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Frances Dorothy Todd
(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 77 Years 11 Months 21 Days If less than 1 day Hours Minutes

Usual Occupation: Railroad conductor (Retired)

10 Industry or Business Boston, Revere Beach & Lynn RR

11 Social Security No.

12 BIRTHPLACE (City) Quincy (State or country) Massachusetts

13 NAME OF FATHER William Rhines

14 BIRTHPLACE OF FATHER (City) New York (State or country) New York

15 MAIDEN NAME OF MOTHER Elizabeth H. Hobart

16 BIRTHPLACE OF MOTHER (City) Lancaster (State or country) New Hampshire

17 Informant Harrie S. Bates (nephew) (Address) 46 Trenton St. Melrose Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 25 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from December 15, 1940, to December 25, 1940. I last saw him alive on December 25, 1940, death is said to have occurred on the date stated above, at 12:45 P. m. Immediate cause of death.

Due to Terminal Broncho pneumonia 1 day
Due to Chronic myocarditis 4 years
Due to Generalized arteriosclerosis 15 years

Other conditions. (Include pregnancy within 3 months of death)
Atherosclerosis gangrene left lower leg.

Major findings: Of operations. Date of. Of autopsy. What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Arthur C. Morrison, M. D.

(Signed) (Address) (City or Town) Date 12/26 1940

21 Mt. Auburn Cemetery Cambridge
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 27, 1940

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed DEC 30 1940

(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....

Give date and place of birth of each child of the deceased, and date and place of birth of each child of the deceased, 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-f

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. **1745**

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

Holy Ghost Hospital

No. _____ St. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Jennie Joyce**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

233

(a) Residence. No. **5 Charles St.** St. **Winthrop**

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. _____ years **3** months **8** days. In this community yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Dec 27, 1940

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED **Single**

18 DATE OF DEATH _____
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of _____
 (Give maiden name of wife in full)

19 DECEASED BY CERT **40 Y.** **Dec 27** ended deceased **40** m
or **Dec 26** to **26** **40** **19**

(or) WIFE of _____
 (Husband's name in full)

I last saw h. _____ alive on **12 1920**, death is said
 to have occurred on the date stated above, at _____ m. **Duration**

6 Age of husband or wife if alive. _____ years

Immediate cause of death **General carcinomatosis Metastases**

7 IF STILLBORN, enter that fact here.

in abdomen skull bones ect

8 **65**
 AGE _____ Years _____ Months _____ Days _____ If less than 1 day
 Hours _____ Minutes _____

Due to **primary in breast 1926** **14 yrs**

Usual
 9 Occupation: **At home**

Due to _____

Industry
 10 or Business: _____

Other conditions _____
 (Include pregnancy within 3 months of death)

11 Social Security No. **none**
Lewiston

Major findings:
 Of operations _____

12 BIRTHPLACE (City)
 (State or country) **Maine**

Date of _____

13 NAME OF FATHER **John J Joyce**

Of autopsy **clinical**

14 BIRTHPLACE OF FATHER (City)
 (State or country) **Lewiston**

What test confirmed diagnosis? _____

15 MAIDEN NAME OF MOTHER **Ellen Sullivan**

20 Was disease or injury in any way related to occupation of deceased? _____

16 BIRTHPLACE OF MOTHER (City)
 (State or country) **Lewiston**

If so, specify **George W White MD.**

17 **Mrs C Lane** **Neice** if any

(Signed) **6 Maple Ave.** Date **12.27.40** M. D.

Informant (Address) **152 Medford St. Arlington**

(Address) _____ Date _____

17 **Mrs C Lane** **Neice** if any
 Informant (Address) **152 Medford St. Arlington**

21 PLACE OF BURIAL
 CREMATION OR REMOVAL **Gen Maine** (City or Town)

A TRUE COPY.

DATE OF BURIAL **12/30/40** 19

ATTEST: **12/30/40**
 (Registrar of city or town where death occurred)

22 NAME OF FUNERAL DIRECTOR **Joseph H Rockett**

DATE FILED **Frederick H. Burke** 19

ADDRESS **147 Mass. Ave. Arlington**

Received and filed. _____ 19

(Registrar of City or Town where deceased resided)



JAN-5 1941

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 59 Quincy 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. 234

2 FULL NAME Cleora Green
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 59 Quincy Ave.
(Usual place of abode) St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community 3 yrs. 7 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female
4 COLOR OR RACE white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 3 Years 7 Months Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Cambridge
(State or country) Massachusetts

13 NAME OF FATHER

Oliver Green

14 BIRTHPLACE OF FATHER (City)
(State or country)

Winthrop
Massachusetts

15 MAIDEN NAME OF MOTHER

Cleora M. Perry

16 BIRTHPLACE OF MOTHER (City)
(State or country)

Boston
Massachusetts

17 Informant Oliver Green (father)
(Address) 59 Quincy 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) 1/7/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 31, 1940
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1940, to Dec. 21, 1940.

I last saw her alive on December 24, 1940, death is said to have occurred on the date stated above, at 12:15 p.m.

Immediate cause of death

Probable bronchopneumonia 2 days

Due to Pertussis 4 weeks

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:

Of operations. Date of

Of autopsy. What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Brennan, M. D.

(Address) Winthrop, Mass. Date Jan 1, 1941

21 Cambridge Cambridge

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 2, 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed 1941

(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 10256

PLACE OF DEATH

SUFFOLK
(County)
BOSTON



(City or Town)

No. Peter Bent Brigham Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Delaney (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 105 Grovers Ave St. Winthrop Mass
(Usual place of abode)
Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

(If U. S.
War Veteran,
specify WAR)

235

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 Harriet I Cary (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 3 Months 3 Days If less than 1 day Hours Minutes

9 Usual Occupation: physician

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Upton Mass (State or country)

13 NAME OF FATHER Patrick Delaney

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER --

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant wife Relation, if any (Address)

A TRUE COPY. Francis J. Fay

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 12/4/40 19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Dec 1 1940 (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. Multiple fracture

20 Accident, suicide, or homicide (specify) accident

Date of occurrence 11/25/40 19

Where did injury occur? Roxbury Mass (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? street (Specify type of place)

Manner of injury hit by auto

Nature of injury

While at work? no. Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C J O'Leary (Address) Boston Date 12/3/40 M. D.

22 Forest Hills Crem Boston (City or Town)

DATE OF BURIAL Dec 3 1940 19

23 NAME OF FUNERAL DIRECTOR J S Waterman & Sons ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occur in 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.)



JAN 18 1941 AM

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATHBOSTON
(City or town making return)

Registered No. 10364

No. Boston City Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

William

Whooley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

236

(a) Residence. No.

123 Hermon

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

years

months

days.

In this community yrs. mos. days.

(Specify whether)

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 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 18

Years

9

Months

5

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF
FATHER

James T Whooley

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston

15 MAIDEN NAME
OF MOTHER

Rose A McNulty

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston

17

Informant
(Address)

John J Whooley

Relation, if any

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

12/7/40

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Dec 3 1940

(Month)

was a patient

19 I HEREBY CERTIFY, That I attended deceased from

10/27/40

19.....

12/3/40

19.....

Last saw him alive on -12

19.....

to have occurred on the date stated above, at 5/50P.M.

Duration

Immediate cause of death

rheumatic heart disease

mo

Due to cardiac decompensation unk

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W O'Connell

M. D.

(Address)

Boston

Date 12/4/40

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

St Joseph's Boston

(Cemetery)

(City or Town)

DATE OF BURIAL

Dec 6 1940

19

22 NAME OF
FUNERAL DIRECTOR

R C Kirby

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)



JAN 1 6 1961 MI

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 10821

237

PLACE OF DEATH

SUFFOLK
BOSTON
(City or Town)

No. The Children's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Monahan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 140 Circuit Rd St. Winthrop Mass (If nonresident, give city or town and state)

Length of stay: In hospital or institution... years months days. In this community yrs. mos. days. (Specify whether)

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 Age of husband or wife if alive... years

7 IF STILLBORN, enter that fact here.

8 AGE... Years 3 Months 15 Days If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass (State or country)

PARENTS

13 NAME OF FATHER John J Monahan

14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

15 MAIDEN NAME OF MOTHER Frances E Murphy

16 BIRTHPLACE OF MOTHER (City) Boston (State or country)

17 Informant father Relation, if any (Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED 12/21/40 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 19 1940 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9/28/40, 19... to 12/19/40, 19...

I last saw him alive on 12/19/40, 19... death is said to have occurred on the date stated above, at 5/35A.

Immediate cause of death.

Post operative shock

Due to abscess of bile ducts

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Alexander Jr

(Address) Boston Date 12/19/40 M. D.

21 CREATION OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or Town)

DATE OF BURIAL Dec 20 1940 19

22 NAME OF FUNERAL DIRECTOR R C Kirby

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)



JAN 13 1941 AM

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 238State of Maine

1. PLACE OF DEATH:

(a) County Androscoggin
(b) City or town Poland
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass (b) County Suffolk
(c) City or town Wintthrop
(If outside city or town limits, write RURAL)(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)In this community 3 1/2 hrs.
years, months or days

(Specify whether _____)

(d) Street No. 14 Perkins
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME William Cohen3. (b) If veteran, _____
name war _____3. (c) Social Security
No. _____4. Sex M 5. Color or
race W6. (a) Single, widowed, married,
divorced M6. (b) Name of husband or wife
Mollie Beinberg6. (c) Age of husband or wife if
alive 50 years7. Birth date of deceased Sept. 16, 1889
(Month) (Day) (Year)8. AGE: Years 51 Months — Days —
If less than one day _____ hr. _____ min.9. Birthplace Russia
(City, town, or country) (State or foreign country)10. Usual occupation Prop.11. Industry or business repat. market12. Name Melvin Cohen13. Birthplace Russia
(City, town, or country) (State or foreign country)14. Maiden name Brene15. Birthplace Russia
(City, town, or country) (State or foreign country)16. (a) Informant's own signature Mollie Cohen

(b) Address _____

17. (a) Burial (b) Date thereof Sept. 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place; burial or cremation Wintthrop, Mass18. (a) Signature of funeral director Geo. T. Lufkin(b) Address Poland, Me.19. (a) 7/16/40 (b) C. C. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 16
year 1940 hour _____ minute _____21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____:
that I last saw him _____ alive on _____, 19____:

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage.

Due to _____

Due to _____

Other conditions Diabetes.
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public
place? _____

While at work? _____

23. Signature W. W. Bolster (M. D. or other) M.D.Address Lewistown, Me. Date signed _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

17 0 5

FEB 20 1941

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



Middleton
(City or town making return)

Registered No. *64*

1 PLACE OF DEATH

Essex
(County)
Middleton
(City or Town)

No. *Essex Lee Sanatorium* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *William Henry Hart*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. *297 Redere* St. *Winthrop Mass*
(Usual place of abode)
Length of stay: In hospital or institution *Hospital* years *1* months *3* days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *26* 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 Age of husband or wife if alive *52* years

7 IF STILLBORN, enter that fact here.

8 AGE *53* Years *11* Months *9* Days If less than 1 day
Hours Minutes

9 Occupation: *Bank Post Office*

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) *East Boston*
(State or country) *Mass*

13 NAME OF FATHER *Daniel Hart*

14 BIRTHPLACE OF FATHER (City) *East Boston*
(State or country)

15 MAIDEN NAME OF MOTHER *Jane Boucher*

16 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

17 Informant *Reverend* (Address) (Relation, if any)

A TRUE COPY.

ATTEST: *St. Albans*
(Registrar of city or town where death occurred)

DATE FILED *Aug 8* 19*40*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *August 4* 19*40*
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *July 1*, 19*40*, to *Aug 4*, 19*40*

I last saw *him* alive on *Aug 3*, 19*40*, death is said to have occurred on the date stated above, at *12-10 A* m.

Immediate cause of death

Pulmonary Tuberculosis *4 1/2 yrs*

Due to

Due to

Other conditions *none*
(Include pregnancy within 3 months of death)

Major findings: *None*
Of operations

Of autopsy *None* Date of *X Ray*

What test confirmed diagnosis? *Pat. History*

20 Was disease or injury in any way related to occupation of deceased? *No*

21 PLACE OF BURIAL *Holy Cross* *Malden*
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL *August 7* 19*40*

22 NAME OF FUNERAL DIRECTOR *Edwin A. Lane*
ADDRESS *201 Bowdoin St. Dor*

Received and filed *19*

(Registrar of City or Town where deceased resided)

Copies of records of deaths occurring in your city or town in case the deceased resided in another city or town at the time 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.)



1.10 AM

[Faint, mostly illegible handwritten text covering the page, possibly a letter or document.]

