

J. L. FAIRBANKS DIV.
Thomas Groom & Co.
Stationers
105 State St., Boston

To duplicate this book order

No. 8390-15

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. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)
Wentworth (City or Town)
 1 **PLACE OF DEATH**
 No. **328 Revere St.**
 2 **FULL NAME** **George Rae Cutter**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) **Residence. No.** **328 Revere St.**
 (Usual place of abode)
 Length of stay: In hospital or institution _____ years **X** months **X** days. In this community **26** yrs. mos. days.
 (Specify whether) (If nonresident, give city or town and state)

To be filed for burial permit with Board of Health or its Agent. **2**

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)

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. **60** years
 7 IF STILLBORN, enter that fact here.
 8 AGE **73** Years **2** Months **15** Days If less than 1 day Hours Minutes
 9 Occupation: **Laborer**
 10 Industry or Business: **Laborer General Work**
 11 Social Security No. _____
 12 BIRTHPLACE (City) **Boston Mass.**
 (State or country)
 13 NAME OF FATHER **Sebastian. Cutter**
 14 BIRTHPLACE OF FATHER (City) **Brexit**
 (State or country) **Mass**
 15 MAIDEN NAME OF MOTHER **Margaret Ray**
 16 BIRTHPLACE OF MOTHER (City) **Nova Scotia**
 (State or country)

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH **January 2, 1941**
 (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 **unknown** m.
 Immediate cause of death _____
 Due to **Natural causes**
 Due to **Presumably coronary occlusion**
 Other conditions: **Referred by Medical Examiner**
 (Include pregnancy within 3 months of death)
 Major findings: **Wentworth Board of Health**
 Of operations _____
 Of autopsy **none**
 What test confirmed diagnosis? _____
 20 Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify _____
 (Signed) **Arthur C. McWhorter**, M. D.
 (Address) **Wentworth Mass** Date **1/3/41**
 21 **Wentworth Cem. - Wentworth**
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL **Jan 5-1941**
 22 NAME OF FUNERAL DIRECTOR **C. J. Benson**
 ADDRESS **Wentworth Mass**

Duration IMPORTANT

IMPORTANT

PHYSICIAN

Underline the cause to which death should be charged statistically.

17 Informant **Mari E. M. Cutter** (Address) **328 Revere St. Wentworth**
 Relation if any **(wife)**
 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
11/3/41 (Date of Issue of Permit)

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.

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

PLACE OF DEATH	1 <u>Winthrop</u> (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. 3	
No. <u>Winthrop Community Hospital</u> 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 <u>Anna (Kedey) Campbell</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence, No. <u>99I Shirley</u> St. _____ (Usual place of abode) (If nonresident, give city or town and state)				
Length of stay: In hospital or institution _____ years _____ months <u>7</u> days. (Specify whether) In this community <u>7</u> yrs. _____ mos. _____ days.				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>Widow</u>		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>Robert M. Campbell</u> (Husband's name in full)				
6 Age of husband or wife if alive _____ years				
7 IF STILLBORN, enter that fact here.				
8 AGE <u>78</u> Years <u>5</u> Months <u>8</u> Days If less than 1 day _____ Hours _____ Minutes				
9 Occupation: <u>Housewife</u> Industry <u>Own Home</u> or Business:				
11 Social Security No. _____				
12 BIRTHPLACE (City) <u>St. Johns</u> (State or country) <u>New Brunswick</u>				
13 NAME OF FATHER <u>William Kedey</u>				
14 BIRTHPLACE OF FATHER (City) <u>St. Johns</u> (State or country) <u>New Brunswick</u>				
15 MAIDEN NAME OF MOTHER <u>Jane Size</u>				
16 BIRTHPLACE OF MOTHER (City) <u>St. Johns</u> (State or country) <u>New Brunswick</u>				
17 Informant <u>William Morrison (Son in Law)</u> Relation, if any _____ (Address) <u>99I Shirley St. Winthrop</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childers</u> (Signature of Agent of Board of Health or other) Health Officer (Official Designation)				
(Date of Issue of Permit) <u>1/3/41</u>				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH <u>January 2, 1941</u> (Month) (Day) (Year)				
19 I HEREBY CERTIFY. That I attended deceased from <u>March 11, 1940</u> to <u>January 2, 1941</u> I last saw her alive on <u>January 2, 1941</u> , death is said to have occurred on the date stated above, at <u>2:30 p.m.</u> Immediate cause of death <u>Carcinoma of Cecum, perforated</u>				
Due to _____ Due to _____ Other conditions <u>Arteriosclerosis; hypertension</u> (Include pregnancy within 3 months of death)				
Major findings: <u>Ca. of Cecum, perforated</u> Of operations _____ Date of <u>12/26/40</u> Of autopsy _____ What test confirmed diagnosis? _____				
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Orin H. Wagman</u> M. D. (Address) <u>100 Washington Avenue New Brunswick</u> (City or Town)				
DATE OF BIRTH <u>Jan 3 1941</u> DATE OF DEATH <u>Jan 2 1941</u>				
22 NAME OF FUNERAL DIRECTOR <u>Edward S. Reynolds</u> ADDRESS <u>Winthrop Mass.</u>				
Received and filed _____ 19 _____ (Registrar)				

RETURN OF CERTIFICATES OF DEATH

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

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

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

RULES OF PRACTICE

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

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

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

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

Statement of 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 INK. THIS IS A LEGAL DOCUMENT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No.	
No.	60 Bates Ave			{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME Vincent L. Smith (If deceased is a married, widowed or divorced woman, give also maiden name.)			{ (If U. S. War Veteran, specify WAR) No	
(a)	Residence. No. 60 Bates Ave (Usual place of abode)	St. Winthrop		(If nonresident, give city or town and state)	
Length of stay: In hospital or institution		years	months	days	In this community 19 yrs. mos. days.
(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	18 DATE OF DEATH		
Male	White	MARRIED WIDOWED or DIVORCED Single	Jan 3 1941 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of			19 I HEREBY CERTIFY, That I attended deceased from		
(Give maiden name of wife in full)			Jan 2, 1941, to Jan 3, 1941		
(or) WIFE of			I last saw him alive on Jan 3, 1941, death is said to		
(Husband's name in full)			have occurred on the date stated above, at 8.45 P.M.		
6 Age of husband or wife if alive			Immediate cause of death		
7 IF STILLBORN, enter that fact here.			Cerebral tests		
8 AGE 19 Years Months Days Hours Minutes			Due to Cerebral tests		
9 Usual Occupation: Employed			Due to		
10 Industry or Business: General			Other conditions		
11 Social Security No.			(Include pregnancy within 3 months of death)		
12 BIRTHPLACE (City) (State or country) Boston			Major findings:		
13 NAME OF FATHER Louis E. Smith			Of operations		
14 BIRTHPLACE OF FATHER (City) (State or country) Winthrop N.H.			Date of		
15 MAIDEN NAME OF MOTHER Sarah M. Fadden			Of autopsy		
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland			What test confirmed diagnosis?		
17 Informant (Address) Sarah Smith (Mother) 60 Bates Ave Winthrop			20 Was disease or injury in any way related to occupation of deceased?		
Relation, if any			If so, specify		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			(Signed) J. J. Connelly		
Wm. D. Childress			(Address) 121 W. 1st St. Date 1/3/41		
(Signature of Agent of Board of Health or other)			21 Place of Burial, Cremation or Removal Winthrop (City or Town)		
Health Officer			DATE OF BURIAL Jan 5 1941		
(Official Designation)			22 NAME OF FUNERAL DIRECTOR J. J. Connelly		
(Date of Issue of Permit) 1/3/41			ADDRESS 121 W. 1st 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

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

Suffolk (County)
Smithrop (City or Town)
 No. **36 Prospect Ave** St. **St.** (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME **Mary Louise Hewitt** (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. **36 Prospect Ave.** St. **St.** (If nonresident, give city or town and state)
 Length of stay: In hospital or institution **None** years months days. In this community **20** yrs. mos. days.
 (Specify whether)

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

Registered No. **5**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Single**
 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 Occupation **Secretary**
 10 Industry or Business **W.S. Rubber Co**
 11 Social Security No. **01207-8422**
 12 BIRTHPLACE (City) **Boston** (State or country) **Mass**
 13 NAME OF FATHER **John G. Hewitt**
 14 BIRTHPLACE OF FATHER (City) **Boston** (State or country) **Mass**
 15 MAIDEN NAME OF MOTHER **Mary Ann Brown**
 16 BIRTHPLACE OF MOTHER (City) **St. John** (State or country) **N. Brunswick**
 17 Informant **Mrs. Eliza L. Moran** Relation, if any **Daughter**
 (Address) **36 Prospect Ave Smithrop**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **January 3 1941**
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from **December 19 1940** to **January 3 1941**
 I last saw him alive on **January 3 1941** death is said to have occurred on the date stated above, at **11:45 P.M.**
 Immediate cause of death **Carcinoma of stomach** Duration **6 mos.**
 Due to **General carcinomatosis** 1 month
 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? **Clinical & X-rays.**
 20 Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **Jacob Abrams M.D.** M. D.
 (Address) **562 Huntington St.** Date **Jan 5 1941**
 21 **Holy Cross Hospital**
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL **Jan 6 1941**
 22 NAME OF FUNERAL DIRECTOR **W. O. Kirby**
 ADDRESS **Boston**
 Received and filed **19**
 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Philbrick
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **1/6/41** (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 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

Copies of returns of 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 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

1

Worcester
(County)

Grafton
(City or Town)

No. Grafton State Hospital

2 FULL NAME Alvah A. Belcher

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

(a) Residence. No. Not Learned

(Usual place of abode)

Length of stay: In hospital or institution. G.S.H.

(Specify whether)

37

years

9

months

25

days

St. Winthrop, Mass.

(If nonresident, give city or town and state)

In this community yrs. mos. days.

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)

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

Grafton

(City or town making return)

6

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 78

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Fisherman

Industry

10 or Business:

Not Learned

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Winthrop
Mass.

13 NAME OF FATHER

Samuel Belcher

14 BIRTHPLACE OF FATHER (City)

(State or country)

Winthrop

Mass.

15 MAIDEN NAME OF MOTHER

Not Learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Raymond

New Hampshire

17

Informant

(Address)

Grafton State Hosp. (Records)

Relation, if any

No. Grafton, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

January 7,

19 41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January

3,

1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from May 6, 1940, to January 3, 1941

I last saw him alive on Jan. 3, 1941, death is said to have occurred on the date stated above, at 1:30 P.M.

Immediate cause of death

Uremia

Duration

Sev.

mos.

Due to

Hydronephrosis

Many

yrs.

Due to

Hypertrophy of prostate

Many

yrs.

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

None

Date of

Of autopsy

None

What test confirmed diagnosis? Clin. & Lab.

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

No

If so, specify

(Signed) W. E. Patton

M. D.

(Address) No. Grafton, Mass. Date 1/4 1941

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Hillcrest, No. Grafton

(Cemetery)

(City or Town)

DATE OF BURIAL

January 7,

19 41

22 NAME OF

FUNERAL DIRECTOR

Milton E. Temple

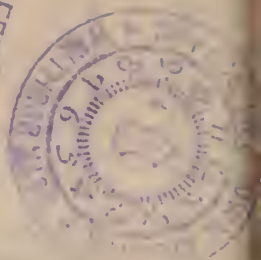
ADDRESS North Grafton

Received and filed

19

(Registrar of City or Town where deceased resided)

FEB-8 1941 AM



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-10-39, No. 8427-f

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



Middlesex
(County)

Melrose

(City or town making return)

Melrose

(City or Town)

Registered No. 7

No. Melrose Hospital

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

2 FULL NAME Gertrude C. Grobe

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

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

(a) Residence. No. 60 Cliff Ave.

St. Winthrop

(Usual place of abode)

Length of stay: In hospital or institution. 9 weeks

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

9 Usual Occupation: School Teacher

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Adolph Grobe

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

15 MAIDEN NAME OF MOTHER Carrie L. DeMond

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

17 Informant Adolph Grobe (father) (Address) 11 Derrington Ave., Braintree, Mass.

A TRUE COPY.

Raymond H. Greenlaw

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

DATE FILED Jan. 7, 1941 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 4, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 1925, 19, to Jan. 4/41, 19.

I last saw her alive on Jan. 3/41, 19, death is said to have occurred on the date stated above, at 4:15 A.M.

Immediate cause of death. Carcinoma of the stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Exploratory Lap. Date of Oct 29/40

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) R. W. Layton M. D. (Address) Melrose, Mass. Date 1/4/41

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

DATE OF BURIAL Jan. 6, 1941 19

22 NAME OF FUNERAL DIRECTOR A. E. Ballantyne ADDRESS Melrose, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)



JAN 16 1941

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-723-a

1 PLACE OF DEATH *Suffolk* (County)
Winthrop (City or Town)
 No. *316 Bowdoin* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME *Jacob Drew Bruce* (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. *316 Bowdoin* St. *Winthrop* (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)

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

Registered No. *8*

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 *Mary Moore* (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 *70* Years Months Days If less than 1 day Hours Minutes
 9 Occupation: *Retired*
 Industry *Mechanic Signal service*
 10 or Business
 11 Social Security No. *None*
 12 BIRTHPLACE (City) *Boston* (State or country) *Mass*
 13 NAME OF FATHER *Solomon Bruce*
 14 BIRTHPLACE OF FATHER (City) *Hannover* (State or country) *N. H.*
 15 MAIDEN NAME OF MOTHER *Caroline Drew*
 16 BIRTHPLACE OF MOTHER (City) *Hannover* (State or country) *N. H.*

17 Informant *Mrs Mary Bruce* (w/o) Relation, if any
 (Address) *316 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. D. Childs
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *1/8/41* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January 6 1941* (Month) (Day) (Year)
 19 I HEREBY CERTIFY. That I attended deceased from *May 5, 1937* to *January 6, 1941*
 I last saw him alive on *January 6, 1941*, death is said to have occurred on the date stated above, at *3 P.M.* m.
 Immediate cause of death *Acute Coronary Thrombosis* Duration *1 year*
 Due to *Atherosclerosis* *2 years*
 Due to *Chronic Interstitial Nephritis* *2 years*
 Other conditions *Terminal Broncho-* *4 days*
 (Include pregnancy within 3 months of death) *Pneumonia*
 Major findings: *none*
 Of operations *none* Date of *none*
 Of autopsy *none*
 What test confirmed diagnosis? *clinical & laboratory*
 20 Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *Jacob Abbe* M. D.
 (Signed) *1362 Shirley St* (Address) Date *Jan 7 1941*
 21 Place of Burial, Cremation or Removal *Winthrop Mass* (City or Town)
 DATE OF BURIAL *Jan 9* 19*41*
 22 NAME OF FUNERAL DIRECTOR *R. C. Kirby*
 ADDRESS *Boston*
 Received and filed *19* (Registrar)

just in time.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.—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 over 10 years of age. 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

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

1

Surflok

(County)

Winthrop

(City or Town)

No. 40 Thornton Park

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

2 FULL NAME Lucy Hope (Howes) Chace

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

(a) Residence. No. 40 Thornton Park

(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 50 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

Fredrick B Chace

(Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 4 Months 5 Days If less than 1 day Hours Minutes

9 Occupation: Housewife

10 Industry Own Home

11 Social Security No.

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

13 NAME OF FATHER Daniel Howes

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

15 MAIDEN NAME OF MOTHER Hope Atkins

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

17 Informant Fredrick B Chace (Husband, if any)
(Address) 40 Thornton Park Winthrop

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

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

Health Officer
(Official Designation)

1/8/41
(Date of Issue of Permit)

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



STANDARD
CERTIFICATE OF DEATH

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

Registered No. 9

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 6, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 19, 1940, to December 30, 1940

I last saw her alive on December 26, 1940, death is said to have occurred on the date stated above, at 3:15 P.m.

Immediate cause of death

Duration
IMPORTANT

Due to Cerebral Hemorrhage

Due to Hypertension years

Due to Generalized arteriosclerosis years

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

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) Arthur C. Murray M. D.
(Address) Winthrop, Mass. Date 1/1/1941

21 Methodist Church Chatham

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

DATE OF BURIAL Jan. 9, 1941

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds

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

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. 10

No. 411 Shirley St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 411 Shirley 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 20 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 Sara Refcowitz
(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 71 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Tailor

10 Industry or Business: For Himself

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russian

13 NAME OF FATHER Saul Cohen

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

15 MAIDEN NAME OF MOTHER Cannot be learned.

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

17 Aaron Cohen Relation, if any Informant (Address) 411 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:

Mrs. S. Childers (Signature of Agent of Board of Health or other)

Health Officer 1/7/41 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 6, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August, 1939, to Jan. 6, 1941

I last saw him alive on Jan. 6, 1941, death is said to have occurred on the date stated above, at 7:50 P.M.

Immediate cause of death Heart Block

Duration IMPORTANT 2 mks

Anterior Septal Heart

Due to Disease 2 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no Date of

What test confirmed diagnosis? EKG

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

If so, specify Charles Liberman, M. D.

(Signed) (Address) 26 W. 11th St. Date 1/6/41

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

DATE OF BURIAL Jan. 7, 1941

22 NAME OF FUNERAL DIRECTOR Samuel Stanley

ADDRESS 10 Washington St. Cov.

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.....

MARGIN RESERVED FOR BINDING

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

20m-10-139. No. 8427-d

1 PLACE OF DEATH

W. L. Stalk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St.



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

(City or town making return)

Registered No. 11

2 FULL NAME Baby Girl Ryan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 48 Ocean St Lynn St.
(Usual place of abode)
Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
6 Age of husband or wife if alive. years		
7 IF STILLBORN, enter that fact here. 6 still born ✓		
8 AGE. Years Months 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 Stephen Ryan		
14 BIRTHPLACE OF FATHER (City) Nath Adams (State or country) Mass		
15 MAIDEN NAME OF MOTHER Winifred Pannan		
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass		

17 Informant Mrs. Delia Pannan Relation, if any (Address) 5 Florence Ave Revere (Grand Mother)
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)
Healer Officer (Official Designation) 1/14/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 6, 1941
(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 10:30 a.m.

Immediate cause of death

Due to Still born

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) Louis Siegel, M. D. (Address) 24 Shirley Ave Revere Date 19

21 Place of Burial, Cremation or Removal. Hixson (City or Town) DATE OF BURIAL January 7, 1941

22 NAME OF MURRAY + MURRAY, Vincent Murray FUNERAL DIRECTOR ADDRESS 254 Beach St Revere

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

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

12

Registered No.

2 FULL NAME

Margaret Ann McCarthy
(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.

73 Angleside Ave

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

Hospital

years

months

1 days

In this community

yrs.

mos.

/ days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 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

9 Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Winthrop
Mass

PARENTS

13 NAME OF FATHER

Charles T. McCarthy

14 BIRTHPLACE OF FATHER (City)

(State or country)

Lowchester
Mass

15 MAIDEN NAME OF MOTHER

Margaret C. Shea

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Charlestown
Mass

17

Informant

(Address)

Charles T. McCarthy (Father)
73 Angleside 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. D. Clark
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

1/9/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January

8

(Month)

1941

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 1/71, 1941, to *Jan 8*, 1941

I last saw him alive on *Jan 8*, 1941, death is said to

have occurred on the date stated above, at *7:30 A.* m.

Immediate cause of death

Duration
IMPORTANT

Subarachnoid hemorrhage
(newborn)

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?

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 C. Murray

M. D.

(Address)

100 North St. Boston

Date

1/8/41

21 *Oak Grove*
Place of Burial, Cremation or Removal

Midford
(City or Town)

DATE OF BURIAL

Jan 9

1940

22 NAME OF FUNERAL DIRECTOR

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

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)



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

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

Registered No. 13

No. 100 Terrace Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 100 Terrace Ave (Usual place of abode)

Length of stay: In hospital or institution None years months days. In this community 60 yrs. 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 Margaret Feeley (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 90 years Months Days If less than 1 day Hours Minutes

9 Occupation: Retired Artist

10 Industry or Business: Scenic

11 Social Security No. None

12 BIRTHPLACE (City) N.Y. City (State or country) N.Y.

13 NAME OF FATHER John A. Thompson

14 BIRTHPLACE OF FATHER (City) N.Y. City (State or country) N.Y.

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER N.Y. City (State or country) N.Y.

17 Informant Mrs. C. Thompson Relation if any (Address) 100 Terrace Ave Dorchester

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

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

(Date of Issue of Permit) 7/10/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 11 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 3, 1941, to July 11, 1941.

I last saw him alive on July 11, 1941, death is said to have occurred on the date stated above, at 2:30 p.m.

Immediate cause of death: Myocardial Infarction

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) M. D.

(Address) Date 1941

21 Place of Burial, Cremation or Removal St. John's Church (City or Town)

DATE OF BURIAL Jan 11 1941

22 NAME OF FUNERAL DIRECTOR R. C. Kelly

ADDRESS Boston

Received and filed 1941

(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.....

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 11

Registered No.

No. 28 Trident Ave. St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Angelike Pappas. { (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 28 Trident 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 10 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		
(or) WIFE of John Pappas. (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: Housewife		
10 Industry or Business: Own home		
11 Social Security No.		
12 BIRTHPLACE (City) Greece (State or country)		
PARENTS	13 NAME OF FATHER Vasilios Valachos	
	14 BIRTHPLACE OF FATHER (City) Greece (State or country)	
	15 MAIDEN NAME OF MOTHER Sanoula KoloRithes	
	16 BIRTHPLACE OF MOTHER (City) Greece (State or country)	

17 Informant: William Pappas, Son
(Address) 15 - Coral 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)

(Official Designation)

(Date of Issue of Permit) 1/10/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 9 1941.
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from December 19 1932, to January 9, 1941.
I last saw him alive on January 9, 1941, death is said to have occurred on the date stated above, at 12:30 a.m.

Immediate cause of death Acute Coriary Thrombosis
Duration 3 days

Due to Arteriosclerosis 2 years

Due to Senility 2 years

Other conditions Congestive Heart Disease 3 yrs
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none

Date of none

Of autopsy none
What test confirmed diagnosis? Chemical & laboratory

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

(Signed) Jacob Phaus M. D.
(Address) 1362 V. Ave. Date 1/9 1941

21 Int. Hosp. Burial & P. Boden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL January 10 1941

22 NAME OF FUNERAL DIRECTOR Arthur B. Vasile
ADDRESS 1654 Washington (Boston)

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

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

PLACE OF DEATH		STANDARD		CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH	
1 <u>Suffolk</u> (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. <u>15</u>		To be filed for burial permit with Board of Health or its Agent	
2 <u>Winthrop</u> (City or Town)		No. <u>60 Cliff ave</u> <u>Winthrop Mass</u> St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR) _____			
FULL NAME <u>Elizabeth Downing Hillier</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. <u>60 Cliff ave</u> St. _____ (Usual place of abode)		(If nonresident, give city or town and state)			
Length of stay: In hospital or institution _____ years _____ months _____ days. <u>15</u> In this community <u>15</u> yrs. _____ mos. _____ days. (Specify whether)		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3 SEX <u>Female</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE <u>Married</u> (write the word) MARRIED WIDOWED or DIVORCED		18 DATE OF DEATH <u>Jan</u> <u>9</u> <u>1941</u> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of <u>Theodore C. Hillier</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		6 Age of husband or wife if alive <u>71</u> years		7 IF STILLBORN, enter that fact here.		19 I HEREBY CERTIFY. That I attended deceased from <u>December 20 1939</u> , to <u>January 9 1941</u> I last saw him alive on <u>January 9 1941</u> , death is said to have occurred on the date stated above, at <u>8:30 a.m.</u> Immediate cause of death <u>Acute Coronary Thrombosis</u> Duration <u>3 days</u> Due to <u>Arteriosclerosis</u> <u>1 year</u> Due to <u>Angina Pectoris</u> <u>1 year</u> Other conditions <u>none</u> (Include pregnancy within 3 months of death)	
8 AGE <u>65</u> Years <u>6</u> Months <u>30</u> Days If less than 1 day Hours _____ Minutes _____		9 Usual Occupation: <u>at home</u> Industry _____ 10 or Business: _____		11 Social Security No. _____		Major findings: <u>none</u> Of operations <u>none</u> Date of _____ Of autopsy <u>none</u> What test confirmed diagnosis <u>clinical & lab</u>	
12 BIRTHPLACE (City) <u>New York City</u> (State or country) <u>New York</u>		13 NAME OF FATHER <u>John Downing</u>		14 BIRTHPLACE OF FATHER (City) <u>Not known</u> (State or country) <u>Not known</u>		15 MAIDEN NAME OF MOTHER <u>Not known</u>	
16 BIRTHPLACE OF MOTHER (City) <u>Not known</u> (State or country) <u>Not known</u>		17 Informant <u>Wm. S. Childress</u> Relation, if any <u>Son-in-law</u> (Address) <u>60 Cliff ave Winthrop</u>		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. S. Childress</u> (Signature of Agent of Board of Health or other) Health Officer (Official Designation) <u>1/11/41</u> (Date of Issue of Permit)		20 Was disease or Injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Jay B. Pharois M.D.</u> M. D. _____ (Address) <u>362 Hurley St</u> Date <u>1/10 1941</u>	
21 <u>Winthrop</u> <u>Winthrop</u> Place of Burial, Cremation or Removal. (City or Town)		DATE OF BURIAL <u>Jan</u> <u>11</u> <u>1941</u>		22 NAME OF FUNERAL DIRECTOR <u>Richard J. White</u> ADDRESS <u>147 Winthrop Mass.</u>		Received and filed _____ 19 _____ (Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 48 Bowdoin

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

2 FULL NAME Katie (Wheeler) Orcutt

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

(a) Residence. No. 48 Bowdoin

(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 41 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 B. Orcutt

(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

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

At home

Industry

or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Milford

(State or country)

New Hampshire

13 NAME OF

FATHER

Gilman Wheeler

14 BIRTHPLACE OF

FATHER (City)

Hancock

(State or country)

New Hampshire

15 MAIDEN NAME

OF MOTHER

Gracia Kittridge

16 BIRTHPLACE OF

MOTHER (City)

Hancock

(State or country)

New Hampshire

17

Informant

(Address)

Mrs. Ethel Wurtz (daughter)

48 Bowdoin St Winthrop Mass

Relation, if any

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

Shelley 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. 16

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Jan 10, 1941, to Jan 10, 1941

I last saw h. alive on Jan 9, 1941, death is said to

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

Immediate cause of death.

Duration
IMPORTANT

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?

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)

(Address)

Winthrop Mass

Date 1-10-1941

M. D.

21 Winthrop Cemetery Winthrop Mass

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL January 12, 1941

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

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.

17

Registered No.

No. 7 Myrtle Avenue St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

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

(a) Residence. No. 7 Myrtle Avenue 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 15 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

(or) WIFE of Albert Edward Seymour (Husband's name in full)

6 Age of husband or wife if alive. 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 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) North Carolina (State or country)

13 NAME OF FATHER Richard Harley

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

15 MAIDEN NAME OF MOTHER --- Unable to Tamerobtain first name

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

17 Informant Albert E. Seymour (husband) Relation, if any (Address) 7 Myrtle 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. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/13/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 10, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 27, 1940, to Jan 9, 1941. I last saw her alive on Jan 9, 1941, death is said to have occurred on the date stated above, at 8:30 A. m. Immediate cause of death. Cerebral Hemorrhage

Duration IMPORTANT 11/27/40

Due to Arteriosclerosis Hypertension

Due to Diabetes Mellitus

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. A. Nathan Caplan M. D. (Signed) 19 Mermaid St. W. Mass. Date 1/11/41 (Address)

21 Winthrop Cemetery Winthrop Mass Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL January 13, 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison ADDRESS Winthrop 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.

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. **18**

1 No. *14 Eggleton Park* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Elizabeth Atherton Tancred* { (If U. S. War Veteran, specify WAR)

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

(a) Residence. No. *14 Eggleton Park* St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community / yrs. *6* mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Widow*

5a If married, widowed, or divorced
HUSBAND of..... (Give maiden name of wife in full)
(or) WIFE of *Peter Tancred*
(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 *9* Months..... Days..... Hours..... Minutes

9 Usual Occupation: *Housewife*

10 Industry Own Home

11 Social Security No.

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

13 NAME OF FATHER *Charles French*

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

15 MAIDEN NAME OF MOTHER *Ellen Campbell*

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

17 Informant *Charles Tancred* Relation, if any *Son*
(Address) *14 Eggleton Pk, Winthrop*

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *11/3/41* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January 12, 1941*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *4/20*, 1940, to *1/12*, 1941
I last saw him alive on *1/11*, 1941, death is said to have occurred on the date stated above, at *12:45 p. m.*
Immediate cause of death: *edema Lungs* Duration *28 days*

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
General Arterio Sclerosis IMPORTANT

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) *Harry A. Kelly*, M. D.
(Address) *Winthrop* Date *1/12* 19 *41*

21 *Forest Hills* *Boston*
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *Jan. 14, 1941*

22 NAME OF FUNERAL DIRECTOR *Henry H. Registon*
ADDRESS *Newtonville, Mass.*

Received and filed..... 18
(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.....

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. 17, G. L.)

50m-10-1-39, No. 8427-5

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



(City or town making return)

Registered No. 577

19

PLACE OF DEATH

(County)

(City or Town)

No. Boston City Hospital

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

2 FULL NAME Francis O Ball

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

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

(a) Residence. No. 287 Main

St. Winthrop

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 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 Frances W (Husband's name in full)

6 Age of husband or wife if alive. 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 1 Months 8 Days If less than 1 day Hours Minutes

9 Usual Occupation:

Insurance - retired

10 Industry or Business:

11 Social Security No. office

12 BIRTHPLACE (City) (State or country)

Hyde Park Mass

13 NAME OF FATHER

Francis O Ball

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

15 MAIDEN NAME OF MOTHER

Eunice Rogers

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

Boston Mass

17

Informant (Address)

Henry E. Keough

Relation, if any

friend

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

1/17/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 13 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from 1/7/41, 19, to 1/13/41, 19.

I last saw him alive on 1/13/41, 19, death is said to have occurred on the date stated above, at 9/58 A.M.

Immediate cause of death.

cerebral hemorrhage dys.

Due to arteriosclerotic heart disease 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 O'Connell

(Address)

Boston

Date

1/13/19 41

21 PLACE OF BURIAL

Winthrop Mass

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Jan 15 1941

19

22 NAME OF FUNERAL DIRECTOR

C R Bennison

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)



FEB 13 1941 PM

PHYSICIANS should state exact statement of OCCUPATION. 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. 20 Sagamore Avenue

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

2 FULL NAME Adoniram Judson Young

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

(a) Residence. No. 20 Sagamore Avenue

(Usual place of abode)

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

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community 66 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 Susie Matilda Robertson
(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 89 Years 5 Months 4 Days If less than 1 day
Hours Minutes

9 Occupation: Usual Real Estate (retired)

10 Industry or Business: Office

11 Social Security No.

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

13 NAME OF FATHER Alvin Young

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

15 MAIDEN NAME OF MOTHER Martha Winchester

16 BIRTHPLACE OF MOTHER (City) St Albins
(State or country) Maine

17 Informant Mrs. Susie M. Young (wife)
(Address) 20 Sagamore Ave Winthrop

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

Wm. S. Childress
(Official Designation)

1/18/41
(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. 20

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 17 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Nov 30, 1940, to Jan 17, 1941.

I last saw him alive on Jan 16, 1941, death is said to
have occurred on the date stated above, at 9:45 A. m.

Immediate cause of death.

Chronic Endocarditis Duration 3 yrs

Due to Gangrene of right foot 2 weeks

Due to Arterio Sclerosis 3 yrs.

Other conditions. (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) Louis F. Dalerus, M. D.

(Address) 175 Pleasant St Date 1/17/41 1941

21 Winthrop Cemetery Winthrop

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

DATE OF BURIAL January 19, 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop 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.

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. 21

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 Augusta Walton { (If U. S.
(If deceased is a married, widowed or divorced woman, give also maiden name.) War Veteran,
specify WAR) None

(a) Residence. No. 124 Circuit Road 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 20 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive Deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Swedish masseur

Industry
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Whiting
(State or country) W. Virginia

13 NAME OF FATHER ? Jericho

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

15 MAIDEN NAME OF MOTHER Unknown

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

17 Relation, if any

Informant Mrs. Flora M. Walton (Sister-in-law)
(Address) Stillriver, Harvard, 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 1/20/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 15, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov 30, 1940, to January 15, 1941
I last saw her alive on January 15, 1941, death is said to
have occurred on the date stated above, at 2:30 A.M.
Immediate cause of death

Carcinoma of Lungs ?
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) Harvey A. Kelly M. D.
(Address) Winthrop Date 1/18 19 41

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

DATE OF BURIAL January 20 19 41

22 NAME OF FUNERAL DIRECTOR R. C. Kirby

ADDRESS Ex-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.....

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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 SURINOK
(County)
WINTHROP
(City or Town)
No. 381 WINTHROP 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. 22

2 FULL NAME John J. Rahall

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

(a) Residence. No. 381 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 16 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 Catherine Corcoran
(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 3 Years 0 Months 12 Days If less than 1 day Hours Minutes

9 Usual Occupation: Leather Sorter (Retired)

10 Industry or Business: Leather Factory (shoe)

11 Social Security No.

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

13 NAME OF FATHER Patrick J. Rahall

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

15 MAIDEN NAME OF MOTHER Mary ?

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

17 Informant Catherine Rahall (Wife)
(Address) 381 WINTHROP ST.

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

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

HO (Official Designation) Jan 19/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 18 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan. 1, 1941 to Jan. 18, 1941
I last saw him alive on Jan. 17, 1941, death is said to have occurred on the date stated above, at 5 A. m.

Immediate cause of death. Duration IMPORTANT

Due to Suppurative pneumonia 1 day

Due to Chronic pulmonary 3 yr

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. Mahoney M. D.
(Address) 1115 Date 1/18 1941

21 WINTHROP WINTHROP
Place of Burial, Cremation or Removal (City or Town) 41

DATE OF BURIAL Jan. 20 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
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 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 permits so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

100m-2-40-D-729-A

1 PLACE OF DEATH
 {
 Suffolk (County)
 Wrentham (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. 188 Woodside Ave. St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

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

(a) Residence. No. 188 Woodside Ave. St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community yrs. 8 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

5a If married, widowed, or divorced
 HUSBAND of. (Give maiden name of wife in full)
 (or) WIFE of. Richard M. Rich
 (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

Usual Occupation: Housewife

Industry or Business: none

11 Social Security No. none

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

13 NAME OF FATHER O. C. Harrington

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

15 MAIDEN NAME OF MOTHER Emma E. Brown

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

17 Informant Donald Rich (Son)
 (Address) Lincoln St. Ditchburg, Mass.

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

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

Agent 1/18/41
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 18, 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
 Jan 18, 1941 to Jan 18, 1941

I last saw him alive on Jan 18, 1941, death is said to
 have occurred on the date stated above, at 7:30 A. M.

Immediate cause of death: Cardiac Decompensation
 Duration IMPORTANT 1 1/2 yrs.

Due to: Hypertension, 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: no

What test confirmed diagnosis? Clinical

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

If so, specify Charles Lebrun, M. D.
 (Signed) (Address) 26 Waverley Ave. Date 1/18/41

21 Forest Hills Boston Mass.
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Jan 20, 1941

22 NAME OF A. Drifting Clark
 FUNERAL DIRECTOR
 ADDRESS 866 Main St. Worcester, 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, 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 **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, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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

1

Suffolk
Middlesex
(County)

Winthrop
(City or Town)

No. 33 Court Road



The Commonwealth of Massachusetts
OFFICE 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. 21

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

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

(a) Residence. No. 33 Court 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 8 yrs. 6 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Male White MARRIED or DIVORCED Married

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

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

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 8 Months 5 Days If less than 1 day Hours Minutes

Usual Occupation: General helper

Industry Club

10 or Business:

11 Social Security No. Retired 1930

12 BIRTHPLACE (City) Lidköping
(State or country) Sweden

13 NAME OF FATHER Peter Olson

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

15 MAIDEN NAME OF MOTHER Cannot be learned

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

17 Relation, if any

Informant Mrs. Anna Peterson Olson wife
(Address) 33 Court Road, Winthrop

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

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

Health Officer 1/31/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 20 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct. 24, 1940, to Jan. 20, 1941

I last saw him alive on Jan. 19, 1941, death is said to have occurred on the date stated above, at 12 noon m.

Immediate cause of death Duration IMPORTANT

Cancer lung metastatic mediatum June 40

Due to

Due to

Other conditions

(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? X-ray

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

If so, specify

(Signed) A. Ernest Mills M. D.

(Address) 76 Boston Ave., W. Medford Date Jan. 20, 1941

Place of Burial, Cremation or Removal Everett, Mass.

DATE OF BURIAL Jan. 23 1941

22 NAME OF FUNERAL DIRECTOR A. E. Long & Son Inc.

ADDRESS 1979 Mass. Ave., Cambridge

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall 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 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 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 15 Williams 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

25

Registered No.

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

2 FULL NAME William E. Burke

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

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

(a) Residence. No. 15 Williams St

(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 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of Mary Hayes

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation: Clerk

Industry

10 or Business: U. S. Postoffice

11 Social Security No.

12 BIRTHPLACE (City) East Boston

(State or country) Mass

13 NAME OF FATHER

Michael Burke

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Bridget Doran

16 BIRTHPLACE OF MOTHER (City)

Nova Scotia

(State or country)

17 Informant Mary Burke (Wife)

(Address)

15 Williams St.

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

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/23/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

January 21, 1941, to January 21, 1941, death is said to

I last saw him alive on January 21, 1941, death is said to

have occurred on the date stated above, at 3:30 p.m.

Immediate cause of death

Coronary Thrombosis

Duration

(IMPORTANT)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

(IMPORTANT)

PHYSICIAN

Underline

the cause to

which death

should be

charged statistically.

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) Malden

Date 1941

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

DATE OF BURIAL Jan. 24 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

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.

10-10-39, No. 8427-h

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Winthrop
 No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Daniel Terrance Cunningham { (If U. S. War Veteran, specify WAR)
 (If deceased was a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 268 Elm Road Winthrop
 (Usual place of abode)
 Length of stay: In hospital or institution 1 hr 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)
 6 If married, widowed, or divorced HUSBAND of McGilllicuddy (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: Accountant
 10 Industry or Business: Coal & Oil
 11 Social Security No.
 12 BIRTHPLACE (City) Boston (State or country) Mass
 13 NAME OF FATHER Patrick Cunningham
 14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
 15 MAIDEN NAME OF MOTHER Johanna Sheehan
 16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)
 17 Informant Ralph Cunningham Relation, if any Son (Address) 4 Paine St

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH Jan - 25 - 1941 (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.)
Exposure
Plain Right Ankle
Intusion Scalp
contusion
 20 Accident, suicide, or homicide (specify) accidental
 Date of occurrence Jan - 25 - 1941 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? street (Specify type of place)
 Manner of Injury fell into snow bank
 Nature of Injury as above
 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 Wm. J. Brickley M. D.
 (Signed) Boston Jan - 25 - 1941
 (Address)
 22 Winthrop Winthrop Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL Jan. 27 1941 19
 23 NAME OF FUNERAL DIRECTOR John F. C. Gales
 ADDRESS Winthrop
 Received and filed 19
 A TRUE COPY ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/27/41 (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., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

... 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

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 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.

50m-10-39, No. 8427-1

PLACE OF DEATH

Norfolk
(County)Medfield
(City or Town)

No. Medfield State Hospital



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

Medfield
(City or town making return)

Registered No. 21 27

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

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

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

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

Length of stay: In hospital or institution. Hosp. 42 years 10 months 25 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 w.
5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced
HUSBAND of John Keenan (Give maiden name of wife in full)
(or) WIFE of John Keenan (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: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER James Armstrong

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

15 MAIDEN NAME OF MOTHER Ann Gallagher

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

17 Informant Medfield St. Hosp. (Records) Relation, if any

A TRUE COPY.

ATTEST:

Charles W. Keirstead
(Registrar of city or town where death occurred)

DATE FILED

Feb. 15, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 26 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec. 30, 1940, to Jan. 26, 1941

I last saw her alive on Jan. 26, 1941 death is said to have occurred on the date stated above, at 10:15 p.m.

Immediate cause of death. Bronchopneumonia Duration 2 days.

Due to Anteriosclerotic heart disease years.

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? Phys. & Lab. no

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

If so, specify

(Signed) M. H. Laurence M. D.
(Address) Harding, Mass. Date 2/27/194121 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Lake, Medfield
(Cemetery) (City or Town)

DATE OF BURIAL Feb. 7, 1941

22 NAME OF FUNERAL DIRECTOR Joseph A. Roberts

ADDRESS 478 Main St., Medfield, Mass.

Received and Filed Feb. 17, 1941

(Registrar of City or Town where deceased resided)



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

1

Suffolk
(County)Winthrop
(City or Town)

No. 105 Ocean View



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 28

2 FULL NAME. Isabella (MacDonald) Baker

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

(a) Residence. No. 105 Ocean View Street

(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

(Specify whether)

years

months

days.

In this community 28 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 Arthur Henry Baker
(Husband's name in full)

6 Age of husband or wife if alive. 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years 11 Months 4 Days If less than 1 day Hours Minutes

Usual Occupation: At home

Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Alexander MacDonald

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

15 MAIDEN NAME OF MOTHER Elizabeth Morrison

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

17 Informant Arthur H. Baker (husband)
(Address) 105 Ocean View St Winthrop

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

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

Health Officer 2/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 1, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 1940 to 1941
I last saw him alive on Feb. 4, 1941, death is said to
have occurred on the date stated above, at 4:10 P.M.
Immediate cause of death: Death of mother

Duration
IMPORTANT

7 days

Due to: respiratory

Due to:

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

IMPORTANT

PHYSICIAN

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

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: Of mother
(Signed) (Address) Date 2/3/41 M. D.

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL February 3, 1941 19

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

Received and filed Feb. 2, 1941 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., (Per centenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or 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 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

1

Suffolk

(County)

Winthrop

(City or Town)

No. 16 Wheelock

St.

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

2 FULL NAME Horace Franklin Downes

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

(a) Residence. No. 16 Wheelock

(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 30 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of Clara A. Butterfield

(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 89

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Real Estate (retired)

Industry

10 or Business:

Office

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Amesbury

Massachusetts

13 NAME OF

FATHER

Horace Downes

14 BIRTHPLACE OF

FATHER (City)

Alfred

(State or country)

Maine

15 MAIDEN NAME

OF MOTHER

Susan Wheeler

16 BIRTHPLACE OF

MOTHER (City)

(City or town unknown)

(State or country)

Massachusetts

17

Informant

(Address)

Flora E. Downes

Relation, if any

(daughter)

Bryant Hotel

Brockton 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

2/4/41

(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. 29

Registered No.

(If U. S.

War Veteran,

specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

February

(Month)

2

(Day)

1941

(Year)

19 I HEREBY CERTIFY

That I attended deceased from

Oct. 19, 1939, to Feb. 2, 1941

I last saw him alive on Feb. 1, 1941 death is said to have occurred on the date stated above, at 3 a.m.

Immediate cause of death

Myocarditis

Duration

IMPORTANT

3 years

Due to

Generalized arterio-sclerosis

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? 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? No

If so, specify

(Signed)

Bryant Hotel, Brockton

M. D.

(Address)

Winthrop Mass

Date Feb. 3, 1941

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL February 4, 1941

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

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

(3) **Medical Examlners** 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 dsabled 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 couditions, if any, related to the princplal 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.

100m-2-40-D-729-a

REVERSE NOTIFIED

2/2/41

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital 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. 30

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

(a) Residence. No. 75 Pearl 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 3 days. In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced HUSBAND of Mary Helen O'Neil
(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 72 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired-Storekeeper

10 Industry or Business: Grocery Store

11 Social Security No.

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

13 NAME OF FATHER Enos Lewis

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

15 MAIDEN NAME OF MOTHER Unknown

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

17 Informant William Keating (Friend) (Address) Washburn Ave Revere

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) 2/3/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 2, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938 to February 2, 1941

I last saw him alive on February 2, 1941, death is said to have occurred on the date stated above, at 5:20 P. M.

Immediate cause of death: Hypertensive heart disease Duration IMPORTANT 2 yrs

Due to Hypertension do not know

Due to Atherosclerosis do not know

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

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) John F. Collins M. D. (Address) Revere Mass Date Feb 2 1941

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb. 5, 1941 19

22 NAME OF FUNERAL DIRECTOR Michael Concella ADDRESS 10 No. Bennett 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 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.

100m-2-40-D-729-a

1	PLACE OF DEATH	Suffolk (County)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	STANDARD CERTIFICATE OF DEATH	To be filed for burial permit with Board of Health or its Agent	Registered No. 31
		Winthrop (City or Town)				
		No. 11 Whittier				
2	FULL NAME	Frederick Lewis Yirrell (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)	
	(a) Residence. No.	11 Whittier		St. Winthrop	(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 yrs. 10 mos. days.
		(Specify whether)				

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED	18 DATE OF DEATH	February 4, 1941 (Month) (Day) (Year)	
Male	White	Married			
5a If married, widowed or divorced HUSBAND of Mary MacAuley (Give maiden name of wife in full)			19 I HEREBY CERTIFY That I attended deceased from Jan 1, 1941, to February 4, 1941 last saw h. alive on Feb. 4, 1941, death is said to have occurred on the date stated above, at 12 noon m.		
(or) WIFE of (Husband's name in full)			Immediate cause of death Pneumonia - Pneumonia		
6 Age of husband or wife if alive 65 years			Due to Cause of the Stomach		
7 IF STILLBORN, enter that fact here.			Due to		
8 AGE 69 Years 0 Months 2 Days If less than 1 day Hours Minutes			Other conditions Time		
9 Occupation: none			(Include pregnancy within 3 months of death)		
10 Industry or Business: at home			Major findings: Laparotomy		
11 Social Security No. none			Of operations C. A. of Stomach Date of 2/1/40		
12 BIRTHPLACE (City) Brighton (State or country) England			Of autopsy		
PARENTS	13 NAME OF FATHER Frederick Yirrell		What test confirmed diagnosis?		
	14 BIRTHPLACE OF FATHER (City) London (State or country) England		20 Was disease or injury in any way related to occupation of deceased? No		
	15 MAIDEN NAME OF MOTHER Emily Slater		If so, specify George H. Schwartz M. D.		
	16 BIRTHPLACE OF MOTHER (City) Manchester (State or country) England		(Signed) 19.41 (Address) 19.41		
17 Informant Frederick Yirrell, son (Address) 11 Whittier St., Winthrop			21 St. Joseph Cem. W. Roxbury Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL February 7, 1941		
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) 2/6/41 (Official Designation) (Date of Issue of Permit)			22 NAME OF FUNERAL DIRECTOR J. E. Parker ADDRESS 300 Meridian St., E. Boston		
			Received and filed 19.41 (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 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

Suffolk
Winthrop
(County)
(City or Town)

No.

153 Court Road

St.

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

2 FULL NAME

Dr. Augustine J. Bulger

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

(a) Residence. No.

153 Court Road

St.

(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 8 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of

Agnes C. Kennedy

(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

Usual

9 Occupation:

Dentist

Industry

10 or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

Boston Mass

(State or country)

13 NAME OF FATHER

Martin Bulger

14 BIRTHPLACE OF FATHER (City)

St John Nfld.

(State or country)

15 MAIDEN NAME OF MOTHER

Mary Jane Reagle

16 BIRTHPLACE OF MOTHER (City)

St John Nfld.

(State or country)

PARENTS

17

Information

Mrs. Claire A. Miles

Relation, if any

(Address)

153 Court Road, Winthrop

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

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. 32

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb. 6 -

1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 1, 1941, to Feb. 6, 1941

I last saw him alive on Feb. 6, 1941, death is said to

have occurred on the date stated above, at 11-30 A. m.

Immediate cause of death.

Chronic Myocarditis

Due to

Embolism

Duration

IMPORTANT

1940

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? Stethoscope

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)

Thos. L. Shumme

M. D.

(Address)

726 Barloga St. Date Feb. 6, 1941

21

H. H. Wood

Brookline

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Feb. 10

1941

22

NAME OF FUNERAL DIRECTOR

Robert H. Chevalier

ADDRESS

591 E. Broadway, 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. 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

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

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-10-39, No. 8427-f

1 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 Frank J. Vera

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

(If U. S.

War Veteran, specify WAR)

World

(a) Residence. No. 84 Cottage Ave.

St. Winthrop, Mass.

(Usual place of abode)

Length of stay: In hospital or institution hospital years months days 24

(Specify whether)

(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 divorced married

5a If married, widowed, or divorced

HUSBAND of Elisebeth MacIntosh

(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 0 Months 15 Days If less than 1 day Hours Minutes

9 Occupation: Engineer

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Provincetown Mass.

(State or country)

13 NAME OF FATHER Emmanuel P.

14 BIRTHPLACE OF FATHER (City)

(State or country) Azores

15 MAIDEN NAME OF MOTHER

Caroline Perry

16 BIRTHPLACE OF MOTHER (City)

(State or country) Portugal

17

Informant Hospital Records

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb. 6, 19 41

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. 84 33

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

2 FULL NAME Frank J. Vera

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

(If U. S.

War Veteran, specify WAR)

World

(a) Residence. No. 84 Cottage Ave.

St. Winthrop, Mass.

(Usual place of abode)

Length of stay: In hospital or institution hospital years months days 24

(Specify whether)

(If nonresident, give city or town and state)

In this community yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February 6, 1941

(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan. 13, 19 41

I last saw him alive on Feb. 6, 19 41 death is said

to have occurred on the date stated above, at 7:40 A.M.

Immediate cause of death

Broncho-pneumonia 5 days

Due to Septicemia (streptococcus viridans) 2 wks

Due to Bilateral pyelonephritis 2 wks

Other conditions Chronic cystitis 2

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations none

Date of

Of autopsy see above

What test confirmed diagnosis? clinical, lab.

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

If so, specify no

(Signed)

(Address) Lewis Glazer

Date 19

21 PLACE OF BURIAL Home

CREMATION OR REMOVAL

2 6 41

DATE OF BURIAL

Feb. 8, 1941

22 NAME OF FUNERAL DIRECTOR

C.R. Bennison

ADDRESS

170 Wint. rop St., Winthrop

Received and filed

Feb. 6, 19 41

(Registrar of City or Town where deceased resided)



LIBRARY

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

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

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

34

Registered No.

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

2 FULL NAME Herbert Colley

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

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

(a) Residence. No. 5 Loring 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 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Helen Snow (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 85 Years 9 Months 16 Days If less than 1 day Hours Minutes

Usual Occupation: Sole Cutter

Industry Leather Sole Factory

10 or Business:

11 Social Security No.

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

13 NAME OF FATHER Lewis C Colley

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

15 MAIDEN NAME OF MOTHER Caroline O Boynton

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

17 Informant Mrs. Edward Bagley Daughter (Address) 5 Loring Rd.

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

(Official Designation) (Date of Issue of Permit) 3/8/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 7 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 24, 1941, to February 6, 1941

I last saw him alive on February 4, 1941, death is said to have occurred on the date stated above, at 12:20 A. M.

Immediate cause of death.

Cerebral accident 2 wks

Due to Hypertension

Due to Generalized arteriosclerosis

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) Wm. S. Childers M. D.

(Address) Winthrop Mass. Date 2/27/41

21 Waterside Marblehead

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

DATE OF BURIAL Feb. 9 1941

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

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 here shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

DECEASED 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.

35

1 PLACE OF DEATH (County) Winthrop Mass (City or Town) Winthrop Community No. 124 Falcon St. Boston (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 124 Falcon St. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

(or) WIFE of _____ (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 _____ Hours _____ Minutes

9 Usual Occupation: _____ Industry or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City, State or country) Winthrop Mass

13 NAME OF FATHER Giuseppe Tedeschi

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

15 MAIDEN NAME OF MOTHER Helena Cianciarullo

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

17 Informant Giuseppe Tedeschi, Father Relationship, if any Father (Address) 124 Falcon St. B. C.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 11, 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 2/11/44, 19____, to 2/11/44, 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 _____

Due to Still born

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) Giuseppe Tedeschi M. D. (Address) 238 Massachusetts Ave. Boston Date 2/11/44

21 Place of Burial, Cremation or Removal St. Michael's Boston (City or Town) DATE OF BURIAL Feb 12 19____

22 NAME OF FUNERAL DIRECTOR Stanley D. Pietri ADDRESS 204 Marlborough St. B. C.

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. Chidress (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 2/13/44

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 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.....

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

1	PLACE OF DEATH	Suffolk (County) Winthrop (City or Town) No. <u>4 Atkinson Circle</u>	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. <u>36</u>
		2 FULL NAME <u>Mary Ellen (Morgan) Atkinson</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If death occurred in a hospital or institution, give its NAME instead of street and number) (If U. S. War Veteran, specify WAR)	
		(a) Residence No. <u>4 Atkinson Circle</u> (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 <u>12</u> yrs. _____ mos. _____ days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Female</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE (write the word) <u>WIDOWED</u>	
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of <u>William R. Atkinson</u> (Husband's name in full)					
6 Age of husband or wife if alive _____ years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>79</u> Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____					
9 Usual Occupation: <u>Housewife</u>					
10 Industry <u>Own Home</u>					
11 Social Security No. _____					
12 BIRTHPLACE (City) <u>Boston</u> (State or country) <u>Massachusetts</u>					
PARENTS		13 NAME OF FATHER <u>John Morgan</u>			
		14 BIRTHPLACE OF FATHER (City) (State or country) <u>Ireland</u>			
		15 MAIDEN NAME OF MOTHER <u>Cannot Be Learned</u>			
		16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u>			
17		Relation, if any			
Informant <u>Henry Atkinson</u> (<u>son</u>) (Address) <u>4 Atkinson Circle Winthrop</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. S. Chulackis</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>3/13/41</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>February 11</u> <u>1941</u> (Month) (Day) (Year)		19 I HEREBY CERTIFY That I attended deceased from <u>February 13</u> 19 <u>41</u> , to <u>February 11</u> , 19 <u>41</u> I last saw him alive on <u>February 12</u> 19 <u>41</u> , death is said to have occurred on the date stated above, at <u>3-A</u> m. Immediate cause of death <u>Cerebral Hemorrhage</u> Due to <u>Arterio Sclerosis</u> Due to _____ Other conditions _____ (Include pregnancy within 3 months of death)			
		Duration <u>8 days</u> IMPORTANT			
		Due to _____		Due to _____	
		Other conditions _____		Other conditions _____	
		Major findings: Of operations _____ Of autopsy _____ What test confirmed diagnosis? _____		Underline the cause to which death should be charged statistically. IMPORTANT PHYSICIAN	
20 Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Edward J. O'Malley</u>		M. D.			
(Address) <u>120 West Broadway Ave.</u>		Date <u>Feb 12</u> 19 <u>41</u>			
21 <u>Holyhood</u> <u>Brookline</u> Place of Burial, Cremation or Removal, (City or Town)		DATE OF BURIAL <u>February 13</u> <u>1941</u>			
22 NAME OF FUNERAL DIRECTOR <u>John F. O'Malley</u>		ADDRESS <u>Winthrop, Massachusetts</u>			
Received and filed _____		_____ 19 _____ (Registrar)			

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

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

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, 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, such certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of 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.

50m-10-139, No. 8127-h

1 PLACE OF DEATH
Suffolk (County)
Wentworth (City or Town)
No. Wentworth Community Hospital

2 FULL NAME John B. Cirolo
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 630 Boulevard Reverse
(Usual place of abode)
Length of stay: In hospital or institution Hospital years months 5 days. In this community 51 yrs mos. days.

(City or town making return)
Registered No. 37
(If death occurred in a hospital or institution, NAME instead of street and number)
(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) Married
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 Occupation: Superintendent
10 or Business: Fire Alarm System

11 Social Security No. Reverse

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

PARENTS

13 NAME OF FATHER Augustus Cirolo
14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass
15 MAIDEN NAME OF MOTHER Theresa C. Repetto
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant: Frank J. McQuirk Relation, if any (Address) 630 Boulevard Reverse
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) 3/15/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 13, 1941
(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 Pelvis
Internal Injuries

20 Accident, suicide, or homicide (specify) Suicide
Date of occurrence 3/13/41 19
Where did Injury occur? Reverse
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? In Garage
(Specify type of place)
Manner of Injury Fall from ladder
Nature of Injury
While at work? Yes Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Conner D. Heary M. D.
(Address) 1103 Broadway Date 3/13/41
22 Body Free from Infection
Place of Burial, Cremation or Removal Malden
(City or Town)
DATE OF BURIAL Feb 16 1941
23 NAME OF FUNERAL DIRECTOR J. D. McQuirk
ADDRESS 183 Broadway Chelsea
Received and filed 19
A TRUE COPY ATTEST: (Registrar)

See Rem 111 C. Searys office (Phonetic)

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

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

SUFFOLK (County) BOSTON (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH		(City or town making return)	38
1	PLACE OF DEATH No. <u>Boston City Hospital</u> St. <u>(If death occurred in a hospital or institution, give its NAME instead of street and number)</u>	Registered No. <u>1820</u>			
2	FULL NAME <u>Bernard McCabe</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)	(H. U. S. War Veteran, specify WAR)			
(a)	Residence, No. <u>83 Faun Bar Ave</u> St. <u>Winthrop</u> (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					
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 <u>28</u> Years <u>4</u> Months <u>10</u> Days <u>(If less than 1 day)</u> Hours..... Minutes					
9 Usual Occupation: <u>chauffeur</u>					
10 Industry or Business: <u>Comm truck</u>					
11 Social Security No.					
12 BIRTHPLACE (City) <u>Boston</u> (State or country) <u>Mass</u>					
13 NAME OF FATHER <u>Thomas J McCabe</u>					
14 BIRTHPLACE OF FATHER (City) <u>Boston</u> (State or country) <u>Mass</u>					
15 MAIDEN NAME OF MOTHER <u>Kathryn Sullivan</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Boston</u> (State or country) <u>Mass</u>					
17 Informant. <u>father</u> Relation, if any (Address)					
A TRUE COPY. <u>Francis J. Tray</u> (Registrar of city or town, where death occurred)					
ATTEST: <u>Francis J. Tray</u> (Registrar of city or town, where death occurred)					
DATE FILED <u>2/15/41</u> 19.....					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>Feb 13 1941</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <u>gun shot would of abdomen</u>					
20 Accident, suicide, or homicide (specify) <u>? justifiable homicide</u>					
Date of occurrence..... 19.....					
Where did injury occur? <u>Boston</u> (City or town and State)					
Did injury occur in or about the home, on farm, in industrial place, or in public place? <u>in apartment</u> (Specify type of place)					
Manner of injury <u>shot by police officer</u>					
Nature of injury					
While at work?..... Was there an autopsy? <u>yes</u>					
21 Was disease or injury in any way related to occupation of deceased?					
If so, specify: (Signed) <u>C J O'Leary</u> (Address) <u>Boston</u> Date <u>2/13/41</u> M. P.					
22 <u>Winthrop</u> <u>Winthrop Mass</u> Place of Burial, Cremation or Removal (City or Town)					
DATE OF BURIAL <u>2/17/41</u> 19.....					
23 NAME OF FUNERAL DIRECTOR <u>C H Bennison</u> ADDRESS <u>Winthrop</u>					
Received and filed 19..... (Registrar of City or Town where deceased resided)					

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

100m-2-40-D-729-a

1	PLACE OF DEATH	Suffolk (County) Winthrop (City or Town) No. <u>I7 Girdlestone Rd</u> St. _____	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH	39 Registered No. _____	
2	FULL NAME	<u>Ellen Leary Downes</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)			
		(a) Residence. No. <u>I7 Girdlestone Rd</u> 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 <u>20</u> yrs. _____ mos. _____ days. (Specify whether)			
PERSONAL AND STATISTICAL PARTICULARS					
3	SEX	4	COLOR OR RACE	5	SINGLE (write the word) MARRIED WIDOWED or DIVORCED
	<u>Female</u>		<u>White</u>		<u>Married</u>
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>Thomas J. Downes</u> (Husband's name in full)					
6 Age of husband or wife if alive _____ years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>65</u> Years _____ Months _____ Days _____ If less than 1 day _____ Hours _____ Minutes _____					
9 Occupation: Usual <u>Housewife</u>					
10 or Business: <u>Own Home</u>					
11 Social Security No. _____					
12 BIRTHPLACE (City) _____ (State or country) <u>St. Johns Newfoundland</u>					
13 NAME OF FATHER <u>Patrick Leary</u>					
14 BIRTHPLACE OF FATHER (City) _____ (State or country) <u>Ireland</u>					
15 MAIDEN NAME OF MOTHER <u>Alice Whalen</u>					
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>St. Johns Newfoundland</u>					
17 Informant <u>Thomas Downes</u> Relation, if any <u>(Husband)</u> (Address) <u>I7 Girdlestone Rd</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>3/17/41</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					Duration IMPORTANT <u>8 mos</u>
18 DATE OF DEATH <u>Feb. 16 1941</u> (Month) (Day) (Year)					Underline the cause to which death should be charged sta- tistically.
19 I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> , 19 <u>33</u> to <u>Feb. 16</u> , 19 <u>41</u> I last saw him alive on <u>Feb. 15</u> , 19 <u>41</u> , death is said to have occurred on the date stated above, at <u>7 A.</u> m. Immediate cause of death: <u>myocarditis</u>					
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? _____					
20 Was disease or injury in any way related to occupation of deceased? <u>No</u>					M. D. (Address) <u>Holy Cross Maiden</u> Date <u>2/16</u> 19 <u>41</u>
If so, specify _____ (Signed) _____					
21 Place of Burial, Cremation or Removal _____ (City or Town) DATE OF BURIAL <u>Feb 18 1941</u> 19 _____					19 _____
22 NAME OF FUNERAL DIRECTOR <u>John F. O'Neale</u> ADDRESS <u>Winthrop</u>					
Received and filed _____					(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....

MARGIN RESERVED FOR BINDING

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

100m-2-40-D-729-a

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 217 Cliff Avenue 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. 40

2 FULL NAME Sarah Booth (Turner) Haigh
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 217 Cliff Avenue St.
(Usual place of abode)
Length of stay: In hospital or institution years months days. In this community 34 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 Thomas Hallas Haigh (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 14 Days If less than 1 day Hours Minutes		
9 Occupation: At home		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) Huddersfield (State or country) England		
PARENTS	13 NAME OF FATHER Edward Turner	
	14 BIRTHPLACE OF FATHER (City) England (State or country)	
	15 MAIDEN NAME OF MOTHER Susanna Booth	
	16 BIRTHPLACE OF MOTHER (City) England (State or country)	
17 Informant Christopher Haigh (son) (Address) 217 Cliff Ave Winthrop Mass		

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH February 16 1941 (Month) (Day) (Year)	
19 I HEREBY CERTIFY That I attended deceased from Jan 1940 to Feb 16 1941 I last saw her alive on Feb 16 1941, death is said to have occurred on the date stated above, at 12 noon m. Immediate cause of death Hypostatic pneumonia Duration IMPORTANT 2 day	
Due to Hypostatic pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	IMPORTANT
Major findings: Of operations Date of	PHYSICIAN 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) Date 2/16 1941 (Address) Mount Auburn Cambridge Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL February 18 1941 19	
22 NAME OF FUNERAL DIRECTOR Charles R. Bennison ADDRESS Winthrop Mass	
Received and filed 19 (Registrar)	

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

Wm. D. Chelmsley
(Signature of Agent of Board of Health or other)
Health Officer 2/17/41
(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.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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
 1 Suffolk (County)
 Winthrop (City or Town)
 No. 27 Ocean Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Albert Perry (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 27 Ocean Ave. Winthrop, Mass. (If U. S. War Veteran, specify WAR) No
 Length of stay: In hospital or institution years months days. In this community 18 yrs. — mos. — days.
 (Specify whether)

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

Registered No. 41

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 Leah Stern (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)
 6 Age of husband or wife if alive 45 years
 7 IF STILLBORN, enter that fact here.
 8 AGE 53 Years Months Days If less than 1 day Hours Minutes
 9 Occupation PERRY-Fountain-Pen SERVICE - for himself
 10 Industry or Business
 11 Social Security No. 023-03-6981
 12 BIRTHPLACE (City) Russia (State or country)
 PARENTS
 13 NAME OF FATHER Henry A.
 14 BIRTHPLACE OF FATHER (City) Russia (State or country)
 15 MAIDEN NAME OF MOTHER Bella Bershad
 16 BIRTHPLACE OF MOTHER (City) Russia (State or country)
 17 Informant Leah Perry (Wife) (Address) 27 Ocean Ave. Winthrop

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH Feb. 18, 1941 (Month) (Day) (Year)
 19 I HEREBY CERTIFY That I attended deceased from Jan. 1, 1940 to 2/18/41
 I last saw him alive on 2/18/41, 1941, death is said to have occurred on the date stated above, at 2:30 A. M.
 Immediate cause of death Coronary Thrombosis, Hypertension
 Due to
 Due to
 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? no
 If so, specify
 (Signed) Charles Liberman, M. D. (Address) 26 Waver Way Date 2/18/41
 21 Place of Burial, Cremation or Removal Poland Cem. Woburn, Mass. (City or Town)
 DATE OF BURIAL Feb 18 1941
 22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky ADDRESS 10 Washington St. Dorchester
 Received and filed 19 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm. D. Childress (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 3/18/41 (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.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 387 Shirley St.

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

Registered No. 42

To be filed for burial permit
with Board of Health
or its AgentThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

2 FULL NAME Ellen A. (Reed) Gerth

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

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

(a) Residence. No. 387 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

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

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Harry M. Gerth

(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

Usual

9 Occupation:

Liner

Industry

10 or Business:

Furs

11 Social Security No.

011-12-8390

12 BIRTHPLACE (City)

Danvers

(State or country)

Massachusetts

13 NAME OF
FATHER

George Reed

14 BIRTHPLACE OF
FATHER (City)

Lynn

(State or country)

Massachusetts

15 MAIDEN NAME
OF MOTHER

Cannot be learned

16 BIRTHPLACE OF
MOTHER (City)

Lynnfield

(State or country)

Massachusetts

17

Informant
(Address)

Charles Carter

Relation, if any

387 Shirley St., Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

January 22, 1941, to February 15, 1941

I last saw him alive on February 1, 1941, death is said to

have occurred on the date stated above, at

Immediate cause of death

Duration
IMPORTANT

Due to

Intercurrent

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?

If so, specify

(Signed)

M. D.

(Address)

Date

1941

21 Winthrop

Winthrop

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

February 21

1941

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John F. O'Malley
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 body has been buried, and if 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 Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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 FILLING IN THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

1

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)

Registered No.

43

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



STANDARD
CERTIFICATE OF DEATH

2 FULL NAME Elizabeth Lynn MacKay

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

(a) Residence. No. 24 Beale St., 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 12 days

In this community

yrs.

mos 12 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female White

MARRIED
WIDOWED
or DIVORCED Single

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

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

7 IF STILLBORN, enter that fact here.

8 AGE.....Years.....Months 12 Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

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

PARENTS

13 NAME OF

FATHER Franklin MacKay

14 BIRTHPLACE OF

East Boston

FATHER (City)

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Henrietta Bordeau

16 BIRTHPLACE OF

MOTHER (City)

Roxbury

(State or country)

Mass.

17

Informant
(Address)

Franklin MacKay

24 Beale St., Winthrop

Relation, if any

(Father)

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

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/21/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF Feb. 19, 1941

DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

birth 2/7, 1941, to Feb. 19, 1941

I last saw her alive on Feb. 19, 1941, death is said to

have occurred on the date stated above, at 6:15 P.M. m.

Immediate cause of death

Duration
IMPORTANT

Due to

Dehydration

Due to

Spina bifida } congenital
Hydrocephalus }

Other conditions

(Include pregnancy within 3 months of death)

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)

Wm. D. Childress

M. D.

(Address)

Winthrop, Mass.

Date

2/20/1941

21 Winthrop

Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL Feb. 21, 1941

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 147 Winthrop St., Winthrop

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).*

Statement of Occupation.—Precise statement of occupation is very 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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 18 Tewksbury St. **Winthrop.**
2 FULL NAME Charles Nourse (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 18 Tewksbury St. **Winthrop.** (Usual place of abode)
 Length of stay: In hospital or institution _____ years months days. In this community **17** yrs. mos. days.
 (Specify whether)

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

44

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **WIDOWED**
 5a If married, widowed, or divorced HUSBAND of **Harriett E. Looker.** (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 _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____
 9 Occupation: **Metal Worker.**
 10 Industry **Factory** or Business:
 11 Social Security No. **None.**
 12 BIRTHPLACE (City) **New York City** (State or country) **New York.**
 13 NAME OF FATHER **John M. Nourse.**
 14 BIRTHPLACE OF FATHER (City) **England** (State or country)
 15 MAIDEN NAME OF MOTHER **Alice R. Kennedy.**
 16 BIRTHPLACE OF MOTHER (City) **Ireland.** (State or country)
 17 Informant **Mary Gills** (Address) **18 Tewksbury Street Winthrop** Relation, if any **(Daughter)**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 21 1941**
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY That I attended deceased from **Jan. 26** 19**41** to **Feb 21** 19**41**
 I last saw him alive on **Feb. 21** 19**41**; death is said to have occurred on the date stated above, at **9.30 P. M.**
 Immediate cause of death **Broncho-pneumonia**
 Due to **La grippe**
 Due to **Chronic arthritis**
 Other conditions **General Arteriosclerosis**
 (Include pregnancy within 3 months of death)
 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 _____ M. D.
 (Signed) **William P. Childers** (Address) **Woburn, Mass.** Date **2/21** 19**41**
 21 **St. Peters Cemetery, New Brunswick** Place of Burial, Cremation or Removal. (City or Town) **N. J.**
 DATE OF BURIAL **Feb. 24** 19**41**
 22 NAME OF FUNERAL DIRECTOR **J. S. Waterman & Sons**
 ADDRESS **Boston 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 P. Childers
 (Signature of Agent of Board of Health or other)
Agent **Feb-22/41**
 (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 funerals to be held, or from a person appointed 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 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

1	PLACE OF DEATH	Suffolk (County) Winthrop (City or Town) No. 10 Beacon St	St.	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)
		Registered No. 45		
		{ (If U. S. War Veteran, specify WAR) No		
		(If deceased is a married, widowed or divorced woman, give also maiden name.)		
		(a) Residence. No. 10 Beacon St (Usual place of abode)		
		St. Winthrop (If nonresident, give city or town and state)		
		Length of stay: In hospital or institution..... years months days. In this community 25 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 OR DIVORCED Single	18 DATE OF DEATH February 22 1941 (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....., 19.., to....., 19.. I last saw h..... alive on....., 19.. have occurred on the date stated above, at..... m. Immediate cause of death.....	
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.....			Duration IMPORTANT	
9 Occupation: Usual Seamstress Industry W.P.A. 10 or Business:				
11 Social Security No. None			Due to..... Due to..... Other conditions. High blood pressure. (Include pregnancy within 3 months of death)	
12 BIRTHPLACE (City) England (State or country)			Major findings: Of operations..... Of autopsy..... What test confirmed diagnosis?.....	
13 NAME OF FATHER Patrick W. Larkin			Underline the cause to which death should be charged statistically.	
14 BIRTHPLACE OF FATHER (City) England (State or country)				
15 MAIDEN NAME OF MOTHER Ann Corcoran			20 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed)..... M. D. (Address)..... Date..... 19..	
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			21 St. Joseph's Boston Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL February 25 1941	
17 Informant Elizabeth Larkin, Sister (Address) 10 Beacon St, Winthrop			22 NAME OF FUNERAL DIRECTOR W. J. Cassidy ADDRESS 160 Harrison Ave., 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 (Official Designation)			Received and filed..... 19.. (Registrar)	
(Date of Issue of Permit) 2/24/41				

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. Edward J. Granger
200 Washington Ave,
Winthrop, Ocean 1100

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-10-739, No. 2427-f

1 PLACE OF DEATH
SUFFOLK
BOSTON (County)
(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. 2157

No. Mass General Hospital

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

2 FULL NAME Flora O'Toole

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

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

(a) Residence. No.

34 Pleasant

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 fem 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Timothy O'Toole (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: at home

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Hugh MacDonald

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

15 MAIDEN NAME OF MOTHER Grace MacDonald

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

17 Informant husband Relation, if any (Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

2/26/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 22 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/6/41 to 2/22/41

I last saw him alive on 2/22/41, 19, death is said

to have occurred on the date stated above, at 7:30 P.M. Duration

Immediate cause of death:

carcinoma of the stomach 3 1/2 mos

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) W T S Thorndike M. D.

(Address) Boston Date 19

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

DATE OF BURIAL 2/25/41 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley

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 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-2-40-D-729-a

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.
47
Registered No.....

No. 14 Egleton Park St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ellen Elizabeth Atherton Tancred { (If U. S.
War Veteran,
specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 14 Egleton Park 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 1 yrs. 6 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 56 Years 11 Months 6 Days If less than 1 day Hours Minutes

9 Occupation: None
Industry
10 or Business:

11 Social Security No.

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

13 NAME OF FATHER Peter Tancred

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

15 MAIDEN NAME OF MOTHER Elizabeth A. French

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

17 Informant Charles F. Tancred Brother (Relation, if any)
(Address) 14 Egleton Pk. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
2/24/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 23, 1941.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1-14-41, 19, to 2-23, 1941
I last saw her alive on 2-23, 1941, death is said to have occurred on the date stated above, at 1:30 p. m.
Immediate cause of death Cancer of uterus
Duration IMPORTANT 1

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) Harvey A. Kelly M. D.
(Address) Winthrop Date 2/23 1941

21 Forest Hills Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL February 25, 1941.

22 NAME OF FUNERAL DIRECTOR Walter H. Gregg
ADDRESS Newtonville

Received and filed..... 19.....
(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....

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



1 PLACE OF DEATH
(County) Buck
(City or Town) Peter Bent Brigham Hospital

(City or town making return) 48
Registered No. 2184
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nathan W Eaton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 19 Villa Ave St. Winthrop Mass
(If U. S. War Veteran, specify WAR)
Length of stay: In hospital or institution. years months days. (Specify whether)
In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> <u>or DIVORCED</u> <u>widowed</u>
5a If married, widowed, or divorced HUSBAND of <u>Abbie Henderson</u> (Give maiden name of wife in full) (or) WIFE of <u> </u> (Husband's name in full)		
6 Age of husband or wife if alive. <u> </u> years		
7 IF STILLBORN, enter that fact here.		
8 AGE <u>67</u> Years <u>3</u> Months <u>23</u> Days If less than 1 day Hours <u> </u> Minutes <u> </u>		
9 Usual Occupation: <u>painter house</u>		
10 Industry or Business: <u> </u>		
11 Social Security No. <u> </u>		
12 BIRTHPLACE (City) <u>Great Falls NH</u> (State or country)		
13 NAME OF FATHER <u>Roland Eaton</u>		
14 BIRTHPLACE OF FATHER (City) <u>- Maine</u> (State or country)		
15 MAIDEN NAME OF MOTHER <u>Martha Goodall</u>		
16 BIRTHPLACE OF MOTHER (City) <u>England</u> (State or country)		

17 Informant Mrs Gladys Stevens Relation, if any daughter
(Address) above

A TRUE COPY.

ATTEST: James J. Fay
(Registrar of city or town where death occurred)

DATE FILED 2/27/41 19

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH <u>Feb 24 1941</u> (Month) (Day) (Year)	
19 I HEREBY CERTIFY. That I attended deceased from <u>2/13/41</u> , 19 <u> </u> , to <u>2/24/41</u> , 19 <u> </u> . I last saw him alive on <u>2/24/41</u> , 19 <u> </u> , death is said to have occurred on the date stated above, at <u>2/30</u> A <u>Duration</u> Immediate cause of death <u>carcinoma of esophagus with metastases</u> <u>2 yrs</u> Due to <u> </u> Due to <u> </u> <u>2 wks</u> Other conditions <u>broncho pneumonia</u> <u>PHYSICIAN</u> (Include pregnancy within 3 months of death) Major findings: <u> </u> Of operations <u> </u> Date of <u> </u> Of autopsy <u>autopsy</u> What test confirmed diagnosis? <u>autopsy</u> 20 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u> (Signed) <u>H Benjamin</u> M. D. (Address) <u>Boston</u> Date <u>2/24/41</u>	
21 PLACE OF BURIAL <u>Winthrop</u> CREMATION OR REMOVAL <u>Winthrop</u> (Cemetery or Town)	
DATE OF BURIAL <u>Feb 26 1941</u> 19 <u> </u>	
22 NAME OF FUNERAL DIRECTOR <u>H Reynolds</u> ADDRESS <u>Winthrop</u>	
Received and filed <u> </u> 19 <u> </u>	
(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.)

50m-10-139, No. 8427-f

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

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County)	STANDARD CERTIFICATE OF DEATH	Registered No. 49		
	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 Harriet Maud Day (If deceased is a married, widowed or divorced woman, give also maiden name.)	{ (If U. S. War Veteran, specify WAR)			
(a) Residence. No. 350 Winthrop St. (Usual place of abode)		(If nonresident, give city or town and state)			
Length of stay: In hospital or institution (Specify whether)		years	months 1	days. In this community 45 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)		
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 6 Months 2 Days If less than 1 day Hours Minutes					
Usual Occupation: Art teacher / Retired					
Industry: Winthrop Public School					
10 or Business:					
11 Social Security No.					
12 BIRTHPLACE (City) Boston (State or country) Mass.					
PARENTS	13 NAME OF FATHER Charles H. Day				
	14 BIRTHPLACE OF FATHER (City) Maine (State or country)				
	15 MAIDEN NAME OF MOTHER Harriet N. Nichols				
	16 BIRTHPLACE OF MOTHER (City) Cannot be learned (State or country) Cannot be learned				
17	Informant Charles H. Day (Address) 33 Westbourne Terrace, Boston (Relation, if any) Cousin				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) H. D. Childers (Official Designation) Feb. 28/41 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Feb. 25 1941 (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from Feb. 25, 1941, to Feb. 25, 1941. I last saw her alive on Feb. 25, 1941, death is said to have occurred on the date stated above, at 11:15 p.m. Duration IMPORTANT 1230 Feb. 25, 41 1939.					
Immediate cause of death: Coronary atherosclerosis					
Due to					
Due to					
Other conditions (Include pregnancy within 3 months of death)					
Major findings: none					
Of operations: none					
Date of: none					
Of autopsy: See above					
What test confirmed diagnosis: pathological					
20 Was disease or injury in any way related to occupation of deceased? no					
If so, specify: Indis. W. Parkinson					
(Signed) Indis. W. Parkinson, M. D.					
(Address) Winthrop, Mass. Date 2/26, 1941					
21 Place of Burial, Cremation or Removal: Woodlawn Cn. Emmett Mass. (City or Town)					
DATE OF BURIAL Feb. 28 1941					
22 NAME OF FUNERAL DIRECTOR Charles E. O. Margeeson					
ADDRESS 77 Summer St. Malden					
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.

1 PLACE OF DEATH
Suffolk (County)
Winthroe (City or Town)
No. 171 Cottage Park Road St.

To be filed for burial permit with Board of Health or its Agent. 50

Registered No.

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

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

(a) Residence. No. 171 Cottage Park Road St.
(Usual place of abode)

Length of stay: In hospital or institution. years months days. In this community 2 yrs. mos. days.
(Specify whether) (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 Widowed or DIVORCED Married

5a If married, widowed or divorced
HUSBAND of Katherine O'Leary
(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 10 Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Machinist
Industry City of Boston
10 or Business:

11 Social Security No. None

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

13 NAME OF FATHER Thomas Barry

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

15 MAIDEN NAME OF MOTHER Mary Murphy

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

17 Informant Katherine Barry (Wife)
(Address) 171 Cottage Park Road

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 2 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Feb. 28, 1941, to March 2, 1941.
I last saw him alive on March 2, 1941, death is said to have occurred on the date stated above, at 10:30 A.M.
Immediate cause of death: Cerebral Hemorrhage
Due to Hypertension 1936
Due to Arterio Sclerosis 1934

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

Major findings:
Of operations:
Of autopsy:
What test confirmed diagnosis? Paralysis

20 Was disease or injury in any way related to occupation of deceased?
If so, specify: M. D.
(Signed) Mary L. Phummer
(Address) 726 Sandoy St. Date March 1, 1941

21 New Galvary Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 5, 1941

22 NAME OF FUNERAL DIRECTOR H. S. Phummer
ADDRESS 1534 Tremont St., Boston

Received and filed. 19.
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer 3/3/41
(Official Designation) (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 in which the body died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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

.....

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

Wentworth
(City or Town)

Wentworth Community Hosp.
No. **61** (If death occurred in a hospital or institution, give its NAME instead of street and number)

STANDARD
CERTIFICATE OF DEATH

1 FULL NAME **Baby. VAN-WART.**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No.** **2 Ocean View St. Extension**
(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.

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

Registered No. **51**

PERSONAL AND STATISTICAL PARTICULARS

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

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. **Stillborn** ☒

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

9 Usual Occupation: _____ Industry _____ or Business: _____

11 Social Security No. _____

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

13 NAME OF FATHER **Charles H. Van Wart**

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

15 MAIDEN NAME OF MOTHER **Eva Raymar**

16 BIRTHPLACE OF MOTHER (City) **Yarmouth** (State or country) **N. S.**

17 Informant **Charles H. Van Wart** Relation, if any **father** (Address) **2 Ocean View St. Extension**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 3 1941**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw her alive on _____, 19____, death is said to have occurred on the date stated above, at _____m. **Duration** **IMPORTANT**

Immediate cause of death **Stillborn**

Due to **Anomniotic fluid on lungs**

Due to _____

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

Major findings : _____

Of operations _____ Date of _____

Of autopsy **As above**

What test confirmed diagnosis? **Pathological**

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

If so, specify _____

(Signed) **Frederic W. Dickinson** M. D.

(Address) **Wentworth Mass.** Date **March 4 1941**

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

DATE OF BURIAL **3/5** **1941**

22 NAME OF FUNERAL DIRECTOR **C. R. Bennis**

ADDRESS **Wentworth 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. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **3/4/41** (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.)*

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

3. W. H. C.
(County)
Wintthrop
(City or Town)



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. 52

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

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

(a) Residence, No. 65 B Williams St. Chelsea St.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE white
5 SINGLE MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of (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 Occupation: W.P.O.

Industry

10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Manchester (State or country) N.H.

13 NAME OF FATHER Francis

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

15 MAIDEN NAME OF MOTHER Aleria Guisay

16 BIRTHPLACE OF MOTHER (City) N.Y. (State or country)

17 Informant (Address) Board of Public Welfare Chelsea 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. Chilcress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/26/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March - 4 - 1941
(Month) (Day) (Year)

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

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, on farm, in industrial place, in public place?

(Specify type of place)

Manner of Injury collapsed while walking

Nature of Injury died quickly

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) Wm. J. Brickley M. D.

(Address) Boston Mass - 10-19-41

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

DATE OF BURIAL Mar 27 1941

23 NAME OF FUNERAL DIRECTOR Wendell M. Sherman

ADDRESS 23 Carey Ave Chelsea

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.

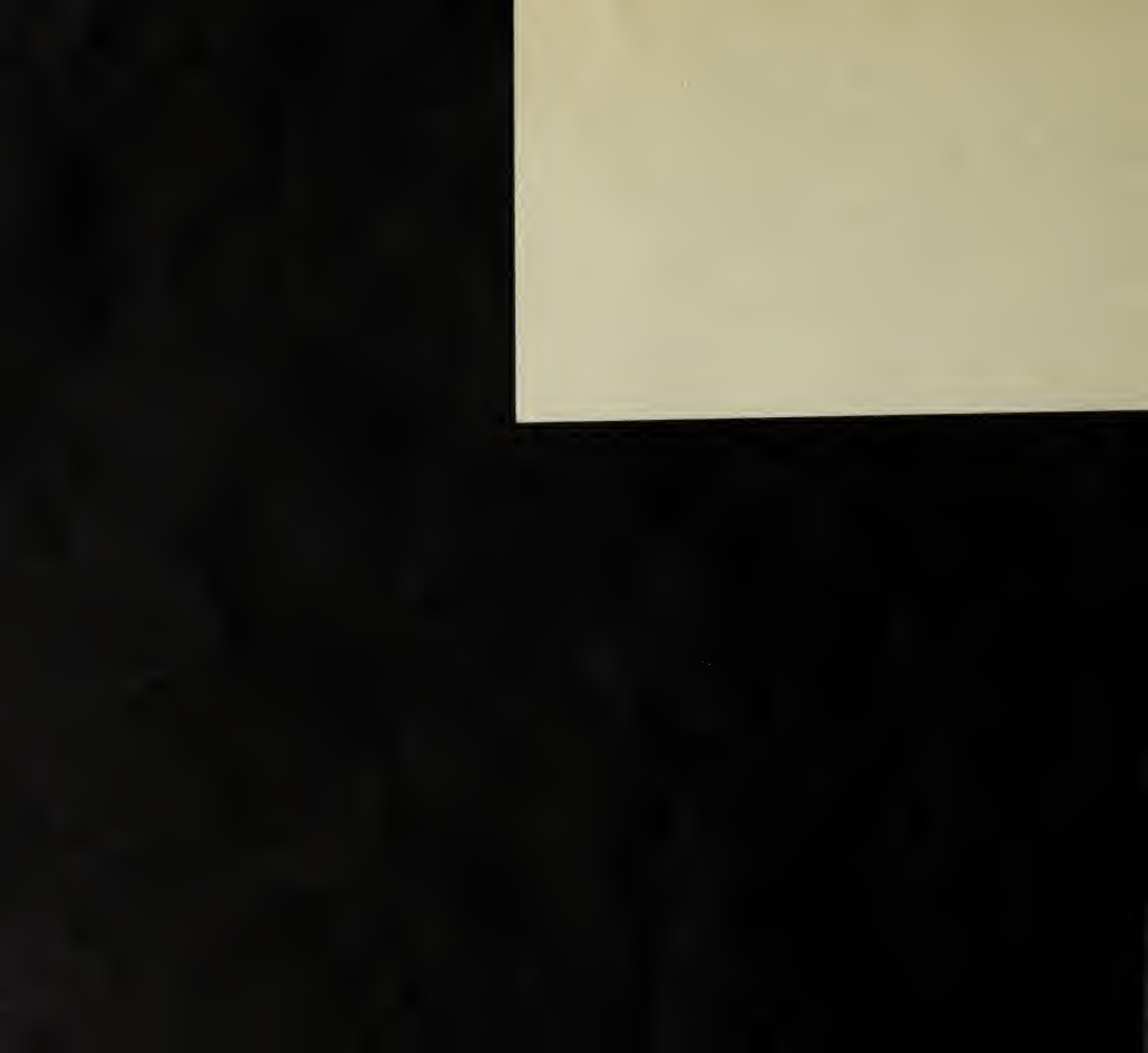
(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following 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)."

Did not bury body until March 27,
As City of Chelsea were trying to
locate relatives.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)				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.	
2 FULL NAME Winthrop (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 53			
No. 52 Thornton Park		XSI. { (If death occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME Carrie (Prince) Cushman (If deceased is a married, widowed or divorced woman, give also maiden name.)				} (If U. S. War Veteran, specify WAR)			
(a) Residence, No. 52 Thornton Park (Usual place of abode)		XSI		(If nonresident, give city or town and state)			
Length of stay: In hospital or institution..... (Specify whether)		years months days.		In this community 21 yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED Widowed or WIDOWED or DIVORCED					
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)							
(or) WIFE of Frank Cushman (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 3 Months 19 Days If less than 1 day Hours.....Minutes							
9 Usual Occupation: At home							
10 Industry or Business:							
11 Social Security No. _____							
12 BIRTHPLACE (City) (State or country) Boston Massachusetts							
13 NAME OF FATHER John Prince							
14 BIRTHPLACE OF FATHER (City) (State or country) Boston Massachusetts							
15 MAIDEN NAME OF MOTHER Annie Gould							
16 BIRTHPLACE OF MOTHER (City) (State or country) Haverhill New Hampshire							
17 Informant John P. Cushman Relation, if any (son) (Address) 73 Otis 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) 3/6/41 (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH March 5, 1941 (Month) (Day) (Year)							
19 I HEREBY CERTIFY. That I attended deceased from March 3, 1941 , to March 5, 1941 . I last saw him alive on March 5, 1941 . death is said to have occurred on the date stated above, at 5:30 p.m. Immediate cause of death: Cerebral Hemorrhage 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? _____ Duration 2 days Physician James 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 S. Hooper M. D. (Address) 200 Washington St. Boston Date 3-6-41							
21 Mt. Auburn Cemetery Cambridge Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL March 8, 1941							
22 NAME OF FUNERAL DIRECTOR Charles R. Bennison ADDRESS Winthrop Mass							
Received and filed MAR 7 1941 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.

PLACE OF DEATH

1

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

(a) Residence. No. 187 Shore Drive St. (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. Stillborn

8 AGE Years Months 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)

13 NAME OF FATHER Michael Riordan

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

15 MAIDEN NAME OF MOTHER Louise Santarpio

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

17 Informant Michael Riordan (father) (Address) 187 Shore Drive 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) Health Officer (Date of Issue of Permit) 3/10/41

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



STANDARD CERTIFICATE OF DEATH

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

Registered No. 51

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 6 1941 (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 Immediate cause of death

Due to Stillborn

Due to full term

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) Date 3-8-41

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

DATE OF BURIAL March 10 1941

22 NAME OF FUNERAL DIRECTOR Address 9 Chelsea Street East Boston

Received and filed 19

(Registrar)

Date of birth verified by Hosp

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 reorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 (supposably) due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septieamia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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.

100m-10-39. No. 8427-c

FORM R-301 A

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. 55			
No. 22 Adams		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME Annie Hartmere (Gleason)		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) No.			
(a) Residence. No. 22 Adams		St. Win.		(If nonresident, give city or town and state)			
Length of stay: In hospital or institution. No.		(Specify whether)		years months days		In this community 10 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	
Female	White	MARRIED	WIDOWED	or DIVORCED	Widowed	March 10 1941	(Month) (Day) (Year)
5a If married, widowed, or divorced				19 I HEREBY CERTIFY. That I attended deceased from			
HUSBAND of (Give maiden name, if in full)				March 1, 1941, to March 10, 1941			
(or) WIFE of Charles Hartmere				I last saw him alive on March 15, 1941, death is said			
(Husband's name in full)				to have occurred on the date stated above, at 2 P. m.			
6 Age of husband or wife if alive. deceased years				Immediate cause of death.			
7 IF STILLBORN, enter that fact here.				Duration IMPORTANT			
8 AGE 78 Years. Months. Days. If less than 1 day				Due to Impure diet, Gout			
Usual Occupation: House work				Due to (Consulted medical examiner)			
10 Industry or Business: own home				Other conditions (include pregnancy within 3 months of death)			
11 Social Security No. none				Major findings:			
12 BIRTHPLACE (City) (State or country) Limerick Ireland				Of operations Date of			
13 NAME OF FATHER Thomas Gleason				Of autopsy			
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland				What test confirmed diagnosis?			
15 MAIDEN NAME OF MOTHER Ann Preston				20 Was disease or injury in any way related to occupation of deceased?			
16 BIRTHPLACE OF MOTHER (City) (State or country) England				If so, specify			
17 Informant Henry T. Hartmere, son				(Signed) C. J. Hartmere M. D.			
(Address) 19 Churchhill Rd. W. Rox.				(Address) 11 Meridian St. W. Rox. Date 3/11/41			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:				21 Place of Burial, Cremation or Removal Holy Cross Walden			
Wm. D. Childress				DATE OF BURIAL March 13 1941			
(Signature of Agent of Board of Health or other)				22 NAME OF FUNERAL DIRECTOR W. J. Kelly			
Health Officer				ADDRESS 11 Meridian St. W. Rox.			
(Official Designation)				Received and filed 19			
(Date of Issue of Permit) 3/12/41				(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 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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 42 Lewis Avenue

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

2 FULL NAME Mary Evelyn (Thurber) Ham

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

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

(a) Residence. No. 42 Lewis Avenue

(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 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William Ham (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 11 Months 3 Days If less than 1 day Hours Minutes

9 Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Providence (State or country) Rhode Island

13 NAME OF FATHER John H. Thurber

14 BIRTHPLACE OF FATHER (City) Providence (State or country) Rhode Island

15 MAIDEN NAME OF MOTHER Mary Bicknell

16 BIRTHPLACE OF MOTHER (City) Providence (State or country) Rhode Island

17 Informant William C. Ham (son) Relation, if any

(Address) 42 Lewis Ave. Winthrop

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

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 3/18/41

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

STANDARD CERTIFICATE OF DEATH

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

56

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 March 16 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 3, 1941, to March 10, 1941. I last saw him alive on March 10, 1941, death is said to have occurred on the date stated above, at 2:20 p.m. Immediate cause of death

Duration IMPORTANT

Due to Chronic Myocarditis 2 weeks

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) Edward P. Franzen M. D. (Address) 200 Washington St. Date 3-17-1941

21 Woodlawn Everett (City or Town) DATE OF BURIAL March 18, 1941 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 a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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

1 PLACE OF DEATH
 {
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. Winthrop Community Hospital 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. 57

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

(a) Residence. No. 79 Carol St. Chelsea
 (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

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 Usual
 Occupation:

10 Industry
 or Business:

11 Social Security No. Winthrop Mass.

12 BIRTHPLACE (City)
 (State or country)

13 NAME OF
 FATHER Guerrino Mazzone

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

15 MAIDEN NAME
 OF MOTHER Ucangel Barabati

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

17 Informant Guerrino Mazzone (Father) Relation, if any
 (Address) 79 Carol St. Chelsea

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

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

Health Officer (Official Designation) 3/18/44 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 16 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
3/15/41, 1941, to 3/16/41, 1941
 I last saw him alive on 3/16/41, 1941, death is said to
 have occurred on the date stated above, at 6:00 p.m.
 Immediate cause of death.....

Due to Stillborn Duration IMPORTANT 1 day

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) Charles S. Reed M. D.
 (Address) 40 West 100th St. New York City Date 3/16/41 1941

21 St. Michael Doctors
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL Mar 18 1941

22 NAME OF
 FUNERAL DIRECTOR Frederick G. Lacro
 ADDRESS 368 Mass St. 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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician; or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 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

N. B.—WHILE FLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 587 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. 53

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

(a) Residence. No. 587 Pleasant
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community 26 yrs. 5 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)

(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 WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Mary Elizabeth McQuarry
(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 87 Years 4 Months 16 Days If less than 1 day Hours Minutes

9 Usual Occupation: Can manufacturer (retired)

10 Industry or Business: Factory

11 Social Security No.

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

13 NAME OF FATHER John Halsall

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

15 MAIDEN NAME OF MOTHER Mary Hall

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

17 Informant Florence Halsall (daughter)
(Address) 587 Pleasant St Winthrop
Relation, if any

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

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

Health Officer 3/15/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 16 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec 20, 1940 to March 16, 1941
I last saw him alive on March 16, 1941, death is said to have occurred on the date stated above, at 9:15 P. m.
Immediate cause of death. Myocarditis

Duration IMPORTANT

Due to Anterior Myocarditis

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?

If so, specify
(Signed) C. J. Mackenzie M. D.
(Address) 4 Washington St. Date 3/17/41

21 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 19 1941

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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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' statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

1

No. 48 Winthrop Shore Drive

St.

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

Registered No. 59

2 FULL NAME Sarah Jane Collyer

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

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

(a) Residence. No. 48 Winthrop Shore Drive St.

(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 41 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 81 Years 3 Months 16 Days If less than 1 day Hours Minutes

Usual Occupation: At home

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City, State or country) St. Johns New Brunswick

13 NAME OF FATHER Emanuel Collyer

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

15 MAIDEN NAME OF MOTHER Mary Jane Crocker

16 BIRTHPLACE OF MOTHER (City, State or country) Harbor Grace Newfoundland

17 Informant Mary T. Collyer (sister)	Relation, If any
(Address) 48 Winthrop Shore Drive	

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

(Signature of Agent of Board of Health or other)
H. J. (Official Designation)

(Date of Issue of Permit) 19/41

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH	March 17 1941
(Month)	(Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from December 28, 1940, to March 14, 1941

I last saw her alive on March 14, 1941, death is said to have occurred on the date stated above, at 5:00 A.m.

Immediate cause of death

Arteriosclerotic Heart Disease

Auricular fibrillation

Due to Generalized Ateriosclerosis

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) M. D.

G. WAGMAN, M. D. Date 3/18 1941

21 PLACE OF BURIAL, Cremation or Removal Exeter N. H.

DATE OF BURIAL March 20, 1941

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

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

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Suffolk</u> City or Town <u>Winthrop</u>	2 FULL NAME <u>Baby Friesse</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)	18 DATE OF DEATH <u>March 28 1941</u> (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 <u>12:30 p.m.</u> Immediate cause of death <u>Dead Fetus</u> Due to _____ Due to _____ Other conditions _____ (Include pregnancy within 3 months of death)
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE <u>Single</u> (write the word) MARRIED WIDOWED or DIVORCED	20 Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>William Shadler</u> , M. D. (Address) <u>10-4 Wash. St. Boston</u> Date <u>March 28 1941</u>
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)	6 Age of husband or wife if alive _____ years	7 IF STILLBORN, enter that fact here. <u>Stillborn</u>	21 PLACE OF BURIAL, Cremation or Removal <u>Wash. St. Bur. Winthrop</u> DATE OF BURIAL <u>March 28 1941</u>
8 AGE _____ Years _____ Months _____ Days _____ Hours _____ Minutes	9 Usual Occupation: _____ Industry _____ 10 or Business: _____	11 Social Security No. _____	22 NAME OF FUNERAL DIRECTOR <u>Wm. D. Childress</u> ADDRESS <u>10-4 Wash. St. Boston</u>
12 BIRTHPLACE (City) <u>Winthrop, Mass.</u> (State or country)	13 NAME OF FATHER <u>Samuel Friesse</u>	14 BIRTHPLACE OF FATHER (City) <u>Salem, Mass.</u> (State or country)	Received and filed _____ APR 2 1941 (Registrar)
15 MAIDEN NAME OF MOTHER <u>Ethel Goldstein</u>	16 BIRTHPLACE OF MOTHER (City) <u>Boston, Mass.</u> (State or country)	17 Informant <u>Samuel Friesse (Father)</u> (Address) <u>146 Shirley Ave.</u> Relation, if any <u>Father</u>	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation)		(Date of Issue of Permit) <u>3/28/41</u>	

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 60

(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

Duration
IMPORTANT

IMPORTANT

PHYSICIAN

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

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 hereinbefore provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. "AGE" should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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 deceased was thought to be married, recognized at the time

1 PLACE OF DEATH 1 <u>Suffolk</u> (County) <u>Wintthrop</u> (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. 61	
2 FULL NAME No. <u>115 Summit Ave.</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		STANDARD CERTIFICATE OF DEATH		Registered No.	
(a) Residence. No. <u>115 Summit Ave.</u> (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 <u>None</u> years months days. (Specify whether)		In this community <u>5</u> yrs. mos. days.		(If nonresident, give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u>	18 DATE OF DEATH <u>March 30 1941</u> (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of <u>Randolph Stettin</u> (Give maiden name of wife in full)			19 I HEREBY CERTIFY That I attended deceased from <u>November 15, 1940</u>, to <u>March 30, 1941</u> I last saw her alive on <u>March 28, 1941</u>, death is said to have occurred on the date stated above, at <u>5:15</u> m.		
6 Age of husband or wife if alive <u>45</u> years			Immediate cause of death <u>Acute Coronary Thrombosis</u> Duration <u>3 days</u>		
7 IF STILLBORN, enter that fact here.			Due to <u>Arteriosclerosis</u> Duration <u>1 year</u>		
8 AGE <u>59</u> Years <u>9</u> Months <u>5</u> Days If less than 1 day Hours Minutes			Due to <u>Hypertension</u> Duration <u>1 year</u>		
9 Occupation: <u>Housewife</u>			Other conditions <u>None</u> (Include pregnancy within 3 months of death)		
10 or Business: <u>Candy Mfg Co.</u>			Major findings: <u>None</u> Of operations <u>None</u> Date of <u>None</u> Of autopsy <u>None</u> What test confirmed diagnosis? <u>Clinical & Laboratory</u>		
11 Social Security No. <u>021-05-7341</u>			20 Was disease or injury in any way related to occupation of deceased? <u>No</u>		
12 BIRTHPLACE (City) <u>St. John's, Canada</u> (State or country)			If so, specify <u>None</u> (Signed) <u>John D. Childress</u> M. D. (Address) <u>302 Park St.</u> Date <u>3/31/41</u>		
13 NAME OF FATHER <u>John M. Knight</u>			21 Place of Burial, Cremation or Removal <u>New Calvary Cemetery, W. Rox. Mass.</u> DATE OF BURIAL <u>April 2, 1941</u>		
14 BIRTHPLACE OF FATHER (City) <u>Liverpool, England</u>			22 NAME OF FUNERAL DIRECTOR <u>John J. Linnhan</u> ADDRESS <u>357 Main St. Medford, Mass.</u>		
15 MAIDEN NAME OF MOTHER <u>Martha English</u>			Received and filed <u>APR 3 1941</u> 19		
16 BIRTHPLACE OF MOTHER (City) <u>Liverpool, England</u>			(Registrar)		
17 Informant <u>Mrs Melville Harrington</u> (Address) <u>115 Summit Ave. Wintthrop, Mass.</u> I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm D. Childress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>4/1/41</u> (Date of Issue of Permit)			100m-10-39, 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.)*

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

N.B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. See reverse side for affidavit.

20m-2-30. No. 8053-c

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		AFFIDAVIT AND CORRECTION OF A RECORD OF DEATH		Registered No. 61	
PLACE OF DEATH 1 <u>Summit</u> (City or Town) No. <u>115</u> <u>Summit</u> St. Ward { (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)	
2 FULL NAME <u>Josephine McKnight</u>		(a) Residence. No. <u>115</u> <u>Summit</u> St. Ward,		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? <u>5</u> yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Single</u>	(write the word)		
5a If married, widowed, or divorced HUSBAND of			18 DATE OF DEATH <u>March 30, 1941</u> (Month) (Day) (Year)		
(Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from <u>November 18, 1940</u> to <u>March 30, 1941</u>		
(or) WIFE of (Husband's name in full)			I last saw her alive on <u>March 28, 1941</u> , death is said to have occurred on the date stated above, at <u>50</u> m.		
6 IF STILLBORN, enter that fact here.			The principal cause of death and related causes of importance in order of onset were as follows:		
7 AGE <u>51</u> Years <u>9</u> Months <u>5</u> Days If less than 1 day			Date of onset <u>acute</u> <u>Coronary Thrombosis</u> <u>3 days</u>		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Forelady</u>			<u>Arteriosclerosis</u> <u>1 year</u>		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Candy Factory</u>			<u>Hypertension</u> <u>1 year</u>		
10 Date deceased last worked at this occupation (month and year)			Contributory causes of importance not related to principal cause:		
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) <u>031-05-7341</u> (State or country) <u>Sanit John's, Canada</u>			Name of operation <u>Throat</u> Date of <u>March 30, 1941</u>		
13 NAME OF FATHER <u>John McKnight</u>			What test confirmed diagnosis? <u>Laboratory</u> Was there an autopsy? <u>Yes</u>		
14 BIRTHPLACE OF FATHER (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>		
15 MAIDEN NAME OF MOTHER <u>Myrtle English</u>			If so, specify <u>Heart Disease, m.p.</u>		
16 BIRTHPLACE OF MOTHER (City) <u>Liverpool</u> (State or country) <u>England</u>			(Signed) <u>Dr. C. E. Lyons, M.D.</u> M. D. (Address) <u>367 Shirley St.</u> Date <u>3/31/1941</u>		
17 Informant (Address) <u>Mrs. Isabelle Harrison, 15 Summit St., Summit</u>			21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>New Calvary Cem.</u> (Cemetery) <u>W. Roxbury</u> City or town <u>W. Roxbury</u>		
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 <u>April 2, 1941</u>		
(Signature of Agent of Board of Health or other) <u>John D. Childress</u>			22 NAME OF UNDERTAKER <u>John D. Lynehan</u>		
(Official Designation) <u>Health Officer</u>			ADDRESS <u>357 Main St. Medford</u>		
(Date of Issue of Permit) <u>4/1/41</u>			Received and filed <u>April 3, 1941</u>		
A TRUE COPY, ATTEST:			(Registrar)		

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the death of in the of
(Give name of decedent exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said death, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by on the
(Him or her)
form of certificate on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to decedent,
if any

<i>John J. Luehan</i>	<i>357 Main St Medford Mass.</i>	<i>Undertaker</i>
.....		
.....		

Date,

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by are true.

Name

Official designation

(City or town clerk or assistant clerk)

MARGIN RESERVED FOR BINDING

SPACE FOR ADDITIONAL INFORMATION

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. 2437

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

(If U. S. War Veteran, specify WAR) 63

(a) Residence. No. 270 Main 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 fem 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

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

(or) WIFE of John C Eichorn (Husband's name in full)

6 Age of husband or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 42 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) Ireland (State or country)

13 NAME OF FATHER Bernard Sheridan

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

15 MAIDEN NAME OF MOTHER Ann Burns

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

17 Informant Husband Relation, if any (Address)

A TRUE COPY.

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

DATE FILED 3/6/41 19.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 4 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Mar 4 1941 to 3/4/41, 19.

I last saw her alive on 3/4/41 19 death is said to have occurred on the date stated above, at 4/35A m. Duration

Immediate cause of death myocardial infarction 10hrs

Due to hypertensive cardio vascular disease 5 yrs

Due to

Other conditions gen arterio sclerosis yrs PHYSICIAN (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

What test confirmed diagnosis?

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

If so, specify

(Signed) H A Benjamin M. D.

(Address) Boston Date 3/4/1941

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

DATE OF BURIAL March 6 1941 19.

22 NAME OF FUNERAL DIRECTOR E E Burns

ADDRESS Malden

Received and filed 19.

(Registrar of City or Town where deceased resided)



APR 11 1941 AM

PLACE OF DEATH

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)

No. Mass General Hospital

Registered No. 3414

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

2 FULL NAME

Marjorie Wills

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

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

64

(a) Residence. No.

46 Seymouth

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

fem

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 Wills

(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 1 Months 2 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)

Scotland

13 NAME OF
FATHER

George Ritchie

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Scotland

15 MAIDEN NAME
OF MOTHER

Marjorie Burnett

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Scotland

17

Informant
(Address)

Douglas Wills

Relation, if any

(son)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

4/4/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 2 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

2/24/41

to

4/2/41

19

I last saw her alive on

4/2/41

19

death is said

to have occurred on the date stated above, at

1/35A

Duration

Immediate cause of death

pulmonary metastatic carcinoma

with effusion

mos

Due to carcinoma of breast,

recurrent

6 yrs

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 sta-
tistically.

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 T S Thorndike M. D.

(Address) Boston Date 19

21 PLACE OF BURIAL

CREMATION OR REMOVAL Winthrop Mass

DATE OF BURIAL April 4 1941 (City or Town)

22 NAME OF
FUNERAL DIRECTOR

ADDRESS R H White

Received and filed Winthrop 19

(Registrar of City or Town where deceased resided)



APR 1 1941 MT

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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

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

Registered No. **65**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. **80 Sagamore Ave**



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

PHYSICIAN — IMPORTANT

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

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. **80 Sagamore Ave**
(Usual place of abode)

St. **Winthrop**
(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community **17** yrs. mos. days.
(Before death) (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 **Hyman S. Marcus**
(or) WIFE of **Hyman S. Marcus**
(If husband's name in full)

6 Age of husband or wife If alive **70** years

7 IF STILLBORN, enter that fact here.

8 **58** Years Months Days If less than 1 day
AGE Hours Minutes

9 Occupation: **House - Wife**

10 Industry **at home**
or Business:

11 Social Security No. **none**

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

13 NAME OF FATHER **Nathan Gibson**

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 **Hyman Marcus** (Address) **80 Sagamore Ave Winthrop**

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

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

agent **April 6/41**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **April 4 1941**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 1, 1939 to **April 4, 1941**
I last saw h. **alive** on **April 4, 1941**, death is held to
have occurred on the date stated above, at **9:30 A.m.**

Immediate cause of death **Angina Pectoris** Duration **1 hour**

Due to **Arterio - Sclerosis** **years**

Due to

Other conditions **Diabetic**
(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) **Edward J. Trautman** M. D.
(Address) **2001 Washington St** Date **Apr 5 1941**

21 **North Israel** **Israel**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Apr 6 1941**

22 NAME OF FUNERAL DIRECTOR **Geo. H. Ferme**
ADDRESS **394 Washington St Dor**

Received and filed **1941**

(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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. 3555

PLACE OF DEATH

(County)

SUFFOLK

(City or Town)

No. BOSTON Mass. General Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) 6
Chester A McCarthy

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. 49 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

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 26 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual machinist factory

10 Industry or Business:

11 Social Security No. 010-05-7260

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

13 NAME OF FATHER Chester McCarthy

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

15 MAIDEN NAME OF MOTHER Elizabeth McDonald

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

17 Informant father Relation, if any (Address)

A TRUE COPY Francis J. Fay ATTEST: (Registrar of city or town where death occurred) 4/9/41

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 4 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 3/1/41 to 4/4/41, 1941

I last saw him alive on 6/5/41 death is said to have occurred on the date stated above, at 6/5/41

Immediate cause of death: periarthritis nodosa 1 yr

Due to

Due to

Other conditions lobar pneumonia 4 days (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) N C Baker M. D. (Address) Boston Date 4/5/41

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

DATE OF BURIAL April 8 1941 19

22 NAME OF FUNERAL DIRECTOR M Kirby ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occur 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-10-739, No. 8427-f



MAY-9 1941 AM

MAY-9 1941 AM

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

R-301 A

1 PLACE OF DEATH
(County) Wintthrop
(City or Town) Wintthrop
No. 10 Beacon St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 10 Beacon St St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution no years months days. In this community yrs. 6 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. 1544

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 Henry Walker
(Give maiden name of wife in full)
(or) WIFE of Henry Walker
(Husband's name in full)

6 Age of husband or wife if alive 76 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 5 Months 7 Days If less than 1 day Hours Minutes

9 Occupation: Housework
Industry Her own home.
10 or Business:

11 Social Security No. no

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

13 NAME OF FATHER Allen Stevens

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

15 MAIDEN NAME OF MOTHER Elizabeth Leonard

16 BIRTHPLACE OF MOTHER (City) New Bedford
(State or country) Mass

17 My Nellie Teach (Daughter)
Informant (Address) 10 Beacon St. Wintthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/4/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from February 1, 1941 to April 5, 1941
I last saw her alive on April 4, 1941, death is said to have occurred on the date stated above, at 4:30 A. M.
Immediate cause of death Carcinoma of stomach
Duration 1 year

Due to

Due to

Other conditions Several Carcinomas to kidneys
(Include pregnancy within 3 months of death)

Major findings:
Of operations none Date of
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
(Signed) Jawst. Phillips, M.D.
(Address) 1012 Wintthrop St. Wintthrop, Mass Date 4/5/41

21 Place of Burial, Cremation or Removal (City or Town) Arundel Cem. Kennebunkport Me
DATE OF BURIAL 4/8/41

22 NAME OF FUNERAL DIRECTOR William C Goddard
ADDRESS Lynn Mass.

Received and filed 10 19 41
(Registrar)

100m-2-40-D-729-a

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 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 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

(3) Medical Examiners 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.—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

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. 3564

PLACE OF DEATH

(County)
SUFFOLK
(City or town)
BOSTON



No. Mass General Hospital St.

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

Lawrence R McKinley

2 FULL NAME

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

Winthrop

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

(a) Residence. No. 25 Marshall St.

(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 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 Sadie A Warren (Give maiden name of wife in full)

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

6 Age of husband or wife if alive. 45 years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: photo engraver

Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER David McKinley

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

15 MAIDEN NAME OF MOTHER Katherine Gilrane

16 BIRTHPLACE OF MOTHER (City) Boston Mass (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 4/10/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 6 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 3/20/41, 19, to 4/6/41, 19.

I last saw him alive on 4/6/41, 19, death is said to have occurred on the date stated above, at 12/06 PM Duration

Immediate cause of death.

pulmonary tuberculosis bilateral 1 yr.

Due to

peritoneal tuberculosis 2 wks

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) N. C. Baker M. D. (Address) Boston Date 4/6/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (City or Town) Cemetery April 8 1941

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR R C Kirby

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

Copy 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-10-39, No. 8427-f



MAY-9 1941 AM

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

100m-10-739. No. 8427-e

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. 60

No. 507 Shirley St St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME Ellsworth L. Evans (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 507 Shirley St St. { (If U. S.
(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 Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Marie Emerich (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 Carpenter

10 Industry or Business: House

11 Social Security No.

12 BIRTHPLACE (City) Ebensburg (State or country) Penn

13 NAME OF FATHER Daniel Evans

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

15 MAIDEN NAME OF MOTHER Elizabeth Evans (OK)

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

17 Informant Florence Ginepra (Daughter) (Address) 507 Shirley St

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

Wm. D. Philbrick (Signature of Agent of Board of Health or other)
1st alt. Officer (Official Designation) 4/9/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 7 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 1, 1941, to April 7, 1941. I last saw him alive on April 7, 1941, death is said to have occurred on the date stated above, at 3:45 p.m. Immediate cause of death.

Secondary Thrombosis 3 yrs.

Due to arteria Sclerosis yrs.

Due to

Other conditions Diabetes Mellitus yrs. (Include pregnancy within 3 months of death)

Major findings: Aspiration - Leg

Of operations Date of April 21, 1941

Of autopsy What test confirmed diagnosis?

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

If so, specify

(Signed) (Address) 300 Washington St. Date April 10, 1941

21 Home Wood Pittsburg Penn (City or Town)

Place of Burial, Cremation or Removal DATE OF BURIAL April 11 1941

22 NAME OF FUNERAL DIRECTOR John H. O'Malley (Address) Winthrop

Received and filed APR 10 1941

(Registrar)

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



Melrose
(City or town making return)
Registered No. 20

1 PLACE OF DEATH
Middlesex
(County)
Melrose
(City or Town)
No. Melrose Hospital St.

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

2 FULL NAME Emma Davis (Russ)

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

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

(a) Residence No. 51 Sargent

(Usual place of abode)

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 yrs. 10 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 Almond W. Davis
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 6 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) Boston (State or country) Mass.

13 NAME OF FATHER Christian Russ

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

15 MAIDEN NAME OF MOTHER Anna C (Unable to obtain)

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

17 Informant Laura R. Leach (Address) 51 Sargent St., Winthrop Relation, if any (none)

A TRUE COPY. Raymond H. Greenlaw

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

DATE FILED April 9, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 7, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec. 10/40, 19, to April 7/41, 19.

I last saw her alive on April 7, 1941, death is said to have occurred on the date stated above, at 7:50 A. M. Duration

Immediate cause of death Myocarditis 5 yrs

Due to

Due to

Other conditions Probable Malignancy
(Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy Date of

What test confirmed diagnosis? Clinical

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

If so, specify

(Signed) R. W. Layton (Address) Melrose, Mass. Date 4/7/41 M. D.

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

DATE OF BURIAL April 9, 1941

22 NAME OF FUNERAL DIRECTOR J S Waterman & Sons

ADDRESS Boston, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)



APR 12 1941 AM

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

100m-2-40-D-729-a

1 PLACE OF DEATH
 Suffolk (County)
 Wintthrop (City or Town)
 No. 80 Crest 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.

2 FULL NAME, Herbert F. Wallace (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 (If U. S. War Veteran, specify WAR) none

(a) Residence. No. 80 Crest 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 4 yrs. 6 mos. 1 days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
 HUSBAND of Ethel Stokes
 (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. 72 Years. 4 Months. 4 Days. If less than 1 day
 Hours _____ Minutes _____

9 Occupation: Manager

10 Industry Gen. Elec. Co
 or Business:

11 Social Security No. not any

12 BIRTHPLACE (City) Washington
 (State or country) D. C.

13 NAME OF FATHER Thomas J. Wallace

14 BIRTHPLACE OF FATHER (City) Phil.
 (State or country) Pa.

15 MAIDEN NAME OF MOTHER Virginia Stone

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

17 Informant Wm. D. Childress (Name)
 (Address) 80 Crest Ave 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 4/8/41
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 8 - 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan, 1939 to April 8, 1941
 I last saw h. in alive on April 7, 1941, death is said to have occurred on the date stated above, at 4-20 A. m.
 Immediate cause of death. Myocardial Infarction Duration 27 hrs
 IMPORTANT

Due to Myocardial Infarction 27 hrs

Due to Arteriosclerosis 4 yrs

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

Major findings:

Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

IMPORTANT

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. Rogers M. D.
 (Address) 50 Chestnut St Date 4/8 1941

21 Wintthrop Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL April 10, 1941 19

22 NAME OF FUNERAL DIRECTOR Malcolm Bennett
 ADDRESS Wintthrop, Mass.

Received and filed Wintthrop 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

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

100m-2-40-D-729-a

PLACE OF DEATH

Surrllok

(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 Martha Jane Coles

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

(a) Residence. No. 127 Pleasant

(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 3 days.

In this community 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED 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 69 Years.....Months.....5 Days.....If less than 1 day Hours.....Minutes

9 Occupation: Proprietor

10 Industry or Business: Dry Goods Store

11 Social Security No. None

12 BIRTHPLACE (City) Milton P. E. I.
(State or country)

13 NAME OF FATHER James Coles

14 BIRTHPLACE OF FATHER (City) Milton P. E. I.
(State or country)

15 MAIDEN NAME OF MOTHER Agnes Taylor

16 BIRTHPLACE OF MOTHER (City) New London P. E. I.
(State or country)

17 Informant Georgina Loukes (Sister)
(Address) 44 Pleasant St. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer 5/22/41
(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 April 20 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 17, 1941 to April 20, 1941
I last saw her alive on April 20, 1941, death is said to have occurred on the date stated above, at 4:45 A. m.

Immediate cause of death: Global Pneumonia

Due to Cerebral Hemorrhage 24 hrs.

Due to Arteriosclerosis 2 years

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings: none

Of operations: 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: none

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

DATE OF BURIAL April 22 1941

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed APR 24 1941 (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 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).*

(3) Medical Examiners 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.....

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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

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

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

73

Registered No.

1 PLACE OF DEATH
Suffolk -
(County)
Winthrop
(City or Town)
No. 77 Triton Avenue

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

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

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) none

(a) Residence. No. 77 Triton Avenue 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 12 yrs. - mos. - days.
(Before death) (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 Laurence A. Hoey
(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 1 Week - Days If less than 1 day Hours Minutes

9 Usual Occupation Inspector

10 Industry or Business United States Office of Water

11 Social Security No. none

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

13 NAME OF FATHER Matthew Hoey -

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

15 MAIDEN NAME OF MOTHER Unknown to Informant

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

17 Informant Fred Hoey -
(Address) 77 Triton Avenue
Winthrop Mass

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

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

Health Officer 4/24/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 4 20 41
(Month) (Day) (Year)

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

I last saw him alive on....., 19....., death is said to
have occurred on the date stated above, at..... 6 A.M.

Immediate cause of death

Arterio Sclerotic Heart

Due to.....

Due to Senility

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 A. Kelly
(Address) Winthrop, Mass. Date 4/20 1941

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

DATE OF BURIAL April 23 1941

22 NAME OF FUNERAL DIRECTOR Samuel J. Sullivan

ADDRESS 318 - Mount Ave. Boston

Received and filed 19

APR 24 1941

(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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).

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.

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 118 Bartlett Rd

St.

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

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

2 FULL NAME Mary T. Concoran Sullivan

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

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

(a) Residence. No. 118 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 4 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

Eugene Sullivan

(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

9 Occupation:

Housewife

Industry

10 or Business:

Own Home

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

Patrick T. Concoran

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Ellen Good

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Relation, if any

Informant (Address)

Ann Sullivan

(Daughter)

118 Bartlett Rd

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

William D. Children

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

24

(Day)

41

(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 5:30 p.m.

Immediate cause of death

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?

IMPORTANT

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)

(Address)

Date 4/28/1941

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

April 28, 1940

19

22

NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19

MAY 1 1941

(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.....

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

(City or town making return)

Registered No. 4120

PLACE OF DEATH

SUFFOLK
BOSTON
(City or Town)

No. Boston State Hospital

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

2 FULL NAME

Annie H. Ashworth

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

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

(a) Residence. No.

19 Orlando Ave

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

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

Robert S. Ashworth

(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 1 Months 8 Days If less than 1 day
Hours Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

11 Social Security No.

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

Richard Kennedy

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

Ireland

15 MAIDEN NAME
OF MOTHER

Elizabeth Hawkins

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

Ireland

17

Informant.
(Address)

John C Ashworth

Relation, if any

(son)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

4/29/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 25 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
1/21/41 19 to 4/25/41 19I last saw her alive on 4/25/41 19, death is said
to have occurred on the date stated above, at 10/30A Duration

Immediate cause of death

arteriosclerotic heart dis unk

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?

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

If so, specify

(Signed)

E. H. Beaum

M. D.

(Address)

Date 4/25/41

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Boston

Mt. Feake

Waltham

(Cemetery)

(City or Town)

DATE OF BURIAL

April 27 1941

19

22 NAME OF
FUNERAL DIRECTOR

H. S. Reynolds

ADDRESS

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 in which the 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

13
27

1

Name		Age		Sex		Religion		Occupation		Marital Status		Education		Income		Assets		Liabilities		Notes	
John Doe		35		Male		Protestant		Teacher		Married		High School		\$10,000		House, Car		Mortgage, Credit Card		Good	
Jane Smith		28		Female		Catholic		Nurse		Single		College		\$15,000		Savings, Investments		None		Excellent	
Robert Johnson		42		Male		Jewish		Engineer		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Fair	
Mary White		30		Female		Muslim		Software Engineer		Single		College		\$12,000		Savings, Investments		None		Good	
David Brown		38		Male		Buddhist		Artist		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Susan Green		25		Female		Hindu		Marketing Executive		Single		College		\$18,000		Savings, Investments		None		Excellent	
Michael Black		40		Male		Sikh		Doctor		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Good	
Emily Taylor		22		Female		Atheist		Student		Single		College		\$5,000		Savings, Investments		None		Good	
Christopher Lee		33		Male		Jewish		Lawyer		Married		University		\$30,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Amanda Hall		27		Female		Catholic		Teacher		Single		College		\$14,000		Savings, Investments		None		Good	
Daniel King		36		Male		Protestant		Engineer		Married		High School		\$11,000		House, Car		Mortgage, Credit Card		Fair	
Nicole Adams		29		Female		Muslim		Software Engineer		Single		College		\$16,000		Savings, Investments		None		Good	
Kevin Miller		41		Male		Buddhist		Artist		Married		High School		\$9,000		House, Car		Mortgage, Credit Card		Fair	
Rachel Wilson		24		Female		Hindu		Marketing Executive		Single		College		\$17,000		Savings, Investments		None		Excellent	
Gregory Scott		39		Male		Sikh		Doctor		Married		University		\$24,000		House, Car, Stocks		Mortgage, Loans		Good	
Victoria Young		21		Female		Atheist		Student		Single		College		\$6,000		Savings, Investments		None		Good	
Benjamin Clark		34		Male		Jewish		Lawyer		Married		University		\$29,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Sophia Lewis		26		Female		Catholic		Teacher		Single		College		\$13,000		Savings, Investments		None		Good	
Nathan Walker		37		Male		Protestant		Engineer		Married		High School		\$10,000		House, Car		Mortgage, Credit Card		Fair	
Isabella Hall		23		Female		Muslim		Software Engineer		Single		College		\$15,000		Savings, Investments		None		Good	
Ethan King		43		Male		Buddhist		Artist		Married		High School		\$7,000		House, Car		Mortgage, Credit Card		Fair	
Mia Adams		20		Female		Hindu		Marketing Executive		Single		College		\$4,000		Savings, Investments		None		Good	
Lucas Miller		32		Male		Sikh		Doctor		Married		University		\$22,000		House, Car, Stocks		Mortgage, Loans		Good	
Charlotte Young		19		Female		Atheist		Student		Single		College		\$3,000		Savings, Investments		None		Good	
Alexander Clark		31		Male		Jewish		Lawyer		Married		University		\$27,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Amelia Lewis		25		Female		Catholic		Teacher		Single		College		\$12,000		Savings, Investments		None		Good	
Isaac Walker		36		Male		Protestant		Engineer		Married		High School		\$9,000		House, Car		Mortgage, Credit Card		Fair	
Evelyn Hall		22		Female		Muslim		Software Engineer		Single		College		\$14,000		Savings, Investments		None		Good	
Caleb King		44		Male		Buddhist		Artist		Married		High School		\$6,000		House, Car		Mortgage, Credit Card		Fair	
Lily Adams		18		Female		Hindu		Marketing Executive		Single		College		\$2,000		Savings, Investments		None		Good	
Gabriel Miller		30		Male		Sikh		Doctor		Married		University		\$21,000		House, Car, Stocks		Mortgage, Loans		Good	
Hannah Young		17		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Seth Clark		29		Male		Jewish		Lawyer		Married		University		\$26,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Grace Lewis		24		Female		Catholic		Teacher		Single		College		\$11,000		Savings, Investments		None		Good	
Julian Walker		35		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Nathan Clark		27		Male		Jewish		Lawyer		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Leah Lewis		23		Female		Catholic		Teacher		Single		College		\$10,000		Savings, Investments		None		Good	
Julian Walker		34		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Nathan Clark		27		Male		Jewish		Lawyer		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Leah Lewis		23		Female		Catholic		Teacher		Single		College		\$10,000		Savings, Investments		None		Good	
Julian Walker		34		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Nathan Clark		27		Male		Jewish		Lawyer		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Leah Lewis		23		Female		Catholic		Teacher		Single		College		\$10,000		Savings, Investments		None		Good	
Julian Walker		34		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Nathan Clark		27		Male		Jewish		Lawyer		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Leah Lewis		23		Female		Catholic		Teacher		Single		College		\$10,000		Savings, Investments		None		Good	
Julian Walker		34		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Nathan Clark		27		Male		Jewish		Lawyer		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Leah Lewis		23		Female		Catholic		Teacher		Single		College		\$10,000		Savings, Investments		None		Good	
Julian Walker		34		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Nathan Clark		27		Male		Jewish		Lawyer		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Leah Lewis		23		Female		Catholic		Teacher		Single		College		\$10,000		Savings, Investments		None		Good	
Julian Walker		34		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Nathan Clark		27		Male		Jewish		Lawyer		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Leah Lewis		23		Female		Catholic		Teacher		Single		College		\$10,000		Savings, Investments		None		Good	
Julian Walker		34		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments		None		Good	
Nathan Clark		27		Male		Jewish		Lawyer		Married		University		\$25,000		House, Car, Stocks		Mortgage, Loans		Excellent	
Leah Lewis		23		Female		Catholic		Teacher		Single		College		\$10,000		Savings, Investments		None		Good	
Julian Walker		34		Male		Protestant		Engineer		Married		High School		\$8,000		House, Car		Mortgage, Credit Card		Fair	
Savannah Hall		21		Female		Muslim		Software Engineer		Single		College		\$13,000		Savings, Investments		None		Good	
Elijah King		45		Male		Buddhist		Artist		Married		High School		\$5,000		House, Car		Mortgage, Credit Card		Fair	
Madison Adams		16		Female		Hindu		Marketing Executive		Single		College		\$1,500		Savings, Investments		None		Good	
Caleb Miller		28		Male		Sikh		Doctor		Married		University		\$20,000		House, Car, Stocks		Mortgage, Loans		Good	
Chloe Young		15		Female		Atheist		Student		Single		College		\$1,000		Savings, Investments					

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

PLACE OF DEATH

Surreylok
(County)Winthrop
(City or Town)

No. 43 Lowell Road

St.

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

Registered No. 76

2 FULL NAME George Linley Knipe
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 43 Lowell 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 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 Married5a If married, widowed, or divorced
HUSBAND of Edith Knipe (Murray)
(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 23 Days If less than 1 day
Hours Minutes

9 Occupation Usual Commercial Representative

10 Industry or Business: Amercian Tel. & Tel.

11 Social Security No. None

12 BIRTHPLACE (City) Norristown
(State or country) Penn.

13 NAME OF FATHER Jacob O Knipe

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

15 MAIDEN NAME OF MOTHER Clara Poley

16 BIRTHPLACE OF MOTHER (City) Penn.
(State or country)17 Informant Edith Knipe (Wire)
(Address) 43 Lowell Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 26 1941.
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
October 14 1936 to April 24 1941
I last saw him alive on April 24 1941, death is said to
have occurred on the date stated above, at 5:30 a.m.

Immediate cause of death

Carcinoma of left lung 5 years
Due to General Carcinomatosis 2 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: no operation

Of operations Date of

Of autopsy not done

What test confirmed diagnosis? X-ray

clinical & laboratory

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

If so, specify Jacob Phagus M. D.

(Signed) 52 Church St Date 4/26/41

(Address) Winthrop

21 Puritan Lawn Peabody

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

DATE OF BURIAL April 29 1941

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed MAY 1 1941

(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., (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, electrical, agents, and deaths following abortion; but also deaths from disease resulting from **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

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. *777*

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

2 FULL NAME *Elizabeth J. Burke* (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) *No*

(a) Residence. No. *2/ Somerset* St. *Winthrop* (If nonresident, give city or town and state)

Length of stay: In hospital or institution *No* 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 *Thomas J. Burke* (Give maiden name of wife in full)
 (or) WIFE of *deceased* (Husband's name in full)

6 Age of husband or wife if alive *deceased* years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: *House work*

10 Industry or Business: *own home*

11 Social Security No. *none*

12 BIRTHPLACE (City) (State or country) *Georgetown England*

13 NAME OF FATHER *Charles Fielding*

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

15 MAIDEN NAME OF MOTHER *Mary Kerrigan*

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

17 Informant *Joseph J. Burke* Relation, if any *son*
 (Address) *2/ Somerset Ave, Win.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *5/1/41* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 29 1941*
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *December 10, 1940, to April 29, 1941*
 I last saw her alive on *April 28, 1941*, death is said to have occurred on the date stated above, at *C.P.M.*

Immediate cause of death *Cerebral Hemorrhage* Duration *4.8 hrs*

Due to *Arteriosclerosis* *2-3 yrs*

Due to *Senility* *1 year*

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*

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

If so, specify *Jaundice* M. D. *5/2/41*
 (Signed) *562 Broadway St.* Date *4/30/41*
 (Address)

21 *St. Joseph's, Boston*
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL *May 1, 1941*

22 NAME OF FUNERAL DIRECTOR *M. J. Kelly*
 ADDRESS *11 Meridian 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 a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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. 224

PLACE OF DEATH

1

Suffolk

Chelsea

No. Soldiers' Home Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number) 78

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

(a) Residence No. 230 Revere St. Winthrop, Mass.

Length of stay: In hospital or institution Hosp. years months days 17 (Specify whether) (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 Wh. 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Wid.

5a If married, widowed, or divorced HUSBAND of Frances H. Murray (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 4 Months 23 Days If less than 1 day Hours Minutes

9 Occupation: Master Mariner

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER John Evans

14 BIRTHPLACE OF FATHER (City) Liverpool, Eng. (State or country)

15 MAIDEN NAME OF MOTHER Ellen Gallagher

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

17 Informant Hosp. Records Relation, if any (Address) Sold. Home Hosp. Chelsea

A TRUE COPY.

ATTEST: Joseph A. Gurnell (Registrar of city or town where death occurred)

DATE FILED Apr. 11, 19 41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 10, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Mar. 24, 19 41, to 4/10, 19 41

I last saw him on 4/10, 19 41, death is said to have occurred on the date stated above, at 10.40 p.m. Duration

Immediate cause of death Arterio-sclerotic and hypertensive heart disease 1 yr.

Due to Arterio-sclerosis and hypertension 7

Due to

Other conditions Broncho-pneumonia 1 day (Include pregnancy within 3 months of death) Terminal physician Diabetes mellitus 5 yrs.

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

Of autopsy Date of clinical What test confirmed diagnosis?

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

If so, specify Isadore Kaplan M. D.

(Signed) Soldiers' Home Date 4/11/41 (Address)

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

DATE OF BURIAL April 14, 19 41

22 NAME OF FUNERAL DIRECTOR Richard White

ADDRESS Winthrop St. Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)



JUN 10 1941

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.

50m-10-139, No. 8427-h

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
 No. 430 Rivers St. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William John Killion { (If U. S. War Veteran, specify WAR)
 (If deceased was a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 430 Rivers St. 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 35 yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word)
Married
 5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
 (or) WIFE of Ella Green (Husband's name in full)
 6 Age of husband or wife if alive 70 years
 7 IF STILLBORN, enter that fact here.
 8 AGE 73 Years 10 Months 10 Days If less than 1 day _____ Hours _____ Minutes
 9 Usual Occupation: Dry Cleansers
 Industry Retired
 10 or Business:
 11 Social Security No.
 12 BIRTHPLACE (City) Boston, Mass. (State or country)
 13 NAME OF FATHER Patrick Killion
 14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
 15 MAIDEN NAME OF MOTHER Unknown
 16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)
 17 Informant Welfare Record Relation, if any
 (Address) Town Hall Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Child
 (Signature of Agent of Board of Health or other)
Health officer (Official Designation) 5/2/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May - 1 - 1941
 (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.)
Gas poisoning
suicidal

20 Accident, suicide, or homicide (specify) Suicidal
 Date of occurrence May - 1 - 1941
 Where did injury occur? his home
 (City or town and State)
 Did injury occur in or about home or on farm, in industrial place, in public place? Home
 (Specify type of place)
 Manner of Injury Found collapsed in his
 Nature of Injury home
 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 Wm. J. Brickley May - 1 - 1941 M. D.
 (Signed) (Address) Boston April - 1941

22 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop
 DATE OF BURIAL May 3, 41 19__

23 NAME OF FUNERAL DIRECTOR Richard G. White
 ADDRESS 14 Winthrop St. Winthrop

Received and filed _____ 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.*

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 anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

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

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

25m-2-40-D-729-b

PLACE OF DEATH

1

Suffolk
(County)North
(City or Town)

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

2 FULL NAME

Alice M. Brogan

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

(a) Residence. No.

17 Williams St. Cambridge

(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)

Female

White

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 64 Years 11 Months Days If less than 1 day Hours Minutes

Usual

9 Occupation:

at Home

Industry

10 or Business:

"

11 Social Security No.

40

12 BIRTHPLACE (City)

(State or country)

Cambridge
Mass

13 NAME OF FATHER

Nicholas J. Brogan

14 BIRTHPLACE OF FATHER (City)

(State or country)

County, Weymouth
Ireland

15 MAIDEN NAME OF MOTHER

Catherine E. Gill

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston
Mass

17

Informant

(Address)

James H. Brogan (Brother)
10 Hawthorne St. Cambridge

Relation if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH.To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 3339

(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 - 7 - 1941
(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.)

Inevitable Fractured ribs
Fractured spine Internal Hemorrhage

20 Accident, suicide or homicide (specify)

Date of occurrence

May 7 - 1941
1941

Where did

Injury occur?

Revere
(City or Town and State)

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

Highway
(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)

(Address)

Date

1941

22

Place of Burial, Cremation or Removal.

DATE OF BURIAL

May 24

1941

23 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

MAY 28 1941

(Registrar)



JUN 10 1941 AM

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

1 } 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

BOSTON

(City or town making return)

Registered No. 4586

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

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

(a) Residence. No. 19 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

3 SEX female	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED divorced	(write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Charles F. Hopkins (Husband's name in full)			
6 Age of husband or wife if alive. 76 years			
7 IF STILLBORN, enter that fact here.			
8 AGE 70 Years 6 Months Days If less than 1 day Hours Minutes			
9 Occupation: at home			
10 Industry or Business:			
11 Social Security No. Nova Scotia			
12 BIRTHPLACE (City) (State or country)			
13 NAME OF FATHER Otto B Lewis			
14 BIRTHPLACE OF FATHER (City) (State or country) N S			
15 MAIDEN NAME OF MOTHER Mary Leonard			
16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia			

17 Informant Otto E Lewis Relation, if any (bro)

A TRUE COPY. Francis J. Gray (Registrar of city or town where death occurred)

DATE FILED 5/14/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 11 1941 (Month) (Day) (Year)
19 I HEREBY CERTIFY. That I attended deceased from 5/6/41 to 5/11/41 I last saw her alive on 5/10/41 19 A death is said to have occurred on the date stated above, at mos. Duration
Immediate cause of death myocardial insufficiency mos
Due to hypertensive cardio vascular disease mos
Due to psychosis with cerebral arteriosclerosis mos
Other conditions (Include pregnancy within 3 months preceding 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 W J Shanahn (Signed) Boston Date 5/11/41 (Address)
21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett (Cemetery) (City or Town)
DATE OF BURIAL May 13 1941 19
22 NAME OF FUNERAL DIRECTOR C R Bennison Winthrop ADDRESS

Received and filed. 19

(Registrar of City or Town where deceased resided)



JUN 1 1941 AM

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

100m-2-40-D-729-a

PLACE OF DEATH	1 <u>Sufflok</u> (County) <u>Winthrop</u> (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.
	No. <u>Winthrop Community Hospital</u> St.			Registered No. <u>88</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)
	2 FULL NAME <u>Charles Sumner Beetle</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)			(If U. S. War Veteran, specify WAR)
	(a) Residence. No. <u>18 James Ave.</u> St.			(If nonresident, give city or town and state)
	Length of stay: In hospital or institution <u>Hospital</u> years months <u>2</u> days.			In this community <u>51</u> yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)		
<u>Male</u>	<u>White</u>	MARRIED WIDOWED or DIVORCED <u>Married</u>		
5a If married, widowed, or divorced HUSBAND of <u>Alice Harper Beetle</u> (Give maiden name of wife in full)				
(or) WIFE of _____ (Husband's name in full)				
6 Age of husband or wife if alive <u>62</u> years				
7 IF STILLBORN, enter that fact here.				
8 AGE <u>64</u> Years <u>7</u> Months <u>5</u> Days If less than 1 day Hours _____ Minutes _____				
9 Occupation: Usual <u>Insurance</u>				
10 or Business: Industry <u>Insurance Broker</u>				
11 Social Security No. _____				
12 BIRTHPLACE (City) <u>Tisbury</u> (State or country) <u>Mass.</u>				
PARENTS	13 NAME OF FATHER <u>David S Beetle</u>			
	14 BIRTHPLACE OF FATHER (City) <u>Oak Bluffs</u> (State or country) <u>Mass.</u>			
	15 MAIDEN NAME OF MOTHER <u>Sarah Wasson</u>			
	16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>Indiana</u>			
17 Informant <u>Alice Beetle</u> (Wife) (Address) <u>18 James Ave. Winthrop</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>William D. Childers</u> (Signature of Agent of Board of Health or other) <u>Agent May 12/41</u> (Official Designation) (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH <u>May 11 1941</u> (Month) (Day) (Year)				
19 I HEREBY CERTIFY. That I attended deceased from <u>Apr 21</u> , 19 <u>41</u> , to <u>May 11</u> , 19 <u>41</u> . I last saw him alive on <u>May 11</u> , 19 <u>41</u> , death is said to have occurred on the date stated above, at <u>6:30 A. M.</u> Immediate cause of death: <u>Cerebral Thrombosis</u> <u>Cerebral Disease</u> Due to <u>Chronic Myocarditis</u> Due to <u>Hypertension</u> Other conditions _____ (Include pregnancy within 3 months of death)				
				Duration IMPORTANT <u>4 days</u> <u>22 mos</u> <u> yrs</u> <u> yrs</u>
Major findings: Of operations _____ Of autopsy _____ What test confirmed diagnosis? <u>Clinical</u>				Underline the cause to which death should be charged sta- tistically. IMPORTANT PHYSICIAN
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Richard M. Steady</u> M. D. (Address) <u>148 Winthrop St. Winthrop</u> Date <u>May 12 1941</u>				
21 <u>Riverside</u> <u>Saugus</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>May 13</u> 19 <u>41</u>				
22 NAME OF FUNERAL DIRECTOR <u>Howard S. Pymolch</u> ADDRESS <u>Winthrop, Mass.</u>				
Received and filed <u>May 20</u> , 19 <u>41</u> (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).*

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 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.

100m-2-40-D-729-A

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.	
	No. 199 Shore Drive		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	Registered No. 84	
2	FULL NAME <u>Barnet Klein</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR) No.		
(a)	Residence. No. <u>199 Shore Drive</u> & <u>Winthrop</u> (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 <u>13</u> yrs. mos. days.					
(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS					
3	SEX <u>male</u>	4	COLOR OR RACE <u>white</u>	5	SINGLE (write the word) <u>MARRIED</u> WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of <u>Hannah Grunt</u> (Give maiden name of wife in full)					
(or) WIFE of..... (Husband's name in full)					
6 Age of husband or wife if alive..... <u>38</u> years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>41</u> Years <u>1</u> Months <u>12</u> Days If less than 1 day Hours Minutes					
9 Usual Occupation: <u>Dentist</u>					
10 Industry or Business: <u>For himself</u>					
11 Social Security No. <u>none</u>					
12 BIRTHPLACE (City)..... <u>East Boston, Mass.</u> (State or country)					
PARENTS	13 NAME OF FATHER <u>Samuel Klein</u>				
	14 BIRTHPLACE OF FATHER (City)..... <u>Russia</u> (State or country)				
	15 MAIDEN NAME OF MOTHER <u>Ida Francis</u>				
	16 BIRTHPLACE OF MOTHER (City)..... <u>Russia</u> (State or country)				
17	Informant <u>Hannah Klein (wife)</u> Relation, if any (Address) <u>199 Shore Drive, Winthrop</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>William D. Childress</u> (Signature of Agent of Board of Health or other Agent) <u>May 12/41</u> (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>May 12 1941</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....					
I last saw him..... alive on....., 19....., death is said to have occurred on the date stated above, at <u>5:40 A. M.</u>					
Immediate cause of death.....					
Due to <u>Natural causes.</u>					
Due to <u>Presumably</u>					
Other conditions..... <u>coronary occlusion</u>					
(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? <u>no</u>					
If so, specify.....					
(Signed) <u>Arthur C. Board of Health</u> M. D. (Address) <u>Winthrop Board of Health</u> Date <u>May 12 1941</u>					
21. <u>Public Isaac Edward Lem. Everett</u> Place of Burial, Cremation or Removal. (City or Town)					
DATE OF BURIAL <u>May 12 1941</u>					
22 NAME OF FUNERAL DIRECTOR <u>Manuel Stanitsky</u>					
ADDRESS <u>16 Washington St. Boston</u>					
Received and filed <u>May 20 1941</u>					
(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).*

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

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.

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

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

2 FULL NAME William Little (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 154 Circuit Road Winthrop St. (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)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive. 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years. 10 Months. 20 Days If less than 1 day Hours. Minutes

9 Usual Occupation: Machinist
 Industry Navy Yard
 10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Scotland
 (State or country)

13 NAME OF FATHER William Weir Little

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

15 MAIDEN NAME OF MOTHER Mary Law

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

17 Informant Annie Little Relation if any Wife
 (Address) 154 Circuit Road Winthrop

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

Wm. D. Chick
 (Signature of Agent of Board of Health or other)
 Health Officer (Date of Issue of Permit) 5/14/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May - 13 - 1941
 (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
Practically Asymptomatic
Arterio Sclerotic Heart Disease

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, on farm, in industrial place, in public place?
 (Specify type of place)

Manner of Injury Collapsed while pushing a
 Nature of Injury lawn mower
 While at work? yes Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?
 If so, specify Mr. J. Buckle M. D.
 (Signed) Boston May 13, 1941
 (Address)

22 Winthrop Winthrop
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL May 16 1941

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
 ADDRESS Winthrop Mass.

Received and filed May 20 1941
 (Registrar)

A TRUE COPY ATTEST:

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 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)."

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 164 Court Road

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

Registered No. 88

2 FULL NAME Florence Parley (Huse) Wingersky

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

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

(a) Residence. No. 164 Court Road

(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 36

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Abram Samuel Wingersky

(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 3

Months 2

Days

If less than 1 day

Hours

Minutes

9 Occupation:

Housewife

10 Industry

Own Home

or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

Bath

(State or country)

Maine

13 NAME OF FATHER

George Huse

14 BIRTHPLACE OF FATHER (City)

Bath

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Eliza Dyer

16 BIRTHPLACE OF MOTHER (City)

Addison

(State or country)

Maine

17

Informant

(Address)

Helen Smith

Relation, if any

(Sister)

17 Pauline St. Winthrop

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

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

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

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

St.

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

(Month)

16

(Day)

41

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 31, 1941, to May 15, 1941

I last saw H.E.R. alive on May 15, 1941, death is said to

have occurred on the date stated above, at 6:00 p.m.

Immediate cause of death

Hemorrhage

Duration
IMPORTANT

Due to

Carcinoma of Liver

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

PHYSICIAN

Major findings:

Of operations Carcinoma of Liver

Date of March 25, 1941

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?

If so, specify

(Signed) Salvatore Capasso

M. D.

(Address) 197 Hanover St. Bath, Me. Date May 16, 1941

21 Forest Hills

Boston

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

May 18

1941

22 NAME OF

FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Me.

Received and filed

MAY 28 1941

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).*

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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. 61 Washington Avenue

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

Registered No. 82

2 FULL NAME Ellen Lydia Howe

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

(a) Residence. No. 61 Washington Avenue

(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 22 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 91 Years 5 Months 21 Days If less than 1 day Hours Minutes

9 Occupation: At home

10 Industry or Business:

11 Social Security No. Milford

12 BIRTHPLACE (City) Massachusetts

13 NAME OF FATHER George W. Howe

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

15 MAIDEN NAME OF MOTHER Betsey Corbett Perry

16 BIRTHPLACE OF MOTHER (City) Milford
(State or country) Massachusetts17 Informant Betsey Lindsay Lane niece)
(Address) 61 Washington Ave Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/19/41

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 2, 1940, to May 17, 1941

I last saw her alive on May 16, 1941, death is said to have occurred on the date stated above, at 6:35 A.M.

Immediate cause of death

Duration
IMPORTANT

Due to Bronchopneumonia (terminal)

Due to Cerebral hemorrhage 2 wks

Due to Generalized arterio-sclerosis years

Other conditions

(Include pregnancy within 3 months of death)

Carcinoma of breast

IMPORTANT

Major findings:

Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? terminal

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) John E. Murray, M. D.
(Address) 111 South St. Boston Date May 18, 194121 Pine Grove Cemetery Milford Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 20, 1941 19

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

Received and filed MAY 28 1941 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 body died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from one receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent, or clerk, as the case may be, a satisfactory written statement containing the facts of the case, by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

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

1 PLACE OF DEATH
 (County) *Suffolk*
 (City or Town) *Wentworth*
 No. *Wentworth Community Hospital* St. {



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. 88

STANDARD
 CERTIFICATE OF DEATH

Registered No.

2 FULL NAME

Romilde (McGowan) Pareschi
 (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. *152 Leyden*

(Usual place of abode)

St. *East Boston*

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months *3*

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of *Belso Pareschi*
 (Give maiden name of wife in full)

(or) WIFE of *Belso Pareschi*
 (Husband's name in full)

6 Age of husband or wife if alive *55* years

7 IF STILLBORN, enter that fact here.

8 *49* If less than 1 day
 AGE Years Months Days Hours Minutes

9 Usual Occupation: *Housewife*

Industry: *At Home*

10 or Business:

11 Social Security No. *Province of Ferrara*

12 BIRTHPLACE (City) *Italy*

(State or country)

13 NAME OF FATHER *Beaser Goroni*

14 BIRTHPLACE OF FATHER (City) *Province of Ferrara*

(State or country) *Italy*

15 MAIDEN NAME OF MOTHER *Angela Gilberti*

16 BIRTHPLACE OF MOTHER (City) *Province of Ferrara*

(State or country) *Italy*

17 Informant *Belso Pareschi* Relation, if any

(Address) *152 Leyden St. East Boston*

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

Wm. D. Chiodo

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit) *5/23/41*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *May 19 1941*
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

6/25, 19*40*, to *5/19*, 19*41*

I last saw her alive on *5/19*, 19*41*, death is said

to have occurred on the date stated above, at *9.10 A.M.*

Immediate cause of death

Internal hemorrhage

Due to *Carcinoma of transverse colon*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations *Exploratory section*

Date of *3/25/41*

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 Fardell* M. D.

(Address) *152 Leyden St. East Boston*

Date *5/21 1941*

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

DATE OF BURIAL *May 23 1941*

22 NAME OF FUNERAL DIRECTOR *Michael S. Bagnino*

ADDRESS *978 Suffolk St. East Boston*

Received and filed

MAY 28 1941

(Registrar)

Duration

2 days

IMPORTANT

Underline

the cause to

which death

should be

charged sta-

tistically.

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

100m-10-739, No. 8427-*Birthplace Province of Ferrara*

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 supposably 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.

100m-2-40-D-729-a

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent	
1	Suffolk (County) Dorchester (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 89	
No. 440 Pleasant	St.			{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME Waldo T. Freeman (If deceased is a married, widowed or divorced woman, give also maiden name.)			{ (If U. S. War Veteran, specify WAR)	
(a)	Residence. No. 1235 So. Wheeling St. Tulsa Oklahoma (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. 7 days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	18 DATE OF DEATH May 19 41 (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of Patricia L. Freeman (Give maiden name of wife in full)			19 I HEREBY CERTIFY. That I attended deceased from May 6, 1941 to May 19, 1941 I last saw him alive on May 15, 1941 death is said to have occurred on the date stated above, at 7:50 PM. Immediate cause of death Pulmonary Embolism		
(or) WIFE of (Husband's name in full)			Duration IMPORTANT		
6 Age of husband or wife if alive 29 years			Due to		
7 IF STILLBORN, enter that fact here.			Due to Phlebotomy of Leg.		
8 AGE 45 Years 4 Months 5 Days If less than 1 day Hours Minutes			Other conditions (Include pregnancy within 3 months of death)		
9 Usual Occupation Horseman			Major findings: Of operations Date of		
10 Industry or Business Race Track			Of autopsy What test confirmed diagnosis?		
11 Social Security No.			20 Was disease or injury in any way related to occupation of deceased? No		
12 BIRTHPLACE (City, State or country) Indian Territory Oklahoma			If so, specify (Signed) H. A. A. Jones M. D. Address 9 Central St. Date May 19 1941 Place of Burial, Cremation or Removal (City or Town) Skiatook, Oklahoma DATE OF BURIAL May 24 1941		
PARENTS	13 NAME OF FATHER William Freeman		22 NAME OF FUNERAL DIRECTOR		
	14 BIRTHPLACE OF FATHER (City, State or country) Georgia		ADDRESS 901 Washington St. Tulsa, Okla.		
	15 MAIDEN NAME OF MOTHER Melinda Myers		Received and filed MAY 28 1941 (Registrar)		
16 BIRTHPLACE OF MOTHER (City, State or country) Dallas Texas					
17 Informant (Address) Mrs. Waldo T. Freeman 440 Pleasant St.		Relation, if any			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William D. Cheders (Signature of Agent of Board of Health or other) Agent May 19/41 (Official Designation) (Date of Issue of Permit)					

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHChelsea
(City or town making return)

Registered No. 295

90

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

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

(a) Residence, No. 23 Trident Ave.
(Usual place of abode)

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

Length of stay: In hospital or institution hospital years months days 26
(Before death) (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 53 Years 3 Months 4 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Restaurant proprietor

10 Industry or Business:

11 Social Security No. 025-05-7569

12 BIRTHPLACE (City) Greece
(State or country)

13 NAME OF FATHER Dimitris

14 BIRTHPLACE OF FATHER (City) Greece
(State or country)15 MAIDEN NAME Katherine Trasteles
OF MOTHER16 BIRTHPLACE OF MOTHER (City) Greece
(State or country)17 Informant Hospital Records Relation, if any
(Address)

A TRUE COPY.

ATTEST: Joseph A. Spence
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 19, 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from Apr. 23, 41 to May 19, 41
I last saw him on May 19, 1941, death is said to have occurred on the date stated above, at 3:25A.m. Duration

Immediate cause of death: Carcinoma of the Lungs with General Abdominal metastases ? months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of Both Lungs, Liver, mesentery and Kidneys
Underline the cause to which death should be charged statistically.What test confirmed diagnosis? autopsy and pathological exam
20 Was disease or injury due to any toxicological agent? no
If so, specify(Signed) Isadore Kaplan M. D.
(Address) Cold. Home Date 5/19/4121 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills, Boston, Mass.
(Cemetery) (City or Town)

DATE OF BURIAL May 22, 1941

22 NAME OF FUNERAL DIRECTOR Arthur C. Nasiotes
ADDRESS 1624 Washington St., Boston

Received and filed 19

(Registrar of City or Town where deceased resided)





JUN 10 1941 AM

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. 8427-4

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. 1914

PLACE OF DEATH
1

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

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

(a) Residence. No. 58 Bellevue Ave St.

Winthrop Mass

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

3 SEX fem 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. 4 Years 12 Months Days If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Floyd Backeberg

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

15 MAIDEN NAME OF MOTHER Doris Hyatt

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

17 Informant Hospital records Relation, if any (Address)

A TRUE COPY.

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

DATE FILED 5/26/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/8/41, 19, to 5/22/41, 19.

I last saw her alive on 5/22/41, 19, death is said to have occurred on the date stated above, at 6:40 a.m.

Immediate cause of death congenital stenosis mitral and aortic valves since idiopathic congenital cardiac birth Due to hypertrophy

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) R Ganz M. D. (Address) Boston Date 5/22/1941

21 PLACE OF BURIAL CREMATION OR REMOVAL Woodlawn Everett (City or Town)

DATE OF BURIAL May 24 1941 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds Winthrop ADDRESS

Received and filed 19

(Registrar of City or Town where deceased resided)



JUN 11 1961 PM

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 92

Suffolk
County
Westbury
(City or Town)

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

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

(a) Residence. No. 329 Pleasant 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 14 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

(or) WIFE of unack & ablan (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 X Months X Days If less than 1 day Hours Minutes

9 Usual Occupation: retired shoe business

10 Industry or Business: Wholesale

11 Social Security No.

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

13 NAME OF FATHER George W. Gerich

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

15 MAIDEN NAME OF MOTHER unack & ablan

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

17 Informant Maria Donaghy Relation, if any (Daughter)
(Address) Wachusett St - H

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) 5/26/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 23 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 7 to 11, 1941, to May 22, 1941

I last saw him alive on May 22, 1941, death is said to have occurred on the date stated above, at 3:05 a.m.

Immediate cause of death Cerebral Hemorrhage Duration 92.11.41
(IMPORTANT)

Due to Arterio sclerosis 1936

Due to

Other conditions..... (Include pregnancy within 3 months of death) (IMPORTANT)

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) Gydis A. Robinson M. D.
(Address) Winthrop Mass. Date 5/26 1941

21 Place of Burial, Cremation or Removal Bellevue Cemetery (City or Town)
DATE OF BURIAL 5/26 Winthrop Mass. 1941

22 NAME OF FUNERAL DIRECTOR Chas. B. Benson
ADDRESS Winthrop Mass.

Received and filed MAY 28 1941 19.....

(Registrar)

GOVERNING THE 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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 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-10-739, 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)

Registered No.....

2 FULL NAME Elizabeth G. Lind

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

(a) Residence. No. 57 Cutler St.

(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 4 yrs. mos. days.

(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 WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Thomas A. Lind

(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

Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

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

13 NAME OF FATHER cannot be learned

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

15 MAIDEN NAME OF MOTHER Goodbrand

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

17 Informant Mrs. Frank Sauntry (Address) 27 Slade Rd Belmont Relation, if any Daughter

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 10 1933 to May 24 1941

I last saw her alive on May 24 1941, death is said to have occurred on the date stated above, at 6:15 P.M.

Immediate cause of death.....

Acute Coronary thrombosis 7 days

Due to Arteriosclerosis 33 years

Due to Senility 23 years

Other conditions Pernicious Anemia 5 years

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none Underline the cause to which death should be charged statistically.

Of operations.....Date of.....

Of autopsy not done

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 Pharo M. D. M. D.

(Address) 562 Philby St. Boston Page 525

21 St. Joseph Boston

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

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR John H. Moley

ADDRESS Winthrop

Received and filed MAY 28 1941

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 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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 34

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. 125- Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 24- Cross St. (If U. S. War Veteran, specify WAR) (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

5a If married, widowed, or divorced HUSBAND of. Jennie Gudelman (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. 56 Years. Months. Days. If less than 1 day Hours. Minutes

9 Occupation: Grace

10 Industry or Business: For himself

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Morris Frank

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

15 MAIDEN NAME OF MOTHER Ida - Communist

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

17 Informant. Jennie Frank (Wife) (Address) 24- Cross St.

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

Wm. D. Childers (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 5/31/44 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH. May 30, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 9 39, 1941, to May 30, 1941

I last saw him alive on May 30, 1941, death is said to have occurred on the date stated above, at 9:00 P. M.

Immediate cause of death. Coronary Thrombosis

Due to. Arteriosclerosis + Angina

Due to. Arteriosclerosis

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) Charles L. Sherman, M. D.

(Address) 260 Ave. B, Date 5/31/41

21 Winthrop Cemetery, Winthrop, Mass.

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

DATE OF BURIAL June 2, 1941

22 NAME OF FUNERAL DIRECTOR. Emanuel Sternfeld

ADDRESS 10- Wash. St. Bk.

Received and filed June 4, 1941

(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 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 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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 95

1 No. 41 Lincoln St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Schieb (Sloan) } (If U. S. War Veteran, specify WAR) No

(a) Residence No. 41 Lincoln St. Winthrop (If nonresident, give city or town and state)

Length of stay: In hospital or institution No years months days In this community 7 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 Bernard B. Schieb (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 78 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: House work Industry: own home 10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Ireland (State or country)

13 NAME OF FATHER John Sloan

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

15 MAIDEN NAME OF MOTHER Mary Renny

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

17 Informant Josephine E. Schieb (Address) 41 Lincoln St., Winthrop Relation, if any daughter

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

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 6/2/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 30 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov. 1940 to May 30, 1941. I last saw her alive on May 30, 1941, death is said to have occurred on the date stated above, at 10:40 p.m. Immediate cause of death: Duration IMPORTANT

Due to Carcinoma of Large Bowel 2 yrs

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? No

If so, specify

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

(Address) 670 State St., Boston Date 5/31/41

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

DATE OF BURIAL June 2, 1941

22 NAME OF FUNERAL DIRECTOR Wm. D. Kelly

ADDRESS 11 Meriden St., B.B.

Received and filed JUN 4 1941

(Registrar)

Copies 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-10-39, No. 8427-4

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. 5131

PLACE OF DEATH

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

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

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

(a) Residence. No. 538 Shirley St. Winthrop Mass

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

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

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: barber

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF FATHER Giacomo Arena

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

15 MAIDEN NAME OF MOTHER Maria Ranieri

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

17 Informant wife (Address) (Relation, if any)

A TRUE COPY

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED 6/2/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 30 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/21/41, 19, to 5/30/41, 19

I last saw him alive on 5/30/41, 19, death is said to have occurred on the date stated above, at 8/41 P.m.

Immediate cause of death: coronary occlusion Duration 5 min

Due to hypertensive heart dis 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) W T S Thorndike M. D.

(Address) Boston Date 5/31/19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michael's Boston
(Cemetery) (City or Town)

DATE OF BURIAL June 2 1941 19

22 NAME OF FUNERAL DIRECTOR P. Rapino

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

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

50-10-39-39, No. 8427-h

1 PLACE OF DEATH Salem (County)
Winthrop (City or Town)
 No. 52 Washington Ave Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Towne Johnson (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 52 Washington Ave Winthrop St. (If U. S. War Veteran, specify WAR.)
 Length of stay: In hospital or institution years months days. In this community 25 yrs. mos. days. (Specify whether) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Widow
 6 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here.
 8 AGE 71 Years 8 Months 8 Days If less than 1 day Hours Minutes
 9 Occupation: Housewife
 10 Industry Own Home
 11 Social Security No. None
 12 BIRTHPLACE (City) Bristol (State or country) New Hampshire
 13 NAME OF FATHER William Towne
 14 BIRTHPLACE OF FATHER (City) Unknown (State or country)
 15 MAIDEN NAME OF MOTHER Julliet ?
 16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)
 17 Informant Fredonia Johnson Relation, if any Son (Address) 9 Audubon Rd. Lexington Mass.

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

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

Health Officer (Official Designation) 6/2/41 (Date of Issue of Permit)

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

WINTHROP

(City or town making return)

Registered No.

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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May - 31 - 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
No. Pleural Cavity Abscess
Pneumonia
Ascaris

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, on farm, in industrial place, in public place?
 (Specify type of place)
 Manner of Injury died without medical attendance
 Nature of Injury dance
 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 Sh. J. Buckley M. D.
 (Signed) B. J. Buckley (Address) West Lawn Littleton Mass
 (City or Town)
 22 Place of Burial, Cremation or Removal. June 2nd 1941
 DATE OF BURIAL June 2nd 1941
 23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
 ADDRESS Winthrop Mass.

Received and filed 19
 JUN 4 1941
 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.*

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 anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

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

Return 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-10-39, No. 8427-4

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)

98

Registered No. 5150

PLACE OF DEATH
1 No. Mass General Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 5 Brewster Ave 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

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 James T Conday (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: candy worker

10 Industry or Business: Fanny Farmer's

11 Social Security No. 012-07-9401

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

13 NAME OF FATHER Henry Zileh

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

15 MAIDEN NAME OF MOTHER Mary Boland

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

17 Informant James Conday Relation, if any (Address)

A TRUE COPY

ATTEST: Francis J. Gay (Registrar of city or town where death occurred)

DATE FILED 6/3/41 19.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 31 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/31/41, 19, to 5/31/41, 19.
I last saw her alive on 5/31/41, 19, death is said to have occurred on the date stated above, at 4/42A.m. Duration
Immediate cause of death aortic & mesenteric embolism 2 d
Due to rheumatic heart disease mitral & aortic stenosis ? 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 T S Thorndike M. D.
(Address) Boston Date 5/31/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Camb (Cemetery) (City or Town)

DATE OF BURIAL June 3 1941 19

22 NAME OF FUNERAL DIRECTOR D F O'Brien
ADDRESS Cambridge

Received and filed 19.

(Registrar of City or Town where deceased resided)



JUN 11 1941 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. 54 Otis

St.

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

Registered No. 99

2 FULL NAME Laura Marie (Christophersen) Williams

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

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

(a) Residence. No. 54 Otis

(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 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Wiggo C. Williams
(Husband's name in full)

6 Age of husband or wife if alive. 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 3 Months 6 Days If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Oslo
(State or country) Norway

13 NAME OF FATHER Jens Christophersen

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

15 MAIDEN NAME OF MOTHER Caroline (maiden name)

16 BIRTHPLACE OF MOTHER (City) Norway
(State or country)17 Informant Wiggo C. Williams (husband)
(Address) 54 Otis 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) 6/9/41

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6-6-41
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jun 6, 1941, to 6-6-41, 1941. I last saw her alive on 6/5, 1941, death is said to have occurred on the date stated above, at 4 P. M. Immediate cause of death.

Due to Edema of Lungs

Due to

Other conditions Chronic Hypertension

(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 Cause of death M. D.
(Signed) (Address) Date 7/4/4121 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 6, 1941 1922 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JUNE 11, 1941

(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).*

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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 stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 69 Summit Ave.

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

Registered No.

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

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

(a) Residence. No. 69 Summit Ave.
(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

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 Anna T. (Eaton) Morrison
(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 72 Years 10 Months 21 Days If less than 1 day Hours Minutes

Usual Occupation: Salesman (Retired)

Industry Asbestos
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Charlottetown
(State or country) P. E. I.

13 NAME OF FATHER Archabald Morrison

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

15 MAIDEN NAME OF MOTHER Jane Carins

16 BIRTHPLACE OF MOTHER Charlottetown
(State or country) P. E. I.17 Informant Anna Morrison (Wife)
(Address) 69 Summit Ave Winthrop Mass

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

(Signature of Agent of Board of Health or other)
Health Officer 6/12/41
(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 June 10 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1941, to June 10, 1941
I last saw h. alive on June 10, 1941, death is said to have occurred on the date stated above, at 3:30 P. m.
Immediate cause of death. Pneumia

Due to Pyelonephritis

Due to Carcinoma of Prostate c. metastasized to bladder

Other conditions
(Include pregnancy within 3 months of death)Major findings: Inoperable Carcinoma of Prostate & Bladder Date of Feb 20/41
Of operations
Of autopsy
What test confirmed diagnosis? Lab + clinical20 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Richard M. Brady M. D.
(Address) 148 Winthrop St. Winthrop Mass Date June 11 194121 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 13 194122 NAME OF FUNERAL DIRECTOR Howard S. Pymwob
ADDRESS 10 Winthrop Mass

Received and filed JUN 19 1941 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 healthfulness of various pursuits can be known. Make some entry in this section for every 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. 184 Hermon		St.	
1		2 FULL NAME		Louisa Fopiano		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No.		184 Hermon		St.		(If nonresident, give city or town and state)		Registered No. 101	
Length of stay: In hospital or institution		(Specify whether)		years		months		days.	
In this community		15 yrs.		mos.		days.			
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		MARRIED		WIDOWED	
female		white		or DIVORCED		widowed			
5a If married, widowed, or divorced									
HUSBAND of (Give maiden name of wife in full)									
(or) WIFE of Giovanni Fopiano (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 Months Days If less than 1 day									
9 Occupation: housewife									
10 Industry or Business:									
11 Social Security No. none									
12 BIRTHPLACE (City) Italy (State or country)									
13 NAME OF FATHER Luigi Leverone									
14 BIRTHPLACE OF FATHER (City) Italy (State or country)									
15 MAIDEN NAME OF MOTHER Unknown									
16 BIRTHPLACE OF MOTHER (City) Italy (State or country)									
17 Informant Rose M. Fopiano (Daughter) (Address) 184 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:									
(Signature of Agent of Board of Health or other)									
Health Officer 6/13/41									
(Official Designation) (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH June 12 1941 (Month) (Day) (Year)									
19 I HEREBY CERTIFY That I attended deceased from Jan 1, 1940 to June 12, 1941 I last saw him alive on April 1, 1941, death is said to have occurred on the date stated above, at 10.50 P. M. Duration IMPORTANT									
Immediate cause of death									
Due to cerebral hemorrhage									
Due to arteriosclerosis									
Other conditions (Include pregnancy within 3 months of death) IMPORTANT									
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) M. D. (Address) P. W. Washington Date 6/10/41 1941									
21 Calvary Boston Place of Burial, Cremation or Removal. (City or Town)									
DATE OF BURIAL June 14, 1941									
22 NAME OF FUNERAL DIRECTOR Michael J. Parcella ADDRESS 10 No. Bennet St., Boston									
Received and filed JUN 10 1941 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

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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

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

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

102

Registered No.

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

PHYSICIAN — IMPORTANT

2 FULL NAME Leene Cohen (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 69 Locust St St. Winthrop (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 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE (write the word) DIVORCED
5a If married, widowed, or divorced HUSBAND of Samuel Cohen (Give maiden name of wife in full)
(or) WIFE of Samuel Cohen (Husband's name in full)
6 Age of husband or wife if alive 28 years
7 IF STILLBORN, enter that fact here.
8 AGE 25 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) Chelsea (State or country) Mass.

PARENTS

13 NAME OF FATHER Harry Levin
14 BIRTHPLACE OF FATHER (City) Russia (State or country)
15 MAIDEN NAME OF MOTHER Esther Berger
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)
17 Harry Levin Informant (Address) 69 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:

Wm. S. Childers (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/16/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 15, 1941 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from June 13, 1941, to June 15, 1941
I last saw her alive on June 15, 1941 death is said to have occurred on the date stated above, at 4:45 P. m.

Immediate cause of death Intestinal obstruction Duration 2 days IMPORTANT

Due to

Due to

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

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

Of autopsy..... Date of June 15, 1941

What test confirmed diagnosis?

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

(Signed) Thomas S. Childers M. D.
(Address) 72 Pleasant Ave Date June 16, 1941

21 Both Israel E. Vopert Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 16, 1941

22 NAME OF FUNERAL DIRECTOR B. Schlachter & Son
ADDRESS 1270 Blue Hill Ave

Received and filed JUN 19 1941 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

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.

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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-10-139. No. 8427-d

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 34 Sunnyside Ave.

St.

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

2 FULL NAME Agnes Ella Cyr

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

(a) Residence. No. 34 Sunnyside 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

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8

AGE 42

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation: Bookkeeper

Industry

or Business:

N. E. Coal & Coke Co

11 Social Security No.

012-03-7250

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass

13 NAME OF

FATHER

Joseph J. Cyr

14 BIRTHPLACE OF

FATHER (City)

Canada

(State or country)

15 MAIDEN NAME

OF MOTHER

Rosanna Paquette

16 BIRTHPLACE OF

MOTHER (City)

Canada

(State or country)

17

Informant

Francis Cyr

Relation, if any

(Address)

34 Sunnyside Ave

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

103

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

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 9

1941

to June 16

1941

I last saw her alive on June 16, 1941, death is said

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

Immediate cause of death

Terminal bronchitis - pneumonia

Cerebral embolism

Due to

Pelvic Phlebitis

Due to

Carcinoma of rectum - sigmoid

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Carcinoma of rectum - sigmoid

with liver metastasis

Of autopsy

What test confirmed diagnosis?

Laparotomy

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

If so, specify

(Signed)

Winthrop, Mass. M. D.

(Address) Winthrop, Mass. Date 6/17/1941

21

Winthrop

Winthrop

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

DATE OF BURIAL

22

NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

JUN 10 1941

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

R-301 A
PHYSICIANS should state
Exact statement of OCCUPATION
CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-9

PARENTS

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) <i>MARRIED</i>	
5a If married, widowed, or divorced HUSBAND of <i>Michael J. Kelly</i> (Give maiden name of wife in full) (or) WIFE of <i>Michael J. Kelly</i> (Husband's name in full)			
6 Age of husband or wife if alive <i>86</i> years			
7 IF STILLBORN, enter that fact here.			
8 AGE <i>84</i> Years Months Days If less than 1 day Hours Minutes			
9 Usual Occupation: <i>House work</i>			
10 Industry or Business: <i>own home</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>William Cathcart</i>			
14 BIRTHPLACE OF FATHER (City) <i>Nantucket</i> (State or country) <i>Mass.</i>			
15 MAIDEN NAME OF MOTHER <i>Catherine O'Sullivan</i>			
16 BIRTHPLACE OF MOTHER (City) <i>Ireland</i> (State or country)			
17 Informant <i>Michael J. Kelly</i> (Signature if any) (Address) <i>86 Johnson Ave. Wrentham</i>			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>William D. Childress</i> (Signature of Agent of Board of Health or other) <i>Agent</i> (Official Designation) <i>June 18/41</i> (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. *104*

1 PLACE OF DEATH
Suffolk (County)
Wrentham (City or Town)
No. *86 Johnson Ave.* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Mary E. Kelly* (If deceased was married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *86 Johnson Ave.* St. *Wrentham* (If nonresident, give city or town and state)
Length of stay: In hospital or institution. *20* years months days. In this community *12* yrs. mos. days.
(Specify whether)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH <i>6</i> (Month) <i>16</i> (Day) <i>41</i> (Year)	
19 I HEREBY CERTIFY. That I attended deceased from <i>April</i> , 19 <i>41</i> , to <i>6/16</i> , 19 <i>41</i> . I last saw him alive on <i>6/16</i> , 19 <i>41</i> , death is said to have occurred on the date stated above, at <i>7:10 p.m.</i> Immediate cause of death: <i>Coronary Thrombosis</i> Due to <i>general arteriosclerosis</i> 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 <i>none</i> (Signed) <i>Wm. D. Childress</i> (Address) <i>200 W. Main St. Wrentham</i> Date <i>6/17/41</i> N. D. <i>41</i> 21 Place of Burial, Cremation, Removal or Town <i>Holy Cross Malden</i> DATE OF BURIAL <i>June 19</i> , 19 <i>41</i> 22 NAME OF FUNERAL DIRECTOR <i>W. J. Kelly</i> ADDRESS <i>11 Meridian St. E. B.</i> Received and filed <i>JUN 19 1941</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 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 healthfulness of various pursuits can be known. Make some entry in this section for every 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)

Registered No. 105

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 183 Cottage Park Rd St.

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

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

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

(a) Residence. No. 183 Cottage Park Rd St.
(Usual place of abode)

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 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 42 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Singer		
10 Industry or Business: Teacher		
11 Social Security No.		
12 BIRTHPLACE (City) Pittsburgh (State or country) Penn.		
13 NAME OF FATHER John K Murray		
14 BIRTHPLACE OF FATHER (City) Liverpool (State or country) England		
15 MAIDEN NAME OF MOTHER Clara Frances Lane		
16 BIRTHPLACE OF MOTHER (City) Ellsworth (State or country) Me.		

17 Informant Mary Murray (Address) 183 Cottage Pk Rd Relation, if any (Sister)

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

Wm. D. Windup (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/18/41 (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 5/15, 1940, to 6/17, 1941. I last saw h. alive on 6/7, 1941, death is said to have occurred on the date stated above, at 3 P.m. Immediate cause of death: Carcinoma of Lungs Due to Carcinoma of Breast Other conditions (Include pregnancy within 3 months of death) Major findings: Carcinoma of Breast Of operation Date of 5/13/41 Of autopsy What test confirmed diagnosis?	Duration 6 wks 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) Harvey Windup M. D.
(Address) Winthrop Date 6/7 1941

21 Winthrop Winthrop
Place of Burial, Cremation or Removal June 20 1941
DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed JUN 19 1941 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.*

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 board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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

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

200-10-139. No. 8427-d

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

105

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Station Hospital Fort Banks



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

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

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

(a) Residence No. 24 Glen Road St. Brookline, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution 4 wks - years - months days. 1 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. _____			
8 AGE _____ Years _____ Months _____ Days		If less than 1 day Hours 45 Minutes	
9 Usual Occupation: _____			
10 Industry or Business: _____			
11 Social Security No. _____			
12 BIRTHPLACE (City) _____ (State or country) FORT BANKS, MASS.			
13 NAME OF FATHER John J. Hicks			
14 BIRTHPLACE OF FATHER (City) _____ (State or country) ARLINGTON, MASSACHUSETTS			
15 MAIDEN NAME OF MOTHER Mary Mitchell			
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) PROVIDENCE, RHODE ISLAND			
17 Informant _____ (Address) Fort Banks, Mass. (None)			

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

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

Health Officer

(Date of Issue of Permit) 6/30/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 19 1941 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from 8:50 PM JUNE 19, 1941, to 8:50 PM JUNE 19, 1941. I last saw him alive on JUNE 19, 1941, death is said to have occurred on the date stated above, at 8:50 P.m. Immediate cause of death PREMATUREITY	Duration
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) Karl D. Fayouan, M. D. (Address) FORT BANKS, MASS. Date 6/19 1941		
21 Winthrop Cemetery Winthrop Mass Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL June 21 1941		
22 NAME OF FUNERAL DIRECTOR Charles B. Bennison ADDRESS 174 Winthrop St. Winthrop		
Received and filed _____		19

A TRUE COPY ATTEST:

JUN 30 1941

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



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

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent. 107

Registered No.

No. *35; Thornton Park Wintthrop* (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. *35 Thornton Park* St. (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 *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced HUSBAND of *Richard F. Geswinder* (Give maiden name of wife in full)

(or) WIFE of *Richard F. Geswinder Canton* (Husband's name in full)

6 Age of husband or wife if alive *57* years

7 IF STILLBORN, enter that fact here.

8 AGE *56* Years *2* Months *13* Days If less than 1 day
Hours Minutes

Usual Occupation: *at home*

Industry or Business: *Home wife*

11 Social Security No.

12 BIRTHPLACE (City) *Brockton, N.Y.*
(State or country)

13 NAME OF FATHER *Anthony Wehner*

14 BIRTHPLACE OF FATHER (City) *Brockton*
(State or country) *N.Y.*

15 MAIDEN NAME OF MOTHER *Margaret Geswinder*

16 BIRTHPLACE OF MOTHER (City) *Brockton*
(State or country) *N.Y.*

17 Informant *Richard F. Geswinder (Son)* Relation, if any
(Address) *35 Thornton Park Wintthrop*

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

Wm. L. Chilcote
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) *6/24/41*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 22 1941*
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *October 28, 1938*, to *June 22, 1941*

I last saw her alive on *March 27, 1941*, death is said to have occurred on the date stated above, at *1:25 A.M.*

Immediate cause of death

Acute pulmonary edema Duration *1 hour*
IMPORTANT

Due to *Chronic myocarditis* *2 years*

Due to *Hypertension* *6 years*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? *Autopsy*

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

If so, specify

(Signed) *Montana Morris, M. D.*

(Address) *Montana Morris* Date *6/23 1941*

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

DATE OF BURIAL *June 24 1941*

22 NAME OF FUNERAL DIRECTOR *C.B. Garrison*

ADDRESS *Wintthrop Mass*

Received and filed *JUN 30 1941* 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, and the date and place of death, the term of life he had contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

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

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

Wentthrop. Mass
(City or town making return)

Registered No. 2545

PLACE OF DEATH

Suffolk
(County)
Wentthrop
(City or Town)



No. 50 Wilshire St.

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

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

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

108

(a) Residence. No. 50 Wilshire St. Wentthrop Mass
(Usual place of abode)

Length of stay: In hospital or institution Home years months days. In this community 27 yrs. 1 mos. 7 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

5a If married, widowed, or divorced HUSBAND of Bessie Brenda Banks
(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 73 Years 4 Months 7 Days If less than 1 day Hours Minutes

Usual Occupation: electrotypist

Industry: Electrotyping

10 or Business: none

11 Social Security No. charlestown

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

13 NAME OF FATHER James Hovey Rand

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

15 MAIDEN NAME OF MOTHER Harriet Bodge

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

17 Informant Bessie Rand, wife (Address) 50 Wilshire St. Relation, if any

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

Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/27/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 25 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 1, 1940, to June 25, 1941
I last saw him alive on June 25, 1941, death is said to have occurred on the date stated above, at 10 P.M.

Immediate cause of death Cerebral Hemorrhage 3/1/41

Due to Arteriosclerosis 1940

Due to

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

Major findings: none

Of operations none

Of autopsy none

What test confirmed diagnosis? Clinical x-ray

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

If so, specify

(Signed) Jacob Phayus M. D.
(Address) 362 Thayer St. Date 6/26/41

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

DATE OF BURIAL June 28 1941

22 NAME OF FUNERAL DIRECTOR Joseph H. Roberts

ADDRESS 147 Mt. Ave. Astoria

Received and filed JUN 30 1941

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

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



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

STANDARD
CERTIFICATE OF DEATH

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

169

Registered No.

No. *245* *Washington Ave.* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John B Mac Kenna* } (If U. S. War Veteran, specify WAR) *—*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *245 Washington 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 (write the word) *Never*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of *Mary A Lewis*
(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 Months..... Days..... If less than 1 day
Hours..... Minutes

9 Usual Occupation: *Retired Carpenter*

10 Industry or Business: *self*

11 Social Security No. *none*

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

13 NAME OF FATHER *John Mac Kenna*

14 BIRTHPLACE OF FATHER (City) *W. S.*
(State or country)

15 MAIDEN NAME OF MOTHER *Elizabeth (unknown)*

16 BIRTHPLACE OF MOTHER (City) *W. S.*
(State or country)

17 Informant *Geo B Mac Kenna* (Relation, if any)
(Address) *(son)*

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 June 28/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 26 1941*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *January 1940* to *June 1941*
I last saw him alive on *June 26, 1941*, death is said to have occurred on the date stated above, at *10 P.M.*

Immediate cause of death.....

Cerebral hemorrhage *1 wk*

Due to *hypertension* *years*

Due to *Generalized arteriosclerosis* *years*

Other conditions
(Include pregnancy within 3 months of death)

Major findings :

Of operations Date of
Of autopsy
What test confirmed diagnosis? *chemical*

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 *Alcoholism*
(Signed) *Walter E. Sperry* M. D.
(Address) *Wentworth Mass* Date *June 1941*

21 *Rene Grogg* *Lynn*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *June 29 1941*

22 NAME OF FUNERAL DIRECTOR *Rene Grogg*
ADDRESS *Wentworth Mass.*

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

JUN 30 1941

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.

5m-2-40-D-729-b

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 Agents	
1	Suffolk (County) Winthrop (City or Town)			Registered No.	
No.	Community Hospital Samuel Dobby			{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME	(If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. 31 WAVE WAY AVE. WINTHROP (Usual place of abode) deceased upon arrival at hospital Length of stay: In hospital or institution. (Specify whether) years months days. In this community 54 yrs. mos. days.		{ (If U. S. War Veteran, specify WAR) No.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE	(write the word)		
MALE	WHITE	MARRIED	18 DATE OF DEATH June 27 1941		
5a If married, widowed, or divorced HUSBAND of LENA QUINT (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.) Coronary artery disease with stroke		
(or) WIFE of (Husband's name in full)			20 Accident, suicide or homicide (specify) Date of occurrence 19		
6 Age of husband or wife if alive	51 years		Where did Injury occur? (City or Town and State)		
7 IF STILLBORN, enter that fact here.			Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)		
8 AGE 54 Years Months Days	If less than 1 day Hours Minutes		Manner of Injury Nature of Injury While at work? Was there an autopsy?		
9 Usual Occupation	MEAT MARKET		21 Was disease or injury in any way related to occupation of deceased? If so, specify		
10 Industry or Business	PROPRIETOR		(Signed) 20 Hester (Address) Suffolk Date June 28 1941		
11 Social Security No.	NONE		22 WINTHROP CEM. EVERETT Place of Burial, Cremation or Removal (City or Town)		
12 BIRTHPLACE (City) (State or country)	RUSSIA		DATE OF BURIAL JUNE 29, 1941		
13 NAME OF FATHER	JACOB DOBBY		23 NAME OF FUNERAL DIRECTOR Manuel Stanetsky ADDRESS 10 WASHINGTON ST. DOR		
14 BIRTHPLACE OF FATHER (City) (State or country)	RUSSIA		Received and filed 19		
15 MAIDEN NAME OF MOTHER	ESTHER (CANNOT BE LEARNED)		(Registrar)		
16 BIRTHPLACE OF MOTHER (City) (State or country)	RUSSIA				
17 Informant LENA DOBBY (wife)	Relation, if any				
(Address) 31 WAVE WAY AVE. WINTHROP					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) 3666 (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).*

DESCRIPTION (for unknown person).....

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

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

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

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

RULES OF PRACTICE

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

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

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

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4067

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. 334

1 PLACE OF DEATH
NORFOLK
(County)
BROOKLINE
(City or Town)
No. 1842 BEACON



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

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

{ (If U. S. War Veteran, specify WAR) 111

(a) Residence, No. 98 BELLEVUE AVENUE St. WINTHROP MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Rest Home years months 7 days. In this community 11 yrs. mos. days.
(Before death) (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 Cora Etta Tuttle (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 Occupation: Carpenter

Industry or Business:

11 Social Security No. 326-16-1093

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

13 NAME OF FATHER Joseph M. Tarbox

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

15 MAIDEN NAME OF MOTHER Annie M. Falker

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

17 Informant Helen Tarbox (Daughter)
(Address) 98 Bellevue Av. Winthrop

A TRUE COPY ATTEST: Arthur J. Shinn
(Registrar of City or town where death occurred)

DATE FILED June 30, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 28 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1941, to June 28, 1941.
I last saw him alive on June 24, 1941, death is said to have occurred on the date stated above, at 7:15 P.m.

Immediate cause of death: Carcinoma of rectum Duration 5 mos.

Due to

Due to

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

Major findings: Of operations: Inoperable carcinoma of rectum--Colostomy Date of 4/23/41 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? no

If so, specify: (Signed) Conrad Wesselhoeft M. D.
(Address) 315 Marlboro St. Boston 6/28, 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Hill, Saco, Me.
(Cemetery) (City or Town)

DATE OF BURIAL July 1 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUL - 3 1941 AM

Copies of returns of deaths which occurred in your city or town in which 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-'39, No. 8427-f

PLACE OF DEATH

1

(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)

Registered No. 51852 FULL NAME William R Barker

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

(U. S. War Veteran, specify WAR)

(a) Residence. No. 56 Locust 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

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

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

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

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days If less than 1 day Hours Minutes9 Usual Occupation: plasterer10 Industry or Business: job plasterer

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)13 NAME OF FATHER William Barker14 BIRTHPLACE OF FATHER (City) Washington D C
(State or country)15 MAIDEN NAME OF MOTHER Mary Larkin16 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)17 Informant wife Relation, if any (Address) ()

A TRUE COPY.

ATTEST: Francis J. Gay
(Registrar of city or town where death occurred)DATE FILED 6/4/41 19..

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 1 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from 5/14/41, 19.., to 6/1/41, 19..I last saw him alive on 6/1/41, 19.., death is said to have occurred on the date stated above, at 3/20A m.Immediate cause of death generalized peritonitis 5/14/41 DurationDue to duodenal ulcer 5/14/41
with perforation

Due to

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations plication of duodenal
ulcer Date of 5/14/41
Of autopsy as causes of death
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) H. Benjamin M. D.
(Address) Boston Date 6/1/ 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass
(Cemetery) (City or Town)DATE OF BURIAL June 3 1941 19..22 NAME OF FUNERAL DIRECTOR R. H. White
ADDRESS Winthrop

Received and filed..... 19..

(Registrar of City or Town where deceased resided)



JUL 15 1961 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-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

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY		Boston (City or town making return)	
1 PLACE OF DEATH Boston (City or Town)		COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH		Registered No. 113 5327	
No. Long Island Hospital		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME John McGlinchey (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence, No. 125 Main (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 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 6 Years 11 Months 16 Days If less than 1 day Hours Minutes					
9 Usual Occupation:					
10 Industry or Business:					
11 Social Security No.					
12 BIRTHPLACE (City) (State or country) Boston Mass					
13 NAME OF FATHER John J McGlinchey					
14 BIRTHPLACE OF FATHER (City) (State or country) Boston					
15 MAIDEN NAME OF MOTHER Virginia P LaVoie					
16 BIRTHPLACE OF MOTHER (City) (State or country) Winthrop					
17 Informant mother Relation, if any (Address)					
A TRUE COPY					
ATTEST: Francis J. Gay (Registrar of City or Town where death occurred)					
DATE FILED 6/10/41 19					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH June 6 1941 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Contusion of brain & multiple injuries Under investigation					
20 Accident, suicide, or homicide (specify) accident					
Date of occurrence June 27 1940 19					
Where did injury occur? Belmont (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 auto accident					
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 H Watters (Address) Boston Date 6/6/1941 M. D.					
22 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town)					
DATE OF BURIAL June 9 1941 19					
23 NAME OF FUNERAL DIRECTOR W J Cassidy					
ADDRESS Boston					
Received and filed 19 (Registrar of City or Town where deceased resided)					

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



(City or town making return)

Registered No. 5492

PLACE OF DEATH

(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

Hyman Rubin

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

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

(a) Residence. No.

167 Shore Drive

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

4 COLOR OR RACE

5 SINGLE (write the word)

male

white

MARRIED

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

Rose Glasar

(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

62

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

salesman

Industry

10 or Business:

Textile Leaders Inc

11 Social Security No.

022-12-3057

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Samuel Rubin

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Naomi E Silverman

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

William Rubin

Relation, if any

son

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

6/16/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 12 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/16/41, 19, to 6/12/41, 19.

I last saw him alive on 6/12/41, 19, death is said to have occurred on the date stated above, at 11/20B.

Immediate cause of death

acute myocardial infarction

Duration

16 days

Due to coronary thrombosis

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)

E C Malewicz

M. D.

(Address)

Boston

Date

6/13/41

21 PLACE OF BURIAL

CREMATION OR REMOVAL Anahe Labovitz

(Cemetery)

(City or Town)

Woburn

DATE OF BURIAL

June 13 1941

22 NAME OF FUNERAL DIRECTOR

M L Torf

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)



JUL 15 1941 PM

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

372

Registered No.

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)

Daniel L. Sullivan

2 FULL NAME

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

(a) Residence, No.

31 River Rd.

St.

Winthrop, Mass.

(Usual place of abode)

Hosp.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

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

Divorced

5a If married, widowed, or divorced

HUSBAND of

Frances Lupin

(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

53

2

5

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Painter

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Charlestown, Mass.

13 NAME OF

FATHER

John W.

14 BIRTHPLACE OF

FATHER (City)

Mass.

(State or country)

Father A. Rowe

15 MAIDEN NAME

OF MOTHER

England

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Hospital Records

17

Informant (Address)

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 17, 1941

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June 17, 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY

That I attended deceased from

Apr. 28 1941 to June 17 1941

I last saw him alive on June 17 1941

death is said to have occurred on the date stated above, at 12:10 A.M.

Duration

Immediate cause of death

Carcinoma of lung

1 yr.

xxxx Chronic duodenal ulcer

? yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Rheumatic and coronary

heart disease

Physician

Major findings:

Of operations

Date of

Of autopsy

clinical

What test confirmed diagnosis?

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

If so, specify

(Signed) John F. Conlin

M. D.

(Address) Soldiers' Home

Date 6/17/1941

21 PLACE OF BURIAL

CREMATION OR RECOVERY

Cross, Malden, Mass.

(Cemetery) (City or Town)

DATE OF BURIAL

June 18, 1941

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

583 Broadway, Chelsea, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)



JUL 1 1941 AD

PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 4 Belcher

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

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

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

(a) Residence. No. 4 Belcher
(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 72 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 Gaetano Lanza Davison
(Husband's name in full)

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

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: At home

Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Frederick W. Belcher

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

15 MAIDEN NAME OF MOTHER Eliza Poor

16 BIRTHPLACE OF MOTHER Unknown
(State or country)

17 Relation, if any

Informant Eunice B. Belcher (cousin)
(Address) 339 Winthrop St Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/3/41

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 116

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 3, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 15, 1941 to July 3, 1941

I last saw her alive on July 1, 1941 death is said to have occurred on the date stated above, at 8:20 P. M.

Immediate cause of death.....

Cerebral Hemorrhage
Pulmonary Edema

Due to Acute Sepsis

Due to Chronic Myocarditis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations..... Date of.....

Of autopsy.....

What test confirmed diagnosis? Physic Exam

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

If so, specify.....

(Signed) Samuel B. Hallberg M. D.
(Address) 120 Shirley St. Date July 3, 1941

21 Winthrop Cemetery Winthrop

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

DATE OF BURIAL July 5, 1941 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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

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.

255m-2-40-D-729-b

PLACE OF DEATH

Suffolk
(County)Wintthrop
(City or Town)

No. 53 Centre 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. 127

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

2 FULL NAME Louis G. Camacho
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S.
War Veteran,
specify WAR) none

(a) Residence. No. 53 Centre St. Wintthrop St. (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
WIDOWED
or DIVORCED

5a If married, widowed, or divorced Mary Luz
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 57 years

7 IF STILLBORN, enter that fact here.

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

Usual
9 Occupation: Longshoreman

Industry
10 or Business:

11 Social Security No. 021-10-9125

12 BIRTHPLACE (City)
(State or country) Portugal

13 NAME OF
FATHER Anthony Camacho

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

15 MAIDEN NAME
OF MOTHER Charlotte Augustus

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

17 Informant Mrs. Mary Camacho (wife) Relation, if any
(Address) 53 Centre St Wintthrop

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

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

Health Office 7/8/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH July 5 - 1941
(Month) (Day) (Year)

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

Hypertensive Heart Disease
chronic interstitial nephritis
contusion of scalp

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, on farm, in industrial place, in public place?

(Specify type of place)
Manner of natural causes
Injury

Nature of
Injury

While at work? no Was there an autopsy? yes

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

If so, specify Wm. D. Childress M. D.

(Signed) Boston July 5 - 1941
(Address)

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

DATE OF BURIAL July 8 19 41

23 NAME OF
FUNERAL DIRECTOR R. C. 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).*

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

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Altrude (Phillips) Reed

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

(a) Residence. No. 48 Sargent St

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution *Rest Home* years 1 months days.

(Specify whether)

In this community 29 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 **John J. Reed**
(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 7 Months 6 Days If less than 1 day
Hours MinutesUsual **At Home**

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) **Blanford, Mass.**
(State or country)13 NAME OF FATHER **Louis Phillips**14 BIRTHPLACE OF FATHER (City) **Not Known**
(State or country) **Mass.**15 MAIDEN NAME OF MOTHER **Maria Watson**16 BIRTHPLACE OF MOTHER (City) **Blanford**
(State or country) **Mass.**

PARENTS	17 Informant. Lawton Reed (Address) 193 Endicott Ave Revere Mass.	Relation, if any Son
---------	--	-----------------------------

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

(Signature of Agent of Board of Health or other)

<i>Health Officer</i>	<i>7/8/41</i>
(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. 118

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **July 6 1941**
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from **March 15, 1941, to June 6, 1941**
I last saw h. **pr** alive on **July 5, 1941**, death is said to have occurred on the date stated above at **4 9** m.
Immediate cause of death **myocarditis**Duration
IMPORTANT
10 yearsDue to **old age**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? **Chromosomes**

IMPORTANT

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) **David J. O'Brien** M. D.(Address) **147 Winthrop St. Winthrop** Date **July 7 1941**21 Place of Burial, Cremation or Removal **St. Augustine** (City or Town)DATE OF BURIAL **July 8 1941**22 NAME OF FUNERAL DIRECTOR **Richard M. White**ADDRESS **147 Winthrop St. Winthrop**

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

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. 117

No. Winthrop Community Hospital

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

2 FULL NAME Elsie Murdock Duan

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

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

(a) Residence. No. 405 Revere St

(Usual place of abode)

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

Length of stay: In hospital or institution 1 Day years months / days. In this community 22 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Daniel C Duan (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 7 Months 8 Days If less than 1 day Hours Minutes

Usual Occupation: At Home

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Franklin H. Murdock

14 BIRTHPLACE OF FATHER (City) Burlington N.J. (State or country)

15 MAIDEN NAME OF MOTHER Not Known

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

17 Welfare Records Relation, if any
Informant Town of Winthrop (Address)

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

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

Health Officer (Official Designation) 7/10/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 3, 1941, to July 8, 1941. I last saw h. alive on July 8, 1941, death is said to have occurred on the date stated above, at 8:45 m. Immediate cause of death Myocarditis

Duration
IMPORTANT
4-5 years

Due to

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? Clinical Exam

IMPORTANT
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) Daniel A. O'Brien M. D. (Address) 28 Wood St. Winthrop July 10, 1941

21 Burlington N.J. Place of Burial, Cremation or Removal July 12 1941 (City or Town) DATE OF BURIAL

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

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 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
 (County) Suffolk
 (City or Town) Winthrop
 No. 105 Sewall Ave Winthrop St. 120 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME John Joseph Mac Donald (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 105 Sewall Ave Winthrop (Usual place of abode)
 Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 50 yrs. _____ mos. _____ days. (Specify whether) (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
 5a If married, widowed, or divorced HUSBAND of Mary J. Mackill (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 75 Years _____ Months _____ Days _____ Hours _____ Minutes
 Usual Occupation: Policeman Retired
 Industry or Business: Winthrop Police Dep't
 11 Social Security No. _____
 12 BIRTHPLACE (City) (State or country) Prince Edward Island
 13 NAME OF FATHER James MacDonald
 14 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island
 15 MAIDEN NAME OF MOTHER Clementine MacDonald (OK)
 16 BIRTHPLACE OF MOTHER (City) (State or country) Prince Edward Island
 17 Informant Mary J. MacDonald Relation if any Wife
 (Address) 105 Sewall Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
 (Signature of Agent of Board of Health or other)
 Health Officer (Date of Issue of Permit) 7/11/41

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH July - 10 - 1941
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
acute cardiac failure - probably coronary sclerosis
 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, on farm, in industrial place, in public place? _____
 (Specify type of place)
 Manner of Injury Collapsed + died quickly
 Nature of Injury _____
 While at work? _____ Was there an autopsy? no
 21 Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John J. Buckley M. D.
 (Address) Beth Date 10.19.41
 22 Winthrop Winthrop
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL July 14, 1941 19____
 23 NAME OF FUNERAL DIRECTOR John T. O'Malley
 ADDRESS Winthrop, Massachusetts
 Received and filed _____ 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.*

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

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

The Commonwealth of Massachusetts
OFFICE 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. 121

PLACE OF DEATH

(County) Wentworth
(City or Town) Wentworth

No. Wentworth Community Center St. East Boston

(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)

383 Maverick

St. East Boston

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community

yre.

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.

Stillborn

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)

Wentworth, Mass.

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

Jimmy Gaglia
Italy

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Mary Corrado
Italy

17

Informant (Address)

Jimmy Gaglia (Father)
383 Maverick St. E.D.

Relation, if any

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

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 10, 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

July 10, 1941, to July 10, 1941

Last saw him alive on July 10, 1941, death is said to

have occurred on the date stated above, at

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

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)

P. J. Costanzo
231 Maverick St.

M. D.

Date 7/11/1941

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

July 12

1941

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

1941

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

PLACE OF DEATH

1

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

Male Hanna Ford

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

(a) Residence. No.

35 Fremont 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 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female
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.

Stillborn

✓

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
Massachusetts13 NAME OF
FATHER

Joseph D. Hannaford

14 BIRTHPLACE OF
FATHER (City)Boston
Massachusetts15 MAIDEN NAME
OF MOTHER

Gertrude McAuliffe

16 BIRTHPLACE OF
MOTHER (City)Boston
Massachusetts

17

Informant..... Joseph D. Hannaford, father
(Address) 35 Fremont St. Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

(City or town making return)

Registered No. 122

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHJuly 11, 1941
(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.

Duration

Immediate cause of death.....

Due to Blk. Barn 6 cas.

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 sta-
tistically.

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

If so, specify

(Signed) Maurice O. Nelson

M. D.

(Address) 311 B. ORCH. DR. B. B. B.

Date 7/11/1941

21

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

DATE OF BURIAL

Winthrop
July 12, 1941
(City or Town)

22

NAME OF
FUNERAL DIRECTOR

ADDRESS

John F. O'Maley
Winthrop Massachusetts

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.

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 board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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.)*

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

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

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

(3) Medical Examiners 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-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)

Stoneham

(City or town)

No. New Eng. San. & Hosp.



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

Stoneham

(City or town making return)

Registered No. 109

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

2 FULL NAME

Annie Elizabeth Bartlett

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

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

(a) Residence, No.

63 Winthrop

St.

Winthrop, Mass.

(Usual place of abode)

hospital

Length of stay: In hospital or institution

(Specify whether)

years

months 28 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
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

74

Years

8

Months

29

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Bookkeeper, retired

Industry

10 or Business:

11 Social Security No.

Annapolis

Nova Scotia

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

John Hill Bartlett

14 BIRTHPLACE OF FATHER (City)

Dorset Co.

(State or country)

England

15 MAIDEN NAME OF MOTHER

Alvenia Susan Bent

16 BIRTHPLACE OF MOTHER (City)

Bentville

(State or country)

Nova Scotia

17

Informant (Address)

Hospital records

Relation, if any

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July

11

19 41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

11

1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June

20

1941

to July 11

1941

I last saw her alive on July 10, 1941, death is said

to have occurred on the date stated above, at

Duration

Immediate cause of death

Adenocarcinoma of ovary

Feb. '41

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations Adenocarcinoma of ovary

Underline the cause to which death should be charged statistically.

Date Feb. 1941

Of autopsy none

What test confirmed diagnosis? Biopsy

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

no

If so, specify

(Signed) E. I. Fisher

M. D.

(Address) Stoneham, Mass.

Date 7/11 1941

21 PLACE OF BURIAL

CREMATION OR REMOVAL Woodlawn

Everett

(Cemetery)

(City or Town)

DATE OF BURIAL

July

13

1941

22 NAME OF FUNERAL DIRECTOR

Richard V. White

ADDRESS

Winthrop, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)

JUL 14 1941

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

1 PLACE OF DEATH		Winthrop (County)		Suffolk (City or Town)		No. Winthrop Community Hospital		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 104	
2 FULL NAME		John Joseph Dervan (If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a) Residence		No. 75 Crest Ave (Usual place of abode)									
Length of stay: In hospital or institution		years		months		1 days		In this community		30 yrs. mos. days.	
		(Specify whether)									
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED							
Male		White		Married							
5a If married, widowed or divorced											
HUSBAND of Ellen A. Rafferty (Give maiden name of wife in full)											
(or) WIFE of (Husband's name in full)											
6 Age of husband or wife if alive 72 years											
7 IF STILLBORN, enter that fact here.											
8 AGE 74 Years Months Days If less than 1 day Hours Minutes											
9 Usual Occupation: Retired											
10 Industry or Business: Tubing Manufacturer											
11 Social Security No.											
12 BIRTHPLACE (City) Boston (State or country) Massachusetts											
13 NAME OF FATHER John J. Dervan											
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)											
15 MAIDEN NAME OF MOTHER Maria Bohan											
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)											
17 Informant Ellen A. Dervan Relationship if any Wife (Address) 75 Crest 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. O'Leary (Signature of Agent of Board of Health or other Health Officer) 7/14/41 (Official Designation) (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH July 12 1941 (Month) (Day) (Year)											
19 I HEREBY CERTIFY. That I attended deceased from July 8 1941, to July 12 1941											
I last saw him alive on July 12 1941, death is said to have occurred on the date stated above, at 9 P. M. Duration											
Immediate cause of death: Carcinoma of Prostate Gland S. Mas.											
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? 0											
20 Was disease or injury in any way related to occupation of deceased? No											
If so, specify											
(Signed) Edward J. O'Leary M. D. (Address) 200 Washington Ave. Date July 14 1941											
21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL July 15 1941											
22 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop Massachusetts											
Received and filed July 14 1941											
A TRUE COPY ATTEST: (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.

obtained as to the deceased, or 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. 6, 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.

25m-2-40-D-729-b

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
 No. 229 Main St (City or Town) St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 229 Main St Winthrop 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 yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive..... 42 years years

7 IF STILLBORN, enter that fact here.

8 AGE 37 Years 10 Months 13 Days..... Hours..... Minutes
 If less than 1 day

9 Occupation: At home

10 Industry or Business:.....

11 Social Security No.

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

13 NAME OF FATHER Alexander Cameron

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

15 MAIDEN NAME OF MOTHER Isabelle Angus

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

17 Informant Paul B. Dinkel (husband)
 (Address) 229 Main St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/14/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July - 12 - 1941
 (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.)
Basilarate Priming
Carcinoma left Breast
Presumably Suicidal

20 Accident, suicide or homicide (specify)
 Date of occurrence July - 12 - 1941

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 Found dead in her bed

Nature of Injury.....

While at work? no Was there an autopsy? yes

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

If so, specify Mr. J. Buckley M. D.
 (Signed) Boston July - 12 - 1941
 (Address)

22 Shawsheen Cemetery Bedford Mass
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL July 15, 1941

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

Received and filed..... 19.....
JUL 15 1941 (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).*

DESCRIPTION (for unknown person).....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

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

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

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

RULES OF PRACTICE

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

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

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

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

PLACEMENT OF DEATH

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)
 No. 19 Sargent St. St.

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

(a) Residence. No. 19 Sargent 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 0 yrs. mos. days.
 (Specify whether)

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

6 Age of husband or wife if alive. _____ years
 7 IF STILLBORN, enter that fact here.
 8 AGE 70 Years 5 Months 9 Days If less than 1 day Hours _____ Minutes _____

9 Occupation: Housewife
 10 Industry or Business: Own Home
 11 Social Security No. None
 12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER Philip Payson Floyd
 14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass.
 15 MAIDEN NAME OF MOTHER Abbie Allen
 16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass.

17 Informant Sidney Griffin Relation, if any (Address) 131 N Main St. Lombard ILL.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 17 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/16, 1941, to 7/17, 1941
 I last saw her alive on 7/16, 1941, death is said to have occurred on the date stated above, at 6 A.M. Duration 18h.
 Immediate cause of death Angina pectoris **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**

20 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ Underline the cause to which death should be charged statistically.

(Signed) Harry A. Kelly M. D. **IMPORTANT**
 (Address) Winthrop Date 7/17 1941

21 Winthrop Winthrop
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL July 19 1941

22 NAME OF FUNERAL DIRECTOR Howard Reynolds
 ADDRESS Winthrop Mass.

Received and filed _____ 19 _____
 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childers
 (Signature of Agent of Board of Health or other)
Agent July 17/41
 (Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL 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.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 65 Somerset 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.

127

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

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

(a) Residence. No. 65 Somerset Ave. St.
(Usual place of abode)

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

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

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 Mary P. Donovan
(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: Merchant

10 Industry or Business: Grocery

11 Social Security No.

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

13 NAME OF FATHER Florence McCarthy

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

15 MAIDEN NAME OF MOTHER Mary O'Brien

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

PARENTS

17 Informant Frank McCarthy (Relation, if any)
(Address) 65 Somerset Ave

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

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 17 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1940, to July 17, 1941.
Last saw him alive on July 17, 1941 (death is said to
have occurred on the date stated above, at 7:45 P.m.)

Immediate cause of death
Cerebral aneurysm

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 sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.
(Address) Date July 19 1941

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 21 1941 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed July 18 1941 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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

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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 949 Shirley 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.

128

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

(a) Residence, No. 949 Shirley St
 (Usual place of abode)

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

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

Length of stay: In hospital or institution..... years months days. In this community 30 yrs. mos. days.
 (Before death) (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 65 Years Months Days | If less than 1 day
 Hours Minutes

9 Usual Occupation: Freight Clerk

10 Industry or Business: B. & M. R. R.

11 Social Security No.

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

13 NAME OF FATHER John Meagher

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

15 MAIDEN NAME OF MOTHER Ellen Condon

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

17 Informant Bridget Meagher (Address) 949 Shirley St. (Relation, if any) Sister

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

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

Agent
 (Official Designation)

July 19th 1941
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 18, 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 July 12, 1941, to July 18, 1941
 I last saw him alive on July 18, 1941, death is said to
 have occurred on the date stated above, at 4:00 p.m.

Immediate cause of death.

Cerebral Hemorrhage 2 days

Due to

Due to

Other conditions Colitis
 (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 Edward J. Traugott

(Signed) 200 Washington Ave. M. D.
 (Address) Date July 19, 1941

21 St. Josepha Boston
 Place of Burial, Creation or Removal. (City or Town)

DATE OF BURIAL July 21, 1941

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
 ADDRESS Winthrop

Received and filed July 21, 1941

(Registrar)

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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

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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

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

129

Registered No.

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 372 Meridian St. Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution. Hospital years months 21 days. In this community yrs. mos. 27 days.
(Before death) (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 Thomas H Cunningham Sr.
(Husband's name in full)

6 Age of husband or wife if alive 76 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Housewife

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Eugene Inc Carthy

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

15 MAIDEN NAME OF MOTHER Nora Leahy

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

17 Informant Thomas H Cunningham (relation if any)
(Address) 372 Meridian St Boston

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 7/21/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 19, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 18, 1941 to July 19, 1941
I last saw her alive on July 19, 1941, death is said to
have occurred on the date stated above, at 4:05 p.m.

Immediate cause of death: Duration

Cardiac Decompensation 6 weeks

Due to Arteriosclerotic Heart Disease ?

Due to Diabetes - Phlebitis ? yrs.
Endarteritis obliterans 3 weeks

Other conditions: Gangrene left lower leg 2 weeks
(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? 20
If so, specify

(Signed) D. Nathan Caplan M. D.
(Address) 1861 Huntington St. Date July 21, 1941

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

DATE OF BURIAL July 22, 1941

22 NAME OF FUNERAL DIRECTOR R.C. Kelly

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

PLACE OF DEATH

1

No.

2

(a) Residence. No. 179 Hermon

(Usual place of abode)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community 40 yrs.

mos.

days

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. 130

If death occurred in a hospital or institution,
give name of institution instead of street and number

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

Suffolk
Winthrop
(City or Town)

Winthrop Community Hospital

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

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

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 Mary Fopiano

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

67

years

7 IF STILLBORN, enter that fact here.

8

AGE

75

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

Building Contractor

10 Industry

Building

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF FATHER

unknown

PARENTS

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

unknown

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

17

Informant

Mary Noceti

(wife)

(Address)

179 Hermon St. Winthrop

Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 22, 1941
(Month) (Day) (Year)

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

Multiple Injuries

20 Accident, suicide or homicide (specify)

Date of occurrence

Accident
7/22/41

Where did injury occur?

Winthrop, Mass.
(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

Nature of injury

While at work?

From playground
Yes

Was there an autopsy?

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

If so, specify

Covering 7 days

(Signed)

(Address)

7/24/41

22 Calvary

Boston

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL July 24, 1941

19

23 NAME OF FUNERAL DIRECTOR

Michael Pilla
10 No. Bennett St., Boston

ADDRESS

Received and filed

July 29

19 41

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

DESCRIPTION (for unknown person).....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

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

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

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

RULES OF PRACTICE

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

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

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

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

PLACE OF DEATH		Suffolk (County)		Waltham (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registered No. 131	
1		No. 163 Strandway		St. {		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2		FULL NAME		Suella M. Guilford Gilbert		{		(If U. S. War Veteran, specify WAR)	
(a)		Residence. No. 92 Ocean Ave		St. Cranston R.I.		{		(If nonresident, give city or town and state)	
Length of stay:		In hospital or institution		(Specify whether)		years		months	
days		In this community		yrs. 1		mos. 1		days	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		6 DATE OF DEATH			
Female		white		MARRIED WIDOWED or DIVORCED Widowed		July 25 1941 (Month) (Day) (Year)			
7a 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		Frederick R. Gilbert		(Husband's name in full)		July 12 1941, to July 25 1941			
6 Age of husband or wife if alive		—		years		I last saw h. alive on July 25 1941, death is said			
7 IF STILLBORN, enter that fact here.		—		—		to have occurred on the date stated above, at 3:45 p.m.			
8 AGE		80 Years 11 Months 5 Days		If less than 1 day		Immediate cause of death			
9 Occupation:		none		Hours. Minutes		Cardiosclerosis			
10 or Business:		—		—		Due to Arteriosclerosis			
11 Social Security No.		none		—		Due to —			
12 BIRTHPLACE (City)		Chelsea Mass		—		Other conditions			
(State or country)		—		—		(Include pregnancy within 3 months of death)			
13 NAME OF FATHER		cannot be learned		—		Major findings:			
14 BIRTHPLACE OF FATHER (City)		—		—		Of operations			
(State or country)		—		—		Date of			
15 MAIDEN NAME OF MOTHER		—		—		Of autopsy			
16 BIRTHPLACE OF MOTHER (City)		—		—		What test confirmed diagnosis?			
(State or country)		—		—		20 Was disease or injury in any way related to occupation of deceased?			
17 Informant (Address)		John R. Gilbert (Son) 346 Bacon St Waltham		Relation, if any		If so, specify			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		—		—		(Signed) Mrs. Gilbert M. D.			
William D. Childress		—		—		(Address) 103 Huntington St Cambridge			
(Signature of Agent of Board of Health or other)		—		—		21 Place of Burial, Cremation or Removal (City or Town)			
Agent		—		—		DATE OF BURIAL July 28 1941			
(Official Designation)		—		—		22 NAME OF FUNERAL DIRECTOR T. Westworth & Sons Inc			
—		—		—		ADDRESS Waltham			
—		—		—		Received and filed July 29 1941			
—		—		—		(Registrar)			

A TRUE COPY ATTEST:

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 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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 6, 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

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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

PLACE OF DEATH

Suf-olk

(County)

Winthrop

(City or Town)

No. 279 River Rd



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. 132

8L (If death occurred in a hospital or institution,
(give its NAME instead of street and number)

2 FULL NAME Helen Francis Callahan

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

(a) Residence. No. 279 River Rd

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution
(Before death) (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)
MARRIED
WIDOWED
or DIVORCED Single

Female White

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 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 MinutesUsual
9 Occupation: OwnerIndustry
10 or Business: Hotel

11 Social Security No.

12 BIRTHPLACE (City) Florida
(State or country) Mass13 NAME OF
FATHER Jeremiah Callahan14 BIRTHPLACE OF
FATHER (City) Ireland
(State or country)15 MAIDEN NAME
OF MOTHER Catherine Burke16 BIRTHPLACE OF
MOTHER (City) Ireland
(State or country)17 Elizabeth Lunney
Informant (Address) 279 River Rd (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:

(Signature of Agent of Board of Health or other)

Health Officer 7/28/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHJuly - 26 - 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Jan. 1, 1941, to July 26, 1941
I last saw her alive on July 26, 1941, death is said to
have occurred on the date stated above, at 8:30 p.m.

Immediate cause of death

Carcinoma - Intestines
Broncho. Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

What test confirmed diagnosis? 0

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

(Signed)

(Address) 200 Washington St. Date July 27 1941 M. D.

21 Hillside No. Adams
Place of Burial, Cremation or Removal (City or Town) Mass

DATE OF BURIAL July 29 1941 19

22 NAME OF
FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed July 29, 1941

(Registrar)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Duration

IMPORTANT

1 year

8 days

IMPORTANT

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 33, Sec. 6.

RULES OF PRACTICE

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

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

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

Sufflok

(County)

Winthrop

(City or Town)

No. 134 Court Rd.



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 163

2 FULL NAME Frederick W Simson

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

(a) Residence. No. 134 Court 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 39 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 Margaret Douglas

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

Wife 58

years

7 IF STILLBORN, enter that fact here.

8

AGE 03

Years

6

Months

10

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Trainmen

Industry

10 or Business

N.Y. & N.H. & H. Railroad

11 Social Security No.

None

12 BIRTHPLACE (City)

Lynn

(State or country)

Mass.

13 NAME OF FATHER

George Simson

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Helen Greenlaw

16 BIRTHPLACE OF MOTHER (City)

Unknown

(State or country)

New York

17

Informant (Address)

Margaret Simson (Wife)

134 Court 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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 29, 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 15, 1941, to July 28, 1941

I last saw him alive on July 28, 1941, death is said to

have occurred on the date stated above, at 1:30 P.M.

Immediate cause of death adenocarcinoma

of rectum, metastases

to lungs and brain

Due to deep infection

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Biopsy, x-ray

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

If so, specify

(Signed) Robert K Gordon

M. D.

(Address) 44 Winthrop St.

Date 7-30-1941

21 Winthrop Winthrop

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

DATE OF BURIAL July 31, 1941

22 NAME OF FUNERAL DIRECTOR

ADDRESS Howard S. Reynolds

Received and filed July 31, 1941

(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 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).*

(3) Medical Examiners 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BROOKLINE

(City or town making return)

134

COPY OF
CERTIFICATE OF DEATH

Registered No. 380

PLACE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)

No. 1691 BEACON

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

2 FULL NAME MINNIE RUSKIN

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

(a) Residence, No. 34 TRIDENT AVENUE

(Usual place of abode)

St. WINTHROP, MASS.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution NURSING HOME years 1 months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED5a If married, widowed, or divorced
HUSBAND of(or) WIFE of Frank Ruskin
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days If less than 1 day Hours Minutes

Usual
9 Occupation: HousewifeIndustry
10 or Business: Own home

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Russia13 NAME OF
FATHER Abraham Bosick14 BIRTHPLACE OF
FATHER (City)
(State or country) Russia15 MAIDEN NAME
OF MOTHER (Unknown)16 BIRTHPLACE OF
MOTHER (City)
(State or country) Russia17 Informant Frank Ruskin (Husband)
(Address) 34 Trident Avenue, WinthropA TRUE COPY
ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 31, 19 41

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH July 30 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July 26, 19 41, to July 30, 19 41I last saw her alive on July 30, 19 41, death is said to
have occurred on the date stated above, at 7 P.m.Immediate cause of death
Cancer of uterus 9 mos.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsDate of
Of autopsy
What test confirmed diagnosis? Biopsy

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

If so, specify

(Signed) N. N. Levins M. D.
(Address) 30 Chambers St. Boston Date 7/31 19 4121 PLACE OF BURIAL, Tifereth Israel, Everett
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 31 19 41

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS BrooklineReceived and filed
(Registrar of City or Town where deceased resided)

COPIES OF RETURNS OF DEATHS RECORDED DURING THE PREVIOUS MONTH WHICH OCCURRED IN YOUR CITY OR TOWN IN CASES THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE MADE FORTHWITH AND TRANSMITTED ON FORM R-302 TO THE CLERK OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDED. (See Chap. 40, Sec. 12, G. L.)

50m (e)-1-41-4607



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 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

125

(City or town making return)

Registered No. 6380

PLACE OF DEATH

1

SUFFOLK
BOSTON

(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 Willard E Ingalls
(If deceased is a married, widowed or divorced woman, give also maiden name.)(H U. S.
War Veteran,
specify WAR)(a) Residence. No. 230 Pleasant St. Winthrop Mass
(Usual place of abode)

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 (write the word) MARRIED WIDOWED or DIVORCED married

6a If married, widowed, or divorced HUSBAND of Margaret M Kerrigan
(Give maiden name of wife in full)

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

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

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

9 Usual Occupation: clerk
Industry W P A Project
10 or Business:

11 Social Security No. 032-012-084

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

13 NAME OF FATHER Edwin W Ingalls

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

15 MAIDEN NAME OF MOTHER Elmina Dobbins

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

17 Informant Martha A Ingalls Relation if any (Address) dau

A TRUE COPY. Francis J Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 7/16/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 13 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 7/13/41, 19, to 7/13/41, 19.

I last saw h. 12 alive on 7/13/41, 19, death is said to have occurred on the date stated above, at 10/55 P.

Immediate cause of death. staphylococcus septicemia dys

Due to multiple

Due to

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

Major findings: Of operations Date of

Of autopsy Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

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

If so, specify H Benjamin M. D.
(Signed) Boston Date 7/14/41
(Address)21 PLACE OF BURIAL, Pine Grove Lynn
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 16 1941 19

22 NAME OF FUNERAL DIRECTOR C R Bennison

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)



AUG 13 1961 AM

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-10-39, No. 8427-f

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

BOSTON 136

(City or town making return)

Registered No. 6624

PLACE OF DEATH

1

(County)

(City or Town)

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

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

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

(a) Residence No. 45 Winthrop Shore Drive St. Winthrop Mass.
(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 fem 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 79 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) St John N B (State or country)

13 NAME OF FATHER Emmanuel Collyer

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

15 MAIDEN NAME OF MOTHER Mary J Crocker

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

17 Informant Mary T Collyer Relation, if any (Address) sister

A TRUE COPY.

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED 7/25/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/25/41, 19, to 7/23/41, 19.

I last saw her alive on 7/22/41, 19, death is said to have occurred on the date stated above, at 7:55A.m.

Immediate cause of death. Duration

broncho pneumonia 1 dy.

gen arterio sclerosis unk

Due to

Due to

Other conditions senile psychosis unk
(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) M R Simpson M. D.

(Address) Boston Date 7/23/41

21 PLACE OF BURIAL, Exeter Mass (City or Town)
CREMATION OR REMOVAL (Cemetery)

DATE OF BURIAL July 25 1941 19

22 NAME OF FUNERAL DIRECTOR C R Bennison

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)



AUG 12 1914

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-'39, 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 137

(City or town making return)

Registered No. 6840

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 Shirley F Brooks (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence, No. 39 Johnson Ave 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 male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED divorced (write the word)

5a If married, widowed, or divorced HUSBAND of Ruth Locke (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 55 Years 11 Months 28 Days If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business: Leather & Hides

11 Social Security No. 011-01-3888

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

13 NAME OF FATHER Eugene D Brooks

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

15 MAIDEN NAME OF MOTHER Sarah Whitney

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

17 Informant Sarah M Brooks Relation, if any (Address) (dau)

A TRUE COPY.

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

DATE FILED 8/2/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 30 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 7/27/41, 19, to 7/30/41, 19.

I last saw her alive on 7/30/41, 19, death is said to have occurred on the date stated above, at 8/05 P.m. Duration

Immediate cause of death: coronary thrombosis 1 yr

myocardial infarction

Due to acute ventricular failure das

Due to recent occlusion of cerebral artery-pulmonary infarction -hrs

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 7/31/1941

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

DATE OF BURIAL Aug 2 1941 19

22 NAME OF FUNERAL DIRECTOR C R Bennison

ADDRESS Lexington Mass

Received and filed 19 (Registrar of City or Town where deceased resided)



AUG 18 1941 AM

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-10-139, No. 8427-g

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return)

138

Registered No. 6819

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

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

(a) Residence. No. 49 49 Beacon 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 widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Alice J. 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 76 Years 10 Months Days If less than 1 day Hours Minutes

9 Occupation: retired

10 Industry or Business: roofing business

11 Social Security No.

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

13 NAME OF FATHER Luther Leighton

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

15 MAIDEN NAME OF MOTHER Caroline Kelly

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

17 Informant Ronald Leighton Relation, if any son (Address)

A TRUE COPY.

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

DATE FILED 8/1/41 19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH July 30 1941 (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 cardio vascular disease-

prostatic hypertrophy

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) W H Watters (Address) Boston Date 7/31/1941 M.D.

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

DATE OF BURIAL Aug 1 1941 19

23 NAME OF FUNERAL DIRECTOR C R Bennison

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)



AUG 18 1934 AM

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-10-10-30, No. 3427-1

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.

139

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

2 FULL NAME Henry J. Bates

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

26 Pico Avenue

St. Winthrop

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution. years 6 months 14 days.

(Specify whether)

(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 Hazel -----
(Give maiden name of wife in full)

(or) WIFE of -----
(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 61 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: typewriter repair man

10 Industry or Business: cannot be learned

11 Social Security No. -----
12 BIRTHPLACE (City) Somerville
(State or country)

13 NAME OF FATHER Louis Bates

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

15 MAIDEN NAME OF MOTHER Ruth Bailey

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

17 Informant. M.K. McPhillips Relation, if any
(Address) DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

8/2/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 31, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan. 17, 1941 to July 31, 1941

I last saw him alive on July 31, 1941 death is said to have occurred on the date stated above, at 2:15 p.m. Duration

Immediate cause of death. Generalized arteriosclerosis 2 yrs
Arteriosclerotic heart disease 2 yrs
Due to Bronchopneumonia 1 week

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? clinical

If so, specify -----
(Signed) Abraham Gardner

(Address) DSH Date 8/1/41 M. D.

21 PLACE OF BURIAL, Woodlawn Nahhua N.H.
CREMATION OR REMOVAL (Cemetery) 8/2/41 or Town

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR Charles H. Farwell

ADDRESS Nahhua, N.H.

Received and filed 19

(Registrar of City or Town where deceased resided)



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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 20 Faun Bar Avenue



The Commonwealth of Massachusetts
OFFICE 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.

140

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

2 FULL NAME Matthew James Owens

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

(a) Residence. No. 20 Faun Bar Avenue
(Usual place of abode)

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

Length of stay: In hospital or Institution (Before death) years months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 9 Months 16 Days If less than 1 day Hours Minutes

9 Occupation Advertising novelty business

Industry Self employed as above

11 Social Security No.

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

13 NAME OF FATHER Matthew Owens

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

15 MAIDEN NAME OF MOTHER Ellen Cavanaugh

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

17 Informant Mrs. Laura B. Owens (wife)
(Address) 20 Faun Bar Ave. Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 2 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 25, 1941, to Aug 1, 1941. I last saw him alive on Aug 1, 1941, death is said to have occurred on the date stated above, at 10:30 A.M.

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical Signs

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

(Signed) (Address) Date Aug 3 1941

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

DATE OF BURIAL August 4, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed

(Registrar)

Duration

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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 term, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 106 Circuit Road



The Commonwealth of Massachusetts
OFFICE 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. 141

2 FULL NAME Jane Gertrude (Hall) Rogers

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

(a) Residence. No. 106 Circuit Road
(Usual place of abode)

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

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution (Before death) years months days. In this community 41 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Milton C. Rogers
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 4 Months 2 Days If less than 1 day Hours Minutes

Usual Occupation: At home

Industry
10 or Business:

11 Social Security No.

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

13 NAME OF FATHER Augustus M. Hall

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

15 MAIDEN NAME OF MOTHER Agnes Douglas

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

17 Informant Milton C. Rogers (Address) 106 Circuit Rd. Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8/5/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 2 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

No medical attendance 19

I last saw him alive on 8/1/41, death is said to

have occurred on the date stated above, at 9 A.m.

Immediate cause of death: Natural causes

Due to: Presumably coronary occlusion

Due to: 8 hours

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

Diabetes mellitus

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) M. D.

(Address) Woodlawn Cemetery Clinton Mass

21 Place of Burial, Cremation or Removal. DATE OF BURIAL August 5, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

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

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

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

(3) Medical Examiners 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 1 year 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 BLACKINK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

301 A

PLACE OF DEATH
1 Suffolk (County)
Winthrop (City or Town)
No. 44 Irwin St.

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

(a) Residence. No. 44 Irwin St.
(Usual place of abode)

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 female	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED married
-----------------	--------------------------	---

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

6 Age of husband or wife if alive. 79 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 3 Months 25 Days If less than 1 day Hours Minutes

9 Occupation: housewife

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Fort Fairfield, Me.
(State or country)

PARENTS

13 NAME OF FATHER Daniel Turner

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

15 MAIDEN NAME OF MOTHER Not known

16 BIRTHPLACE OF MOTHER Canada
(State or country)

17 Informant Harry Blanchard Relation, if any husband
(Address) 44 Irwin 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) 8/12/41 (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. 142

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

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

18 DATE OF DEATH August 9, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19
I last saw him alive on 6:10 AM
to have occurred on the date stated above, at 6:10 AM
Immediate cause of death: Natural causes
Due to: Renewed arteriosclerosis
Due to: Chronic cardio-renal disease
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none
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, Me. Date 8-12-1941
21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug. 12 1941
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.)*

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

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

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

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

(3) Medical Examiners 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-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

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 PLACE OF DEATH No. <u>Danvers State Hospital</u> St. <u>Winthrop</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. <u>143</u>			
2 FULL NAME <u>Francis Thomas Smith</u> (If deceased was a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence, No. <u>7 Vine Ave.</u> St. <u>Winthrop</u> (Usual place of abode)		(If nonresident, give city or town and state)			
Length of stay: In hospital or institution <u>1</u> years <u>4</u> months <u>1</u> days (Specify whether)		In this community yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> <u>or DIVORCED</u> <u>separated</u>			
5a If married, widowed, or divorced HUSBAND of <u>cannot be learned</u> (Give maiden name of wife in full)					
(or) WIFE of <u>cannot be learned</u> (Husband's name in full)					
6 Age of husband or wife if alive <u>cannot be learned</u> years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>71</u> Years..... Months..... Days If less than 1 day Hours..... Minutes					
9 Occupation: <u>W P A</u>					
10 Industry or Business:					
11 Social Security No. <u>Cannot be learned</u>					
12 BIRTHPLACE (City) <u>England</u> (State or country)					
13 NAME OF FATHER <u>Cannot be learned</u>					
14 BIRTHPLACE OF FATHER (City) <u>England</u> (State or country)					
15 MAIDEN NAME OF MOTHER <u>Catherine Parr</u>					
16 BIRTHPLACE OF MOTHER (City) <u>England</u> (State or country)					
17 Informant <u>Mary K. McPhillips</u> Relation, if any (Address) <u>DSH</u>					
A TRUE COPY. <u>Attest: [Signature]</u>					
ATTEST: (Registrar of city or town where death occurred)					
DATE FILED <u>8/16/41</u> 19 <u>41</u>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>August 9, 1941</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from <u>July 5, 1941</u> to <u>Aug. 9, 1941</u>					
I last saw him alive on <u>Aug. 9, 1941</u> death is said to have occurred on the date stated above, at <u>7:20 P.M.</u> Duration					
Immediate cause of death <u>Generalized arteriosclerosis 2 yrs</u> <u>Arteriosclerotic heart dis.</u>					
Due to <u>Bronchopneumonia</u> 4 days					
Due to					
Other conditions (Include pregnancy within 3 months of death)					
Major findings: Of operations					
Of autopsy <u>clinical</u>					
What test confirmed diagnosis?					
20 Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Abraham Gardner</u> M. D.					
(Address) <u>DSH</u> Date <u>8/16/41</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop</u> (City or Town)					
DATE OF BURIAL <u>8/12/41</u> 19 <u>41</u>					
22 NAME OF FUNERAL DIRECTOR <u>Richard D. White</u>					
ADDRESS <u>Winthrop</u>					
Received and filed 19 <u>41</u>					
(Registrar of City or Town where deceased resided)					



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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

BOSTON NOTIFIED
SEP 10 1941



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.

144

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH

Suffolk
County
Winthrop
No.

Winthrop Community Hospital

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

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

(a) Residence, No. 650 Saratoga 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.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

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. Stillborn ✓

8 AGE Years Months 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 John Kirby

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

15 MAIDEN NAME OF MOTHER Mary McMullen

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

17 Informant John Kirby
(Address) 650 Saratoga 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
(Official Designation) 8/13/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 11 1941
(Month) (Day) (Year)

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

I last saw him alive on 19, death is said to have occurred on the date stated above, at 9:05 P.M. per Dr. Morgan

Immediate cause of death. Still Born Duration IMPORTANT

Due to Still Born 6 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 0 Physician

Date of Of autopsy 0 Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Fred O. Pegan 8/12/41 M. D.
(Address) 670 Saratoga St. East Boston Date 8/12/41

21 Place of Burial, Cremation or Removal. Wm. S. Childress Boston
DATE OF BURIAL Aug 13 1941

22 NAME OF FUNERAL DIRECTOR Fredrick J. Magrath
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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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.

SEP 10 1941

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

1

No. Station Hospital, Fort Banks, Mass.

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

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

Registered No.

145

2 FULL NAME NATHAN IRVING THOMPSON

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

(a) Residence. No. 30 Deane Road, Brookline, Mass. St.

(Usual place of abode)

hospital

0

0

8

(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.

8

days

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

6 Age of husband or wife if alive Dead --- years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years 0 Months 12 Days If less than 1 day Hours Minutes

Usual

9 Occupation: Farmer

Industry

10 or Business: Farming

11 Social Security No. ---

12 BIRTHPLACE (City) Orangeville, N. Y. (State or country)

13 NAME OF FATHER

Nathan Thompson

14 BIRTHPLACE OF FATHER (City)

Unknown -

(State or country)

New York

15 MAIDEN NAME OF MOTHER

Clavissa Elmer Hutchinson

16 BIRTHPLACE OF MOTHER (City)

Western, Oneida Co. N. Y.

(State or country)

17 Informant Mark L. Ireland, Col. MC Son-in-law (Address) Hq. 1st Corps Area, 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. Chulokey (Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

8/12/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 12 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 8, 1941, to August 12, 1941

I last saw him alive on August 12, 1941, death is said to have occurred on the date stated above, at 2:35 A.M.

Immediate cause of death Cerebral Hemorrhage Duration 8 da

Due to Cerebral arteriosclerosis ? ye

Due to Old age

Other conditions Chronic myocarditis with cardiac decompensation ? ye

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) Hyman O. Fisher M. D. (Address) Fort Banks Mass. Date Aug. 12 1941

21 Place of Burial, Cremation or Removal (City or Town) Hartford, Conn. DATE OF BURIAL Aug. 19, 1941

22 NAME OF FUNERAL DIRECTOR Vincent Munoz ADDRESS 254 Beach St. Revere

Received and Filed 8 19

A TRUE COPY ATTEST:

(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.

obtained as to the deceased, or 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 an agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

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

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

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

Registered No. **146**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 233 Pleasant St



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

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

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 233 Pleasant St
(Usual place of abode)

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

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 10 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 Sarah Jane Currie
(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 88 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Wood Turner

10 Industry or Business: Mill Work

11 Social Security No.

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

PARENTS

13 NAME OF FATHER Archibald McLaren

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

15 MAIDEN NAME OF MOTHER Margaret Stewart

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

17 Informant Ira J. McLaren (Relation if any)
(Address) 233 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. Childers
(Signature of Agent of Board of Health or other)

Health Officer 8/14/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 14, 1941.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 11, 1941 to August 14, 1941
I last saw him alive on August 14, 1941 death is said to
have occurred on the date stated above, at 1:00 p.m.

Immediate cause of death

Cerebral Hemorrhage

Duration

IMPORTANT

4 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?

IMPORTANT
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) Edward J. Granger M. D.
(Address) 200 Washington St Date Aug. 14, 1941

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 16 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Massachusetts

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

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

(3) Medical Examiners 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

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-10-39, No. 8427-f

PLACE OF DEATH

Norfolk
(County)Braintree
(City or Town)

No. 93 Oakland Road



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

Braintree

(City or town making return)

147

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Theodore H. Bartels
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 98 Reed
(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

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed5a If married, widowed, or divorced Lillian Aberle
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 64 Years - Months - Days If less than 1 day
Hours MinutesUsual
9 Occupation: Manufacturer Surgical
Industry Supplies
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country) Germany

13 NAME OF FATHER Cannot be learned

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

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City)
(State or country) Germany17 Informant Dr. Charles M. Tyler Relation, if any
(Address) 14 Ridge Rd. Milton

A TRUE COPY.

ATTEST: E. C. Woodson
(Registrar of city or town where death occurred)

DATE FILED August 15, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 15, 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from
August 13, 1941, to August 15, 1941I last saw him alive on August 15, 1941, death is said
to have occurred on the date stated above, at 11:00AMImmediate cause of death. Intestinal Obstruction 8/13/41
Duration

Due to

Due to

Other conditions Arteriosclerotic
(Include pregnancy within 5 months of death) Heart Disease

PHYSICIAN

Major findings: Underline
Of operations the cause to
which death
should be
charged sta-
tistically.

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) Harold W. Ripley M. D.

(Address) Braintree Date 8/15/1941

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

DATE OF BURIAL August 18, 1941

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons

ADDRESS Boston, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

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

100m-2-40-D-729-a

Suffolk
(County)
Winthrop
(City or Town)

No. 171 Revere St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Charles E. Broussard { (If U. S. War Veteran, specify WAR) **No.**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 171 Revere St. **Winthrop**
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. 30 years months days. **In this community 33** yrs. mos. days.
(Specify whether)

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

Registered No. **148**



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

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced, HUSBAND of **Roseetta E. Lynch**
(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 **65** Years. Months. Days. If less than 1 day Hours. Minutes

9 Usual Occupation: **Manager**
Industry or Business: **Diner (Lunch)**

11 Social Security No. **010-10-0707**

12 BIRTHPLACE (City) **Halifax**
(State or country) **U.S.**

PARENTS

13 NAME OF FATHER **Charles E. Broussard**

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

15 MAIDEN NAME OF MOTHER **Mary Mc Grath**

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH. **8** (Month) **17** (Day) **41** (Year)
per the call 9-9-41

19 I HEREBY CERTIFY, That I attended deceased from **8/16**, 19**41**, to **8/17**, 19**41**.
I last saw him alive on **8/17**, 19**41**, death is said to have occurred on the date stated above, at **5:15 p.m.**
Immediate cause of death. **Acute justitis** **24 hrs.**
Chronic Endocarditis
endocarditis

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) **H. J. Kelly** M. D.
(Address) **Winthrop** Date **8/19** 19**41**

21 **St. Joseph's, Boston**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **August 20,** 19**41**

22 NAME OF FUNERAL DIRECTOR **M. J. Kelly**
ADDRESS **11 Meridian St., B.B.**

Received and filed **AUG 22 1941** 19**41**
(Registrar)

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

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **8/19/41** (Date of Issue of Permit)

GOVERNING THE 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., (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.....

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

25m-2-40-D-729-b

1 PLACE OF DEATH
(County) Winthrop
(City or Town) 81 Pleasant St.
No. 81 81 Pleasant St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

(a) Residence. No. 81 Pleasant 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)

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

Registered No. 149

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	18 DATE OF DEATH Aug. 18 1941 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of <u>Lydia May MacDonald</u> (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.) <u>Pulmonary embolism, thrombosis, Dengue + parainfluenza from old ruptured atherosclerotic vessel</u>	
(or) WIFE of _____ (Husband's name in full)			20 Accident, suicide or homicide (specify) Date of occurrence <u>Aug 18 1941</u> Where did injury occur <u>subsequent to auto accident</u> (City or Town and State)	
6 Age of husband or wife if alive <u>66</u> years			Did injury occur in or about home, on farm, in industrial place, in public place? <u>in Saugus July 18 1941</u> (Specify type of place)	
7 IF STILLBORN, enter that fact here.			Manner of Injury _____ Nature of Injury _____	
8 AGE <u>67</u> Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____			While at work? _____ Was there an autopsy? <u>yes</u>	
9 Usual Occupation: <u>Salesman</u>			21 Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>W. H. Hatters</u> M. D. (Address) _____ Date <u>Aug 19 1941</u>	
10 Industry or Business: <u>Synthetic rubber company</u>			22 <u>Woodlawn Crematory</u> <u>Everett Mass</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>August 21, 1941</u>	
11 Social Security No. _____			23 NAME OF FUNERAL DIRECTOR <u>Charles R. Bennison</u> ADDRESS <u>Winthrop Mass</u>	
12 BIRTHPLACE (City) <u>Walden</u> (State or country) <u>Massachusetts</u>			Received and filed <u>Aug 22 1941</u> 19 _____ (Registrar)	
PARENTS	13 NAME OF FATHER <u>Alfred William Paine</u>			
	14 BIRTHPLACE OF FATHER (City) <u>Barnstable</u> (State or country) <u>Massachusetts</u>			
	15 MAIDEN NAME OF MOTHER <u>Marguerite E. Wall</u>			
16 BIRTHPLACE OF MOTHER (City) <u>New York</u> (State or country) <u>New York</u>				
17 Informant <u>Mrs. Lydia M. Paine (wife)</u> (Address) <u>81 Pleasant St Winthrop Mass</u> 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: <u>Wm. D. Childs</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> <u>8/20/41</u> (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 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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall he accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

DESCRIPTION (for unknown person).....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

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

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

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

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** 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)."

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH Suffolk (County) Stanthrop (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. 150 Registered No.
2 FULL NAME Joseph C. Bottencourt (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. 207 Pleasant (Usual place of abode) Length of stay: In hospital or institution no years months days. In this community - yrs. 2 mos. - days. (Before death) (Specify whether)	St. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) no (If nonresident, give city or town and State)		
3 SEX M	4 COLOR OR RACE St.	5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married	18 DATE OF DEATH August 19 1941 (Month) (Day) (Year)
5a If married, widowed or divorced HUSBAND of Maryell Sousa (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from no medical attendance for 4 years I last saw h. alive on 19 , death is said to have occurred on the date stated above, at 5:00 a. m. pharmacy Duration
6 Age of husband or wife if alive 60 years	7 IF STILLBORN, enter that fact here.		Immediate cause of death Natural causes Sudden heart failure Chronic myocarditis Cardiac cathema 10 years
8 AGE 68 Years Months Days If less than 1 day Hours Minutes	9 Occupation: Laborer		Due to
10 Industry or Business: Handy Factory	11 Social Security No. 012-09-9304		Due to
12 BIRTHPLACE (City) (State or country) Portugal	13 NAME OF FATHER Caetano Bottencourt		Other conditions (Include pregnancy within 3 months of death)
14 BIRTHPLACE OF FATHER (City) (State or country) Portugal	15 MAIDEN NAME OF MOTHER Unknown		Major findings: Of operations none Date of — Of autopsy none What test confirmed diagnosis? —
16 BIRTHPLACE OF MOTHER (City) (State or country) Portugal	17 Informant Mary C. Bottencourt Relation, if any Wife (Address) 207 Pleasant St. Stanthrop		20 Was disease or injury in any way related to occupation of deceased? no If so, specify Chronic myocarditis (Signed) John C. Kirby M. D. (Address) Wentworth Board of Health Date 8-21-19
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Quilley (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/22/41 (Date of Issue of Permit)			21 Holy Cross Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Aug 22 1941
22 NAME OF FUNERAL DIRECTOR W. D. Kirby ADDRESS Boston			Received and filed AUG. 22 1941 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

death. . . . Gen. Laws, Chap. 40, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. C. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

SEP 10 1941

Suffolk

(County)

Boston

(City or Town)

No. Station Hospital, Fort Banks, Mass.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registered No. 151

2 FULL NAME HENRY SHAFER SCHERMERHORN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) Spanish World

(a) Residence. No. 252 North Street, Boston, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

length of stay: In hospital or institution Hospital years months 6 days. In this community 14 yrs. mos. days.
(Specify whether)

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 Jennie Soucy
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years - Months 5 Days If less than 1 day Hours Minutes

9 Usual Occupation: Soldier

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Brooklyn, New York
(State or country)

13 NAME OF FATHER Gilbert Schermerhorn

14 BIRTHPLACE OF FATHER (City) New York, N. Y.
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Lowcomb

16 BIRTHPLACE OF MOTHER (City) New York
(State or country)

17 Informant Henry Schermerhorn Jr. Relation, if any (Address) 252 North Street, 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 or other)

Health Officer (Official Designation) 8/22/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 22 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 18, 1941, to August 22, 1941.

I last saw him alive on August 22, 1941, death is said to have occurred on the date stated above, at 12:30 am.

Immediate cause of death: Hypertension, chronic, severe

Due to Hypertension, chronic

Due to

Other conditions Hypertension, chronic

(Include pregnancy within 3 months of death)

Major findings: None performed

Of operations

Of autopsy None performed

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hyman B. Fisher M. D.

(Address) Fort Banks, Mass. Date Aug 22 1941

21 Mt. Hope Cemetery Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 25 1941

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Son

ADDRESS Boston, Mass

Received and Filed AUG 26 1941

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.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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. 48, 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

Per. Dr. Springfield 9-5-41

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **152**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
480 Winthrop St
No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Male McIlroy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 480 Winthrop 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 yrs. mos. days.
(Before death) (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. Stillborn ✓
8 AGE Years Months Days If less than 1 day
Hours 10 Minutes

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Winthrop
Massachusetts

13 NAME OF
FATHER John Joseph McIlroy

14 BIRTHPLACE OF
FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME
OF MOTHER Louise Cordes

16 BIRTHPLACE OF
MOTHER (City) Malden
(State or country) Massachusetts

17 Informant James J. McIlroy (Relation, if any)
(Address) 480 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 23 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 23, 1941, to August 23, 1941.

I last saw him alive on Aug 23, 1941, death is said to
have occurred on the date stated above, at 1245 P.m.

Immediate cause of death 5 months
premature fetus Duration
IMPORTANT

Due to prematurity

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations: Physician

Date of 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) Dr. J. F. O'Malley M. D.
(Address) 72 Winthrop St Date 8-23 1941

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 23 1941 41

22 NAME OF
FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed AUG 26 1941 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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Statement of Occupation.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **153**

1 PLACE OF DEATH

No. **25 Lincoln Terrace** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Alice S Greeley**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **25 Lincoln Terrace** St. (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.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) **None**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) MARRIED **Widowed** WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of **John S Greeley** (Give maiden name of wife in full) (or) WIFE of **John S Greeley** (Husband's name in full)

6 Age of husband or wife if alive **Deceased** years

7 IF STILLBORN, enter that fact here.

8 AGE **71** Years Months Days If less than 1 day Hours Minutes

Usual Occupation: **at Home**

Industry or Business: **None**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Boston** (State or country) **Mass**

PARENTS

13 NAME OF FATHER **Peter Kennedy**

14 BIRTHPLACE OF FATHER (City) **Ireland** (State or country)

15 MAIDEN NAME OF MOTHER **Ann Mc Gurn**

16 BIRTHPLACE OF MOTHER (City) **Ireland** (State or country)

17 Informant **Joseph Greeley** Relation if any **Son** (Address) **25 Lincoln Terrace**

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) **8/26/41** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 25, 1941**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **August 21, 1941** to **August 21, 1941**
I last saw her alive on **August 21, 1941**, death is said to have occurred on the date stated above, at **7:30 A.M.**

Immediate cause of death **Heart failure**

Due to **Chronic myocarditis**

Due to **Generalized arteriosclerosis**

Other conditions **None**

(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations **none**

Date of **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 **none**

(Signed) **Wm. S. Childers** M. D.

(Address) **17 Bennington St Boston** Date **8/25/41**

21 Place of Burial, **Cremation or Removal** (City or Town)

DATE OF BURIAL **August 27, 1941**

22 NAME OF FUNERAL DIRECTOR **P. C. Kelly**

ADDRESS **17 Bennington St Boston**

Received and filed **8/26/41** 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

SEP 10 1941

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Per Mrs. McLaughlin
4-4-41

PLACE OF DEATH

Suffolk
County
Wentworth
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 154

1 No. 141 Bay View Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James E Nolan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 7 Curt St. St. Woburn (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. 2 days. (Specify whether)

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 Harkins (Give maiden name of wife in full)

(or) WIFE of Harkins (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

Usual Occupation: Retired

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Woburn Mass (State or country)

13 NAME OF FATHER James Nolan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Bridget Haffegan

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Margaret Nolan (wife) (Address) 7 Curt St Woburn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm B. Childress (Signature of Agent of Board of Health or other)

Health Officer 8/26/41 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 26, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at 6:30 A.M.

Immediate cause of death Pharyngeal cancer

Presumably cancer of throat

Due to Chronic myocarditis 17 yrs

Due to Generalized arteriosclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none Date of

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D. (Address) Date 8/26/41

21 Place of Burial, Cremation or Removal Woburn (City or Town)

DATE OF BURIAL Aug 28, 1941

22 NAME OF FUNERAL DIRECTOR B. C. McLaughlin

ADDRESS 54 Pleasant St Woburn

Received and filed AUG 26 1941 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **155**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. *45 Marshall*

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Lerdinand F. Shields*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *NO*

(a) Residence, No. *45 Marshall*
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution *C. T. Home* years
(Before death) (Specify whether)

months days. In this community *8* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Married*
WIDOWED
or DIVORCED

13 DATE OF DEATH *August 26, 1941*
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of *Jeanette Schauke*
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY That I attended deceased from
Had been cared for by Dr. Murray
I last saw him *alive on 15th* death is said to
have occurred on the date stated above, at *9:45 P.M.*

6 Age of husband or wife if alive *85* years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE *77* Years Months Days | If less than 1 day
Hours Minutes

traumatically coronary occlusion
Due to *chronic myocarditis* *hours*

Usual
9 Occupation: *tailor*

Due to *generalized arterio-*
sclerosis

Industry
10 or Business: *own shop*

11 Social Security No. *none*

12 BIRTHPLACE (City)
(State or country) *Cambridge, Mass.*

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

13 NAME OF FATHER *Ferdinand Shields*

14 BIRTHPLACE OF FATHER (City)
(State or country) *Ireland*

Date of
Of autopsy
What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER *Ellen Mc Carrioch*

16 BIRTHPLACE OF MOTHER (City)
(State or country) *Ireland*

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify
(Signed) *Arthur C. Murray* M. D.
(Address) *100 West 10th St. Boston* Date *8-27-1941*

17 Informant *Thomas J. Shields* (Relation, if any)
(Address) *36 Cornell St. Quincy*

21 *New Calvary* *Boston*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *August 27, 1941*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR *Bernard Kelly Han*
ADDRESS *310 Bowdoin St. Dor.*

(Signature of Agent of Board of Health or other)

Received and filed *8-27-1941*

(Official Designation) (Date of Issue of Permit) *8/27/41*

(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.

25m-2-40-D-729-b

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Winthrop
 No. Lin Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Garrett (John M. Garrett) { (If U. S. War Veteran, specify WAR).....

(a) Residence. No. 16 Wilshire St. { (If nonresident, give city or town and state)

Length of stay: In hospital or institution 14 years 2 months 13 days. In this community 15 yrs. mos. days.
 (Specify whether)

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 156

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Widowed
 MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced—
 HUSBAND of unable to obtain
 (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 88 Years _____ Months _____ Days _____ If less than 1 day
 Hours _____ Minutes _____

9 Occupation: Laborer (retired)
 Industry _____
 10 or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) St. John
 (State or country) New Brunswick

13 NAME OF FATHER Samuel Garrett

14 BIRTHPLACE OF FATHER (City) _____
 (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary McKinkin

16 BIRTHPLACE OF MOTHER (City) _____
 (State or country) Unable to obtain

17 Informant Fred Gillespie (Address) 16 Wilshire St Winthrop Mass
 Relation, if any (nephew)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 27 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
pulmonary infarction, broncho-pneumonia & abscess formation

20 Accident, suicide or homicide (specify)
 Date of occurrence June 14 19 41
 Where did injury occur? Winthrop, Mass
 (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?
Shed (Specify type of place)

Manner of Injury Struck by auto
 Nature of Injury fractures of leg & thumb bones
 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) Ed H. Callahan M. D.
 (Address) _____ Date Aug 27 19 41

22 Winthrop Cemetery Winthrop
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 30, 1941 19 _____

23 NAME OF FUNERAL DIRECTOR Charles R. Bennison
 ADDRESS Winthrop Mass

Received and filed _____ 19 _____
 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/29/41 (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).*

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 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

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. **157**

1 PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. *Wentworth Community Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *George Frederick Powers*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. *779 - Shirley*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution *Wentworth* years *X* months *6* days.
(Before death) (Specify whether)

In this community *22* yrs. *X* mos. *X* days.

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 *Jennie Campbell Butler*
(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 *64* Years *X* Months *10* Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: *Retired*

Industry
or Business: *Retail Grocer*

11 Social Security No.

12 BIRTHPLACE (City) *Thomaston*
(State or country) *Maine*

13 NAME OF FATHER *George W. Bowers*

14 BIRTHPLACE OF FATHER (City) *Thomaston*
(State or country) *Maine*

15 MAIDEN NAME OF MOTHER *Ellen Mank*

16 BIRTHPLACE OF MOTHER (City) *unable to obtain*
(State or country) " " "

17 Informant *Mrs. Geo. F. Bowers* (Relation, if any)
(Address) *779 Shirley St. Wentworth 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. Chubbuck
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *9/3/41* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *August 30 1941*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 20, 1941 to *August 30, 1941*

I last saw him alive on *August 13, 1941* death is said to
have occurred on the date stated above, at *4:30 P* m.

Immediate cause of death

Acute intestinal obstruction *240*

Due to *Volulus* *240*

Due to *Volulus*

Other conditions *Bronchopneumonia* *36*
(Include pregnancy within 3 months of death)

Major findings: *Volulus* *IMPORTANT*
Of operations

Date of *August 30/41* Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? *X*
If so, specify *Edward J. Traynor* M. D.
(Signed) (Address) *200 W. Washington St.* Date *Sept. 1, 1941*

21 *J. A. Thompson* M.D.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Sept 5-41* *So. Thomaston Me* 19*41*

22 NAME OF FUNERAL DIRECTOR *Chas R. Bennett*
ADDRESS *Wentworth Mass*

Received and filed *9/3/41* 19*41*

(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

2-201 A
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

Subsok
(County)
Waltham
(City or Town)

2

FULL NAME

16 Wheelock
Hilda Svensson Thompson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a)

Residence. No.

16 Wheelock
(Usual place of abode)

Length of stay: In hospital or institution

—

years

months

days.

In this community

15

yrs.

mos.

days.

103m-10-39. No. 8427-e

103m-10-39. No. 8427-e

1

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

Theodore Thompson
(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

11

Months

9

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)

Sweden

13 NAME OF FATHER

?

Svensson

14 BIRTHPLACE OF FATHER (City)

(State or country)

Sweden

15 MAIDEN NAME OF MOTHER

?

Stang

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Sweden

17

Informant (Address)

Mrs. Elsie Chapman
16 Wheelock St.

Relation, if any

(Law,)

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)

8/2/41
(Date of Issue of Permit)

18

DATE OF DEATH

August 31 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY.

That I attended deceased from

Aug 14 1941 to Aug 31 1941

I last saw h. or alive on Aug 30 1941

death is said to have occurred on the date stated above, at 6:45a.m.

Immediate cause of death

Hypostatic pneumonia

Due to Cerebral hemorrhage

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) H. G. Dickinson M. D.

(Address) Waltham Mass

Date Aug 31, 1941

21

Place of Burial, Cremation or Removal

Handlans Everd

DATE OF BURIAL

Sept 2 1941

22 NAME OF FUNERAL DIRECTOR

Frank W. Brown

ADDRESS

11 Pembroke St. Medford

Received and filed

1941

19

Registered No.

158

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

Duration

IMPORTANT

Aug 24 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
8/2/41
(Date of Issue of Permit)

Received and filed 1941 19
(Registrar)

SPACE FOR ADDITIONAL INFORMATION

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the 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*.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)
Dorchester (City or Town)
No. *Dorchester Community Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Abraham Steinman* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *115 Congress Ave* St. *Chelsea, Mass*
(Usual place of abode)
Length of stay: In hospital or institution (Specify whether) _____ years _____ months _____ days. In this community _____ yrs. _____ mos. _____ days.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registered No. *159*

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX *m* 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
9 Usual Occupation: _____ Industry _____
10 or Business: _____
11 Social Security No. _____
12 BIRTHPLACE (City) *Dorchester* (State or country) *Mass.*
PARENTS
13 NAME OF FATHER *Abraham Steinman* 14 BIRTHPLACE OF FATHER (City) *Russia* (State or country) _____
15 MAIDEN NAME OF MOTHER *Maele Gertman* 16 BIRTHPLACE OF MOTHER (City) *Russia* (State or country) _____
17 Informant _____ 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:
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH *January 27, 1941*
(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. Duration _____
Immediate cause of death _____
Due to *Prematurity (6 months)*
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) *Samuel O. Levan* M. D.
(Address) *27 E. 8th St. Boston, Mass.* Date *19*
21 Place of Burial, Cremation or Removal *Research purposes* (City or Town) _____
DATE OF BURIAL *Research purposes* 19____
22 NAME OF FUNERAL DIRECTOR *Samuel O. Levan* ADDRESS *father & proper authorities*
Received and filed *Jan 28 1941* 19____
A TRUE COPY ATTEST: (Registrar)

See Mr. Butler

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. 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

#21 - Sent to Tufts Medical School
for a complete record - permission
obtained from father & mother
- 10/10/1911

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. 8427-1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON 160
(City or town making return)

Registered No. 6977

PLACE OF DEATH

(County) SUFFOLK
(City or Town) Boston

No. Mass General Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary DiVita
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 287 Main 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 fem 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 Vincenzo DiVita
(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 44 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation:

Industry dressmaker
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF FATHER Giuseppe Lamposana

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Anna DiVita

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant husband Relation, if any
(Address)

A TRUE COPY Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 8/8/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 4 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 8/4/41, 19, to 8/4/41, 19.

I last saw her alive on 8/4/41, 19, death is said to have occurred on the date stated above, at 11/46A.M. Duration

Immediate cause of death cerebral hemorrhage 17 hrs

Due to vascular nephritis { 5 yrs

Due to hypertensive heart dis {

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) Stewart Hamilton M. D.

(Address) Boston Date 8/4/ 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass
(Cemetery) (City or Town)

DATE OF BURIAL Aug 7 1941 19

22 NAME OF FUNERAL DIRECTOR A Sementa

ADDRESS Boston

Received and Filed 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-10-139, No. 8427-4

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



Littleton
(City or town making return)
Registered No. **161**

1 PLACE OF DEATH
Middlesex (County)
Littleton (City or Town)
No. *Graton Road*

2 FULL NAME *Wallace S. Wyman*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *6 Triton Ave.* St. *Winthrop, Mass.*
(Usual place of abode)
Length of stay: In hospital or institution..... years months days. (Specify whether)
In this community yrs. *2* mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <i>Widowed</i>
5a If married, widowed, or divorced HUSBAND of <i>Salina Belcher</i> (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>84</i> Years <i>8</i> Months <i>24</i> Days If less than 1 day Hours Minutes		
9 Usual Occupation: <i>Fisherman</i>		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) <i>East Boston</i> (State or country) <i>Mass.</i>		
13 NAME OF FATHER		
14 BIRTHPLACE OF FATHER (City) <i>Jerome B. Wyman</i> (State or country) <i>Boston, Mass.</i>		
15 MAIDEN NAME OF MOTHER <i>Elija Jane Marsh</i>		
16 BIRTHPLACE OF MOTHER (City) <i>Newburyport</i> (State or country) <i>Mass.</i>		
17 Informant (Address) <i>Mrs. James Stewart</i> Relation <i>Son</i> <i>Graton Road Littleton, Mass.</i>		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <i>August 5</i> 19 <i>41</i> (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from <i>June 27</i> , 19 <i>41</i> , to <i>August 5</i> , 19 <i>41</i> . I last saw him alive on <i>August 5, 1941</i> , death is said to have occurred on the date stated above, at <i>7:45 p.m.</i> Duration Immediate cause of death <i>Myocarditis</i> <i>1 yr.</i> Due to <i>Multiple carcinoma</i> <i>3 yrs.</i> Due to
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Of autopsy What test confirmed diagnosis? <i>Clinical Signs</i>	
20 Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify (Signed) <i>James D. Christie</i> M. D. (Address) <i>Littleton, Mass.</i> Date <i>Aug. 5, 1941</i>	
21 PLACE OF BURIAL CREMATION OR REMOVAL <i>Winthrop Cem. Winthrop</i> (Cemetery) (City or Town)	
DATE OF BURIAL <i>Aug. 7</i> 19 <i>41</i>	
22 NAME OF FUNERAL DIRECTOR <i>Frank E. Wade</i> ADDRESS <i>101 Winthrop St. Lowell, Mass.</i>	
Received and Filed <i>Aug. 6</i> 19 <i>41</i> <i>W. Channing Brown</i> (Registrar of City or Town where deceased resided)	

A TRUE COPY
ATTEST: *W. Channing Brown*
(Registrar of city or town where death occurred)
DATE FILED *August 6* 19*41*

SEP 19 1911 PM

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

162

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 7243

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 William Vazquez
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 6 Jefferson 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 married (write the word)

5a If married, widowed, or divorced Ella M Laws
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. 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 9 Months 6 Days If less than 1 day Hours Minutes

9 Usual Occupation: laborer (retired)

10 Industry or Business: Glue Co

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER Jose Vazquez

14 BIRTHPLACE OF FATHER (City) Cuba
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Lang

16 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)

17 Informant wife (Address) (Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED 8/20/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 17 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 8/16/41, 19....., to 8/17/41, 19.....

I last saw him alive on 8/17/41, 19....., death is said to have occurred on the date stated above, at 12/35 P.m. Duration

Immediate cause of death. anemia 3 wks

Due to gastro-intestinal hemorrhage "

Due to carcinoma of stomach 4-8 yrs

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) W T S Thorndike M. D.

(Address) Boston Date 8/18/19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass
(Cemetery) (City or Town)

DATE OF BURIAL Aug 20 1941 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop

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.)

50m-10-139, No. 8427-f

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

163

(City or town making return)

Registered No. 7484

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 Patrick O Carroll
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 497a 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 male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Josephine McClair
(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 Usual Occupation: salesman

10 Industry or Business: advt

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER Joseph Carroll

14 BIRTHPLACE OF FATHER (City) Boston
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)
(State or country)17 Informant Rob't Carroll (son) Relation, if any
(Address)A TRUE COPY. Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)
9/2/41

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 28 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 8/1/41, 19, to 8/28/41, 19

I last saw him alive on Aug 19, 41, death is said to have occurred on the date stated above, at 1/18A m. Duration

Immediate cause of death. resolving broncho pneumonia 7 wk

Due to and septicemia 7 wks

Due to

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Paget's disease

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

(Signed) S Hamilton M. D.
(Address) Boston Date 8/28/19 4121 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Aug 30 1941 19

22 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop

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.)

50m-10-39, No. 8427-f

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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 NOTICES

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 161

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 Thomas F. Haley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) NO

(a) Residence. No. 65 St. Andrew Road St. East Boston
(Usual place of abode)

Length of stay: In hospital or institution Hospital years X months 15 days
(Specify whether) (per Dr. Adams) In this community yrs. 4 mos. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE (write the word) <u>MARRIED</u> MARRIED WIDOWED or DIVORCED
5a If married, widowed or divorced HUSBAND of <u>Susan G. McGovern</u> (Give maiden name of wife in full)		
(or) WIFE of <u>Thomas F. Haley</u> (Husband's name in full)		
6 Age of husband or wife if alive <u>61</u> years		
7 IF STILLBORN, enter that fact here.		
8 AGE <u>63</u> Years Months Days If less than 1 day Hours Minutes		
9 Occupation: Usual <u>Electrical Engineer</u>		
10 Industry or Business: <u>Dept. of School Building</u>		
11 Social Security No. <u>None</u>		
12 BIRTHPLACE (City) <u>Boston</u> (State or country) <u>Massachusetts</u>		
13 NAME OF FATHER <u>Jeremiah Haley</u>		
14 BIRTHPLACE OF FATHER (City) <u>Bangor</u> (State or country) <u>Maine</u>		
15 MAIDEN NAME OF MOTHER <u>Mary A. Harney</u>		
16 BIRTHPLACE OF MOTHER (City) <u>Boston</u> (State or country) <u>Massachusetts</u>		

17 Informant Mrs. Susan G. Haley Relation if any Wife
(Address) 65 St. Andrew Rd., East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chilcote
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 9/4/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 2 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 17 1941 to September 2 1941

I last saw him alive on Sept. 2 1941, death is said to have occurred on the date stated above, at 9:15 A.M.

Immediate cause of death Acute pyelo-nephritis Duration 1 mo

Due to Uremia 3 day

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 lab.

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Jacob P. Adams M. D.
(Address) 362 Maple St. East Boston Date Sept 4 1941

21 Holyhood Cemetery, Brookline
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 5 1941 19

22 NAME OF FUNERAL DIRECTOR P. C. Murray

ADDRESS 54 Roxbury Street, Rox.

Received and filed SEP 8 1941 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 supposable 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d).1-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 165

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 19 Buckthorne Terrace



2 FULL NAME John Stahl Royal
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 19 Buckthorne Terrace
(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 25 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

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 Katherine Mildred Hatch
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years X Months 1 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Insurance manager

10 Industry or Business: Gilmore Rother Co.

11 Social Security No. 012-05-5586

12 BIRTHPLACE (City) Bath
(State or country) Maine

PARENTS

13 NAME OF FATHER Roscoe Royal

14 BIRTHPLACE OF FATHER (City) Bath
(State or country) Maine

15 MAIDEN NAME OF MOTHER Mary Montaire

16 BIRTHPLACE OF MOTHER (City) Bath
(State or country) Maine

17 Informant Mrs. John S. Royal (Wife)
(Address) 19 Buckthorne Terrace Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

W. S. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 9/4/41
Official Designation

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 2 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on 19, death is said to
have occurred on the date stated above, at 10:10 A.m.

Immediate cause of death: Duration

Natural causes IMPORTANT

Sudden heart failure

Due to Sudden heart failure

Due to Coronary artery disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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) M. D.

(Address) Date 9/3 1941

21 Riverview Cemetery Saugus Mass

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 4, 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Wintrop Mass

Received and filed 8 1941 19

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for sail purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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 term, 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **166**1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)No. **21 Woodside Ave.** St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Alfred Puorro**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. **21 Woodside Ave.** St. **Winthrop**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community 10 yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Single**
WIDOWED
or DIVORCED5a 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 **15** Years Months Days If less than 1 day
Hours Minutes9 Usual Occupation: **None Disabled**

10 Industry or Business:

11 Social Security No. **None**12 BIRTHPLACE (City)
(State or country) **E. Boston Mass.**13 NAME OF
FATHER **Antonio Puorro**14 BIRTHPLACE OF
FATHER (City)
(State or country) **Italy**15 MAIDEN NAME
OF MOTHER **Maddie Ruggero**16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Boston Mass.**17 Informant **Antonio Puorro** Relation, if any
(Address) **21 Woodside Ave. Father**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 9/8/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF
DEATH **Sept 5 1941**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Sept 5 1941 to **Sept 5 1941**I last saw him alive on **Sept 5 1941**, death is said tohave occurred on the date stated above, at **6 P.m.** Duration
Immediate cause of death**Brain Tumor** **8 years**

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)Major findings: **Brain Tumor - Dx**
Of operations **Children's Hospital** Date of **1937**Of autopsy
What test confirmed diagnosis? **Pathological**20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify(Signed) **Charles J. Cataldo** M. D.
(Address) **42 Byron St. B.B.** Date **9-8-1941**21 **Holy Cross Cem. Malden**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Sept 8 1941**22 NAME OF
FUNERAL DIRECTOR **Joseph J. Senguta**
ADDRESS **215 North St. Boston**Received and filed **SEP 8 1941** 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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. Ocean near Great Head 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. 167

2 FULL NAME George Michael McLaughlin
(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. 132 Locust St Winthrop 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 10 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 10 Years 3 Months - Days If less than 1 day Hours Minutes

9 Occupation: Student

10 or Business: School

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER James McLaughlin

14 BIRTHPLACE OF FATHER (City) Newton (State or country) Mass.

15 MAIDEN NAME OF MOTHER Catherine O'Gara

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Catherine McLaughlin (Address) 132 Locust St Winthrop Relation, if any mother

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent Sept. 20/41 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 7 - 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Drowning

20 Accident, suicide or homicide (specify) accidental Date of occurrence Sept. 7 1941

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? ocean

Manner of Injury Home made boat upset (Specify type of place)

Nature of Injury in

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 F. O'Malley M. D.

(Address) Boston Date 20-1941

22 Place of Burial, Cremation or Removal Winthrop (City or Town)

DATE OF BURIAL Sept 21 1941

23 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed Sept 24 1941 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 other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

(3) Medical Examiners will investigate and certify to all deaths 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.

25m-2-40-D-729-b

PLACE OF DEATH

S. Suffolk
(County)Winthrop
(City or Town)

No. Ocean Ave. West Head Winthrop St.

2 FULL NAME: Theresa Mary McLaughlin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 132 Locust St. Winthrop St.
(Usual place of abode)Length of stay: In hospital or institution _____ years _____ months _____ days.
(Specify whether) In this community 8 yrs. mos. days.To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 168

{ (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 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 8 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes

9 Occupation: Student

10 or Business: School

11 Social Security No. _____

12 BIRTHPLACE (City) Winthrop Mass.
(State or country)

13 NAME OF FATHER James M. McLaughlin

14 BIRTHPLACE OF FATHER (City) Newton
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Catherine O'Sara.

16 BIRTHPLACE OF MOTHER (City) Ireland.
(State or country)17 Informant: Catherine M. McLaughlin (Mother)
(Address) 132 Locust St.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 7 - 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully.)

Drowning

20 Accident, suicide or homicide (specify) accidental
Date of occurrence Sept 7, 1941 19Where did Injury occur? Winthrop
(City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) Home

Manner of Injury Home made boat upset

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) M. D.

(Address) Date 9/19 1941

22 Place of Burial, Cremation or Removal Winthrop
(City or Town)

DATE OF BURIAL Sept 21 1941

23 NAME OF FUNERAL DIRECTOR John F. O'Malley

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).*

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)."

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

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 81 Main



The Commonwealth of Massachusetts
OFFICE 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. 169

2 FULL NAME Lillian Elizabeth Amelia Fahlander
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 81 Main
(Usual place of abode)

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
If so specify WAR)

Length of stay: In hospital or institution. — years months days. In this community 23 yrs. mos. days.
(Before death) (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 57 Years 10 Months 7 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Worcester
(State or country) Massachusetts

13 NAME OF FATHER August W. Fahlander

14 BIRTHPLACE OF FATHER (City) Stockholm
(State or country) Sweden

15 MAIDEN NAME OF MOTHER Alma Amelia Jasson

16 BIRTHPLACE OF MOTHER (City) Stockholm
(State or country) Sweden

17 Informant Alma A. Fahlander (Sister)
(Address) 81 Main St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 9 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 30, 1941 to Sept 9, 1941
I last saw her alive on Sept 8, 1941, death is said to
have occurred on the date stated above, at 12:30 A.M.

Immediate cause of death.

Terminal bronchopneumonia
Due to General debility

Due to Shock 12 years ago

Other conditions Carcinoma of breast 18 mo.
(Include pregnancy within 3 months of death)

Major findings: Of operations see reverse side
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) Arthur J. Brennan, M. D.
(Address) Massachusetts Date 9-12-1941

21 Swedish Cemetery Worcester Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL September 12, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed. 19

SEP 15 1941

(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies, and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

History obtained from family:
patient had chest pain for several days at 2 o'clock on Sept 18 years ago; a "tumor" was found shortly after that time; she had a "stroke" and was unable to move since; confined to bed for 2 years. She has been the same Kelly patient for 2 years.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 100 Quincy Ave		Winthrop		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 170	
2 FULL NAME Florence Emma Baker (If deceased is a married, widowed or divorced woman, give also maiden name.)												PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) no	
(a) Residence, No. 100 Quincy Ave Winthrop St. (Usual place of abode)												(If nonresident, give city or town and State)	
Length of stay: In hospital or Institution (Before death) (Specify whether)												years months days. In this community yrs. 9 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 55 Years 3 Months 8 Days If less than 1 day Hours Minutes													
9 Occupation: dancing teacher													
10 Industry or Business: herself													
11 Social Security No. none													
12 BIRTHPLACE (City) Boston (State or country) Massachusetts													
13 NAME OF FATHER		Peter Edgar Baker											
14 BIRTHPLACE OF FATHER (City)		Dennis											
15 MAIDEN NAME OF MOTHER		Emma Hay											
16 BIRTHPLACE OF MOTHER (City)		Boston											
17 Informant (Address)		Edith P Baker 100 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. (Signature of Agent of Board of Health or other) Wm. D. Childress (Official Designation) 170. (Date of Issue of Permit) Sept. 13/41.													
MEDICAL CERTIFICATE OF DEATH													
18 DATE OF DEATH September 11 1941 (Month) (Day) (Year)													
19 I HEREBY CERTIFY, That I attended deceased from Dec 6 1940, to Sept 11 1941. I last saw her alive on Sept 11 1941, death is said to have occurred on the date stated above, at 4 ¹⁰ P. m.													
Immediate cause of death. Carcinoma of lungs. Duration IMPORTANT 6 mos.													
Due to Carcinoma of rt breast. 20 mos.													
Due to													
Other conditions. (Include pregnancy within 3 months of death)													
Major findings: Adenocarcinoma of breast & axillary glands. Date of 12/20/40. Of autopsy axillary. What test confirmed diagnosis?													
20 Was disease or injury in any way related to occupation of deceased? If so, specify													
(Signed) Blanche R. Adams M. D. (Address) 29 Bowdoin St. Boston Date 9/12/41													
21 Forest Hills Cemetery Boston Place of Burial, Cremation or Removal. (City or Town)													
DATE OF BURIAL September 13 1941													
22 NAME OF FUNERAL DIRECTOR R & F GLEASON CO Edna Gleason ADDRESS 335 Washington St Dorchester													
Received and filed SEP 15 1941 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or Its Agent.

Registered No. **171**

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **555 Shirley St**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Jacob Gilbert Taylor**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **555 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 **20** yrs. mos. days.
(Before death) (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 **Lilly Weekast**
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive **43** years

7 IF STILLBORN, enter that fact here.

8 **43** AGE _____ Years _____ Months _____ Days | If less than 1 day
_____ Hours _____ Minutes

9 Usual Occupation: **Chauffeur**10 Industry or Business: **Trucking**11 Social Security No. **None - (Mr. O'Malley)**12 BIRTHPLACE (City) **Cambridge**
(State or country) **Massachusetts**13 NAME OF FATHER **Silas Taylor**14 BIRTHPLACE OF FATHER (City) **Newfoundland**
(State or country)15 MAIDEN NAME OF MOTHER **Catherine Moss**16 BIRTHPLACE OF MOTHER (City) **Newfoundland**
(State or country)

17 Informant **Lilly Taylor** Relationship if any
(Address) **555 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:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent **Sept. 16/41**
(Official designation) (Date of issue of permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **September 14 1941**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 15, 1941 to **Sept 14, 1941**

I last saw him alive on **Sept 14, 1941**, death is said to
have occurred on the date stated above, at **7: P** m.

Immediate cause of death **Carcinoma of Rectum** Duration **IMPORTANT about 6 years**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Rectum** Date of **Feb. 1941**
Of operations **none**
Of autopsy **none**
What test confirmed diagnosis? **clinical exam.**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____ M. D.
(Signed) **Daniel O. Bui**
(Address) **Winthrop Mass.** Date **Sept 19 1941**

21 **Holy Cross** **Malden Mass**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Sept 17, 1941**

22 NAME OF FUNERAL DIRECTOR **John F. O'Malley**
ADDRESS **Winthrop Massachusetts**

Received and filed **Sept 22 1941** 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 33, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 172

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 Rosemary P. Duffy (Rasmussen)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR) No

(a) Residence, No. 8 Monument Square

(Usual place of abode)

St. Charlestown

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital x years x months 7 days.
(Before death) (Specify whether)

In this community yrs. mos. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John Joseph Duffy

(Husband's name in full) (ex hosp.)

6 Age of husband or wife if alive 44 years 4.1 years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual housework

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER Augustus Rasmussen

14 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

15 MAIDEN NAME OF MOTHER Mary Toland

16 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)17 Informant John J. Duffy (husband)
(Address) 8 Monument Sq CharlestownI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:William D. Children
(Signature of Agent of Board of Health or other)Agent Sept. 20/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 19, 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
February, 1941, to Sept. 19, 1941I last saw her alive on Sept. 19, 1941, death is said to
have occurred on the date stated above, at 3 A. M.

Immediate cause of death.

Duration

IMPORTANT

Generalized peritonitis 4 days

Due to following Caesarian Section

Due to full term pregnancy

Other conditions: Cesarean - before dissection
(Include pregnancy within 3 months of death)

Major findings: Of operations: Cesarean Date of Sept. 12, 1941

Of autopsy: none

What test confirmed diagnosis? clinical

IMPORTANT

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

(Signed) Arthur C. M. D.
(Address) Winthrop Mass Date 9/21/194121 Oak Grove Medford
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 22nd 1941

22 NAME OF FUNERAL DIRECTOR Lincoln H. Peade
ADDRESS 109 Haven St. Boston

Received and filed SEP 22 1941 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

See instructions and terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

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 Winthrop Community Hosp.	STANDARD CERTIFICATE OF DEATH		Registered No. 173	
2 FULL NAME (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)		PHYSICIAN - IMPORTANT	
(a) Residence. No. 88 Haver St. (Usual place of abode)		East Boston (If nonresident, give city or town and State)		(Was deceased a U. S. War Veteran, if so specify WAR)	
Length of stay: In hospital or institution (Before death)		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		18 DATE OF DEATH	
Female	White			Sept 20, 1941 (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		(Husband's name in full)		Sept 20, 1941, to Sept 20, 1941	
6 Age of husband or wife if alive		years		I last saw her alive on Sept 20, 1941, death is said to	
7 IF STILLBORN, enter that fact here.				have occurred on the date stated above, at	
8 AGE - Years - Months - Days If less than 1 day		Hours - Minutes		Immediate cause of death.	
9 Occupation:				Stillborn	
10 Industry				Due to	
11 Social Security No.				Due to	
12 BIRTHPLACE (City) (State or country)		Winthrop Mass		Other conditions. (Include pregnancy within 3 months of death)	
13 NAME OF FATHER		Joseph Ali Donato		Major findings: Of operations	
14 BIRTHPLACE OF FATHER (City) (State or country)		Italy		Date of	
15 MAIDEN NAME OF MOTHER		Mary Tempera		Of autopsy	
16 BIRTHPLACE OF MOTHER (City) (State or country)		Italy		What test confirmed diagnosis?	
17 Informant (Address)		Joseph Ali Donato (Relation if any) 88 Haver St. B. Boston		20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) 235 Haver St. Date 9-23-1941	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		(Signature of Agent of Board of Health or other)		21 Holy Cross & Malden Place of Burial, Cremation or Removal (City or Town)	
1 to		2nd Sept 22/41		DATE OF BURIAL Sept 23, 1941	
(Official Designation)		(Date of Issue of Permit)		22 NAME OF FUNERAL DIRECTOR ADDRESS	
				Frederick J. Magrath East Boston	
				Received and filed SEP 24 1941 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE 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.

174

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)

No.

Winthrop Community Hosp.

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.)

Mary Eli Monato

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran. If so specify WAR)

(a) Residence. No.

(Usual place of abode)

88 Haver St

St.

East Boston, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

Hospital (Specify whether)

years

months

1 days

In this community

15 yrs.

mos.

1 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

18 DATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife if full)

(or) WIFE of

Joseph Eli Monato
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 20, 1941, to Sept 20, 1941

I last saw her alive on Sept 19, 1941, death is said to

have occurred on the date stated above, at 8 P.M.

Immediate cause of death

Duration

IMPORTANT

Acute Pulmonary Edema

9/20/41

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? Clinician

IMPORTANT

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)

(Address)

Date

9/23, 1941

21 Holy Cross

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Sept 23

1941

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Frederick J. Magrath
East Boston

Received and filed

SEP 24 1941

19

(Registrar)

PARENTS

13 NAME OF FATHER

Egidio Tempera

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

Santa Not Known

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

17 Informant (Address)

Joseph Eli Monato

Relation if any

88 Haver St E.B. (Husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H.O.

Sept 22/41

(Official Designation)

(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 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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE 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

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
Mass
(City or Town)
No. 94 Terrace Ave.



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Annie Mack
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 94 Terrace Ave.
(Usual place of abode)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or Institution none years months days. In this community 15 yrs. mos. days.
(Before death) (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 Charles Mack (Give maiden name of wife in full)
(or) WIFE of Charles Mack (Husband's name in full)
6 Age of husband or wife if alive No years
7 IF STILLBORN, enter that fact here.
8 AGE 79 Years 8 Months 19 Days If less than 1 day
Hours Minutes
9 Usual Occupation: None
Industry or Business: At Home
11 Social Security No. None
12 BIRTHPLACE (City)
(State or country) Ireland
13 NAME OF FATHER Cannot be learned
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Cannot be learned
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland
17 Informant Mrs. Edna M. Brooks Relation, if any
(Address) 94 Terrace Ave., Winthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 9 20 41
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/10 1941, 9/19/20 1941

I last saw him alive on 9/19 1941, death is said to have occurred on the date stated above, at 10 41 m.

Immediate cause of death

Circumstances of Stomach ?

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) Harry A. Lee M. D.
(Address) Winthrop Date 9/22 1941

21 Winthrop, Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept. 23, 1941 19

22 NAME OF FUNERAL DIRECTOR Wm. D. Edmonds
ADDRESS Boston

Received and filed SEP 24 1941 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. Edmonds
(Signature of Agent of Board of Health or other)

No. attc Sept. 23/41
(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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 STATISTICSCOPY OF
CERTIFICATE OF DEATH

SPRINGFIELD

(City or town making return)

Registered No. 177

1 PLACE OF DEATH
HAMPDEN
(County)
SPRINGFIELD
(City or Town)
No. 1451 Plumtree Road



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Carrie (Noll) Johnson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 37 Bellevue Ave St. Winthrop Mass
(Usual place of abode)
Length of stay: In hospital or institution. years months days. In this community yrs. 2 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 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 Edwin Chester Johnson
(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 9 Months 13 Days If less than 1 day Hours Minutes

Usual Occupation: None

Industry or Business: -

11 Social Security No. -

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Henry Noll

14 BIRTHPLACE OF FATHER (City) Allendorf (State or country) Germany

15 MAIDEN NAME OF MOTHER Not known

16 BIRTHPLACE OF MOTHER (City) (State or country) Germany

17 Informant Mrs W H Howatt (daughter) (Address) 1451 Plumtree Rd Springfield

A TRUE COPY. Blifford J Smith
ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sep 22 1941 19.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 22 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from April 18 1940, to Sept 22 1941

I last saw her alive on Sept 22 1941, death is said to have occurred on the date stated above, at 7:40 A.M. Duration

Immediate cause of death Splenic leukemia History about 2 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.

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) Irving R Calkins 22 M. P. 1
(Address) 299 Central Date Sept 19 41

21 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) Mass (City or Town)

DATE OF BURIAL Sept 24 1941 19.

22 NAME OF FUNERAL DIRECTOR Charles R Bennison
ADDRESS 120 Winthrop St Winthrop Mass

Received and Filed Oct 8 1941 19.

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 173

1 PLACE OF DEATH *Windsor Mass* (County) *Windsor Mass* (City or Town)
No. *Windsor Community Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Baby - Shoemaker* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *184 Webster* St. *East Boston* (If nonresident, give city or town and state)
Length of stay: In hospital or institution *Hospital* years months *2* days. In this community yrs. mos. *2* 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 (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 *2* Months *2* Days *2* Hours *2* Minutes

9 Usual Occupation:

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) *Windsor Mass*
(State or country)

13 NAME OF FATHER *William M. Shoemaker*

14 BIRTHPLACE OF FATHER (City) *Indiana*
(State or country)

15 MAIDEN NAME OF MOTHER *Clementine Diquar*

16 BIRTHPLACE OF MOTHER (City) *Boston Mass*
(State or country)

17 *William M. Shoemaker* Relation, if any
Informant (Address) *44 Webster 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 or Board of Health or other)
H.O. at (Official Designation) *Sept 24/41* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Sept 22, 1941*
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *Sept 20, 1941*, to *Sept 22, 1941*

I last saw him alive on *Sept 22, 1941*; death is said to have occurred on the date stated above, at *7:30 P.M.* m.

Immediate cause of death *Congenital Heart* Duration **IMPORTANT**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **IMPORTANT**

Major findings: Underline the cause to which death should be charged statistically.

Of operations

Of autopsy *Congenital Heart* Date of

What test confirmed diagnosis? *by aut. find*

20 Was disease or injury in any way related to occupation of deceased?

If so, specify *Congestive Heart Failure*

(Signed) *Dr. Cortez* M. D.

(Address) *23 S. Main St.* Date *9/23/1941*

21 *St. Michael's* Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *September 24, 1941*

22 NAME OF FUNERAL DIRECTOR *James Di Pietro*

ADDRESS *44 Webster St. E.B.*

Received and filed *SEP 24 1941* 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).*

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 such causes as falling, poisoning, sepsis, 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.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Give some entry in this section for every 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.....

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or Its Agent.

Registered No. **179**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 20 Elmwood Avenue



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Clara Louise (Adams) Wiswell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 20 Elmwood 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 17 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED Widowed or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Lowell Wiswell
(Give maiden name of wife in full)
(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 7 Months 25 Days | If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: At home

10 Industry or Business: _____
11 Social Security No. _____
12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

13 NAME OF FATHER Joseph M. Adams
14 BIRTHPLACE OF FATHER (City) New London
(State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Abigail A. Weed
16 BIRTHPLACE OF MOTHER (City) East Unity
(State or country) New Hampshire

17 Informant Mrs. Laura A. Mirick Relation, if any Sister
(Address) 20 Elmwood 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. P. Childress
(Signature of Agent of Board of Health or other)

Ho. (Official Designation)

Sept. 24/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 23 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug 28 - 1941, to Sept 23, 1941
I last saw h. alive on Sept 19, 1941, death is said to
have occurred on the date stated above, at 6:15 a.m.

Immediate cause of death

Cancer of uterus, and Bleeding from 1941

Due to

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? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Sybil W. P. Childress M. D.
(Address) Winthrop Mass Date Sept 23, 1941

21 Woodlawn Cemetery Everett
Place of Burial, Cremation or Disposal (City or Town)

DATE OF BURIAL Sept. 25, 1941

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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, apyphxia, 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSRUTLAND
(City or town making return)COPY OF
CERTIFICATE OF DEATH

Registered No. 1807

PLACE OF DEATH

WORCESTER
(County)RUTLAND
(City or Town)

No. Rutland State Sanatorium

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Harry Lubin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

140 Shirley

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution. Sanatorium years 8 months 5 days.

(Before death)

(Specify whether)

In this community yrs. 8 mos. 5 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 Betty Belak

(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 7 Months 1 Days If less than 1 day
Hours MinutesUsual
9 Occupation: PainterIndustry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Russia13 NAME OF
FATHER Henry Lubin14 BIRTHPLACE OF
FATHER (City)
(State or country) Russia15 MAIDEN NAME
OF MOTHER Ida Savel16 BIRTHPLACE OF
MOTHER (City)
(State or country) Russia17 Informant State San. Records (Relation, if any)
(Address) Rutland, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED September 29, 1941 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 29, 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
January 24, 1941, to September 29, 1941.I last saw him alive on Sept. 29, 1941, death is said to
have occurred on the date stated above, at 5:50 A.M.

Duration

Immediate cause of death
Pulmonary tuberculosis about 43 yrs

Due to

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 stati-
stically.

Of autopsy Microscopical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Unknown

(Signed) Heinz J. Lorge M. D.

(Address) Rutland State San Date 9/29 1941

21 PLACE OF BURIAL, Workmen's Circle, Melr
CREMATION OR REMOVAL (Cemetery) (City or Town) 1941

DATE OF BURIAL September 30, 1941 19

22 NAME OF DIRECTOR Manuel Stenetsky
ADDRESS 10 Washington St. Worcester

Received and filed OCT 6 1941 19

(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

(County) **Boston**

(City or Town)

No. **Boston Harbor near City Point** St.

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return) **181**

Registered No. **7601**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Thomas M Doherty

(If deceased is a married, widowed or divorced woman, give also maiden name.)

5 Irwin Ave

(a) Residence. No.

St.

(Usual place of abode)

(If U. S. War Veteran, specify WAR) **Winthrop**

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

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

54 Years

10 Months

6 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

contact man

Industry

10 or Business:

Boston Edison Light Co

11 Social Security No.

026-01-1267

12 BIRTHPLACE (City)

(State or country)

White River Jct Vt

13 NAME OF FATHER

John Doherty

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary McMahon

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17 Informant

(Address)

John P Doherty

Relation, if any

Arlington

bro

A TRUE COPY.

ATTEST:

Francis J. Fay
(Registrar of City or Town where death occurred)

DATE FILED

9/5/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

about Sept 1

(Month)

(Day)

1941

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

drowning

20 Accident, suicide, or homicide (specify) **presumably suicidal**

Date of occurrence

about Sept 1

19

Where did injury occur?

? Boston Harbor

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? **harbor**

(Specify type of place)

Manner of injury

as above

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)

W J Brickley

M. D.

(Address)

Boston

Date

9/2/41

22

Place of Burial, Cremation or Removal

St Joseph's Boston

(City or Town)

DATE OF BURIAL

Sept 4 1941

19

23 NAME OF FUNERAL DIRECTOR

F T Prescott

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 613 182

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home in Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William E. Ricker (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) Spanish

(a) Residence No. 891 Shirley St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years 2 months 1 days 1 In this community yrs. mos. days. (Before death) (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 Ethel Pinkham 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 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 11 Months 28 Days | If less than 1 day Hours Minutes

Usual Occupation: Engineer

Industry or Business: Fire Department

11 Social Security No. none

12 BIRTHPLACE (City) Cambridge, Mass. (State or country)

13 NAME OF FATHER John E. Ricker

14 BIRTHPLACE OF FATHER (City) Manchester, N.H. (State or country)

15 MAIDEN NAME OF MOTHER Helen A. Hall

16 BIRTHPLACE OF MOTHER (City) Groton, N.H. (State or country)

17 Informant (Address) Hospital records (Relation, if any)

A TRUE COPY.

ATTEST: Joseph A. Tyrrell (Registrar of city or town where death occurred)

DATE FILED Sept. 2, 19 41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 2, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I started deceased from 41 July 1, 1941 to 41 Sept. 2, 1941

I last saw h. 41 Sept. 2, 1941 death is said to have occurred on the date stated above, at 4:50 P.M. Duration

Immediate cause of death Carcinoma of the colon 7 mos.

Due to

Due to

Chronic colitis 2-3 yr

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 clinical & physical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isadore Kaplan M. D.

(Address) Soldiers' Home Date 9/2/41 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem., Winthrop (Cemetery) (City or Town)

DATE OF BURIAL Sept. 5, 19 41

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS 180 Winthrop St., Winthrop

Received and filed Sept. 11, 1941 19

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Boston

(County)

(City or Town)

No. Boston City Hospital

2 FULL NAME

John J Kelley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

304 River

(Usual place of abode)

Length of stay: In hospital or institution.

(Specify whether)

years

months

days.

In this community yrs. mos. days.

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. 7647

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

St. Winthrop

(If nonresident, give city or town and state)

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 Louise Guensso

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

62

Years

7 IF STILLBORN, enter that fact here.

8

AGE 66 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

retired-beef salesman

Industry

10 or Business:

wholesale meat

11 Social Security No.

12 BIRTHPLACE (City)

Boston Mass

(State or country)

13 NAME OF FATHER

Michael Kelley

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Catherine Riley

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

wife

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

9/8/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept 3 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/17/41, 19, to 9/3/41, 19.

I last saw him alive on 9/3/41, 19, death is said to have occurred on the date stated above, at 6:50 A.M.

Duration

Immediate cause of death.

myocardial infarction

30yrs

Due to

nephrolithiasis

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?

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) J Lacey

M. D.

(Address) Boston

Date 9/3/41

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

(Cemetery)

Winthrop Mass

(City or Town)

DATE OF BURIAL

Sept 6 1941

19

22 NAME OF FUNERAL DIRECTOR

M A Curtis

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7652

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 Laura C. Larson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

29 Plumber Ave

St. Winthrop

(a) Residence, No. (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 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 41 Years 4 Months 17 Days If less than 1 day Hours Minutes

9 Occupation: clerk 10 Industry or Business: Town Clerk's office Winthrop

11 Social Security No.

12 BIRTHPLACE (City) Malden Mass (State or country)

13 NAME OF FATHER Carl E Larson

14 BIRTHPLACE OF FATHER (City) Sweden (State or country)

15 MAIDEN NAME OF MOTHER Betty Peterson

16 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

17 Informant father (Address) (Relation, if any)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 9/8/41 19.

18 DATE OF DEATH Sept 3 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/27/41, 19, to 9/3/41, 19.

I last saw her alive on 9/3/41, 19, death is said to have occurred on the date stated above, at 6 P.m.

Immediate cause of death.

broncho pneumonia dys.

rheumatic heart disease yrs.

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Date of

Of autopsy as above

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) H Benjamin M. D.

(Address) Boston Date 9/4/19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or Town)

DATE OF BURIAL Sept 6 1941 19.

22 NAME OF FUNERAL DIRECTOR R H White

ADDRESS Winthrop

Received and filed 19.

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

538

185

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hosp.

1 PLACE OF DEATH

2 FULL NAME Richard R. Flynn
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR) Spanish(a) Residence, No. 18 Dix
(Usual place of abode)

St. Winthrop, Mass. (If nonresident, give city, or town and State)

Length of stay: In hospital or institution Hospital years months 1 days 4 In this community yrs. moa. days.
(Before death) (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, Catherine Cornoll
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 43 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 8 Months 11 Days If less than 1 day
Hours MinutesUsual Occupation: Commissioner
9 State Aid & Pensions Dept.Industry none
10 or Business:

11 Social Security No. Fernoy,

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Patrick Flynn

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Roche

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country) Hospital Records

17 Informant (Address) (Relation, if any)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sept. 18, 19 41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 16, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Aug. 12, 1941 to Sept. 16, 1941

I last saw him alive on Sept. 16, 1941, death is said to have occurred on the date stated above, at 2:30 a.m. Duration

Immediate cause of death Uremia 5 days

Due to Arterio-sclerotic kidney disease 2 mos.

Due to Generalized arterio-sclerosis yrs.

Other conditions Bronchopneumonia 12 hrs
Carcinoma of prostate with metastasis PhysicianMajor findings: Adeno carcinoma of prostate with metastasis Underline the cause to which death should be charged statistically.
Date of 9/5/41

Of autopsy None Pathological biopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased No

If so, specify (Signed) Isadore Kaplan M. D.
(Address) Date 1921 PLACE OF BURIAL, Winthrop Con. Winthrop, Ma.
CREMATION OR REMOVAL (Cemetery) (City or Town) Sept. 18, 1941DATE OF BURIAL Charles B. Watson
22 NAME OF FUNERAL DIRECTOR 11 Magazine St.

Received and filed Oct. 11, 1941 19

(Registrar of City or Town where deceased resided)

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return) 187

Registered No. 8167

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Haynes Memorial Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gloria J Winter { (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 6 Central 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

MEDICAL CERTIFICATE OF DEATH

3 SEX fem 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 7 Months Days If less than 1 day Hours Minutes

Usual Occupation:

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass (State or country)

13 NAME OF FATHER Arthur H Winter

14 BIRTHPLACE OF FATHER (City) Beachmont Mass (State or country)

15 MAIDEN NAME OF MOTHER Hope Thibodeau

16 BIRTHPLACE OF MOTHER (City) Caribou Me (State or country)

17 Informant mother (Address) (Relation, if any)

A TRUE COPY ATTEST: Francis J. Fay (Registrar of city or town where death occurred)

DATE FILED 9/30/41 19

18 DATE OF DEATH Sept 25 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 9/13/41, 19....., to 9/25/41, 19.....

I last saw her alive on 9/25/41, 19....., death is said to have occurred on the date stated above, at 7/14P.m. Duration

Immediate cause of death..... pneumococcal meningitis 9/19/41

type 8 Due to broncho pneumonia 9/13/41 septicemia 9/19/41

Due to pertussis 9/2/41

Other conditions serum reaction 9/25/41 (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

(Signed) E. C. Smith M. D. (Address) Boston Date 9/26/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or Town)

DATE OF BURIAL Sept 27 1941 19

22 NAME OF FUNERAL DIRECTOR M. Kirby ADDRESS Winthrop

Received and Filed 19

(Registrar of City or Town where deceased resided)



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. 188

1 PLACE OF DEATH
No. 105 Cottage Pk. Rd. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Frederick Winchester } (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 105 Cottage Pk. 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 4 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Divorced
MARRIED
WIDOWED
or DIVORCED
5a If married, widowed, or divorced HUSBAND of Muriel Baker
(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 10 Months 4 Days If less than 1 day Hours _____ Minutes _____
9 Usual Occupation: Chauffeur (Retired)
10 Industry or Business: Transportation Co.
11 Social Security No. None
12 BIRTHPLACE (City) Peabody, Mass.
(State or country)
13 NAME OF FATHER Perez Winchester
14 BIRTHPLACE OF FATHER (City) Peabody, Mass.
(State or country)
15 MAIDEN NAME OF MOTHER Martha Lamson
16 BIRTHPLACE OF MOTHER (City) Peabody, Mass.
(State or country)

PARENTS

17 Informant W. Ray Burke Relation, if any Son-in-law
(Address) 9 Winthrop Rd. Arlington

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) 10/3/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 2 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept 17, 1941 to Oct 2, 1941

I last saw him alive on Sept 2, 1941, death is said to have occurred on the date stated above at 4:05 P. m.

Immediate cause of death: myocardial

insufficiency

Duration
IMPORTANT

74-54200

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) H. B. Greenfield M. D.

(Address) 7 Drury St. Winthrop Date Oct 3 1941

21 Pine Grove, Lynn, Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct 6, 1941

22 NAME OF FUNERAL DIRECTOR Edward J. Gaffney

ADDRESS Meatfield, N.H.

Received and filed 1031 1941

(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 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.)*

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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 <u>Suffolk</u> (County)		STANDARD CERTIFICATE OF DEATH		Registered No. <u>189</u>	
<u>Wentbury</u> (City or Town)					
No. <u>Wentbury Community Hospital</u> St.		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Baby Boy Meinhardt</u>		{ (If U. S. War Veteran, specify WAR)			
(If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. <u>75</u> <u>Walden</u> <u>Wentbury</u> St.		(If nonresident, give city or town and state)			
(Usual place of abode)					
Length of stay: In hospital or institution <u>3</u> <u>months</u> years months days.		In this community yrs. mos. days.			
(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>single</u> 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 _____ Days _____ Hours _____ Minutes _____					
9 Usual Occupation: <u>none</u>					
10 Industry or Business: <u>none</u>					
11 Social Security No. <u>none</u>					
12 BIRTHPLACE (City). <u>Wentbury</u> (State or country) <u>Mass</u>					
PARENTS					
13 NAME OF FATHER <u>George Meinhardt</u>					
14 BIRTHPLACE OF FATHER (City). <u>Dorchester</u> (State or country) <u>Mass</u>					
15 MAIDEN NAME OF MOTHER <u>Isabella White</u>					
16 BIRTHPLACE OF MOTHER (City). <u>East Boston</u> (State or country) <u>Mass</u>					
17 Informant <u>Geo Meinhardt (Father)</u> 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: <u>Wm. D. Childress</u> Health Officer 10/14/41 6630 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>October 9 - 1941</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from <u>Oct 9</u> , 19 <u>41</u> , to <u>Oct 9</u> , 19 <u>41</u> . I last saw him alive on <u>Oct 9</u> , 19 <u>41</u> , death is said to have occurred on the date stated above, at <u>8:17 A</u> m. Immediate cause of death <u>question of</u> <u>aspirated mucus or</u> <u>aspirated mucus or</u> <u>aspirated mucus or</u> Due to <u>Long difficult labor</u> Due to <u>Posterior position of occiput</u> Other conditions _____ (Include pregnancy within 3 months of death)					
Duration IMPORTANT <u>Oct 9 1941</u>					
Major findings: <u>none</u> Of operations <u>none</u> Of autopsy <u>none</u> What test confirmed diagnosis? _____					
20 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>John F. Collins</u> M. D. (Signed) <u>John F. Collins</u> M. D. (Address) <u>Wentbury Mass</u> Date <u>Oct 9</u> 19 <u>41</u>					
21 <u>Wentbury Cemetery</u> <u>Wentbury</u> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <u>Oct 11</u> 19 <u>41</u>					
22 NAME OF FUNERAL DIRECTOR <u>Leo M. Norton</u> ADDRESS <u>Main St. Malden</u> <u>Dorothy Norton</u>					
Received and filed _____ 19____ (Registrar)					

SPACE FOR ADDITIONAL INFORMATION

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, 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).*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(i) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—Provide 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*.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **190**

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. **62 Main**



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Ellen (Bleakley) Graham**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. **62 Main**
 (Usual place of abode)

St. _____
 (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days.
 (Before death) (Specify whether) In this community **31** yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
 MARRIED **Widowed**
 WIDOWED or DIVORCED

18 DATE OF DEATH **October 15 1941**
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of **John (Bleakley) Graham**
 (Give maiden name of wife in full)
 (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
July 16, 1935 to **October 15, 1941**
 last saw him alive on **October 15, 1941**, death is said to
 have occurred on the date stated above, at **11:30 A.M.**

6 Age of husband or wife if alive _____ years

Immediate cause of death **Cerebral Hemorrhage** Duration **10/17/41**

7 IF STILLBORN, enter that fact here.

8 AGE **83** Years **8** Months **1** Days | If less than 1 day
 Hours _____ Minutes _____

Due to **Arteriosclerosis** **6 yrs**

9 Usual Occupation: **At home**

Due to **Senility** **2 yrs**

10 Industry or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) **Killcorrah**
 (State or country) **Ireland**

Other conditions **none**
 (Include pregnancy within 3 months of death)

IMPORTANT

13 NAME OF FATHER **Robert Bleakley**

Major findings: **none** Physician

14 BIRTHPLACE OF FATHER (City) **Ireland**
 (State or country)

Date of _____

Of autopsy **none**

What test confirmed diagnosis **clinical & lab**

15 MAIDEN NAME OF MOTHER **Esther Copeland**

16 BIRTHPLACE OF MOTHER (City) _____
 (State or country) **Ireland**

20 Was disease or injury in any way related to occupation of deceased
 If so, specify **no**

(Signed) **Dr. J. B. Graham** M. D.
 (Address) **62 Main St. Winthrop** Date **10/17/1941**

21 **Winthrop Cemetery Winthrop**
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **October 18, 1941** 19

17 Informant **Henrietta Graham** (Relation, if any)
 (Address) **62 Main St. Winthrop Mass**

22 NAME OF FUNERAL DIRECTOR **Charles R. Bennison**

ADDRESS **Winthrop Mass**

Received and filed _____ 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
 (Signature of Agent of Board of Health or other)

Health Officer 10/18/41
 (Official Designation) (Date of Issue of Permit)

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. C. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

Suffolk

(County)

Winthrop

(City or Town)

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. 191

2 FULL NAME Rose Flather Noffses

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 125 Cliff Ave

(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 25 yrs. — mos. — days.

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of James S. Noffses
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 75 1 29 If less than 1 day
AGE Years Months Days Hours Minutes

Usual Occupation: Housework

Industry (Retired)

11 Social Security No. _____

12 BIRTHPLACE (City) London
(State or country) England

13 NAME OF FATHER Osborn T Flather

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Fanny Bailey

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Douise Paul Relation, if any (Daughter)
(Address) 125 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. S. Childs
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/17/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 15, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 1, 1941, to October 15, 1941.
I last saw h. live on Oct. 15, 1941, death is said to have occurred on the date stated above, at 8 2 m.
Immediate cause of death Carcinoma of Liver

Duration
IMPORTANT
1940

Due to _____

Due to _____

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

1935
IMPORTANT

Major findings: _____

Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis Swelling - Enlargement of liver

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) Wm. S. Childs M. D.

(Address) 736 Cambridge St. Date Oct 16, 1941

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct. 17 1941

22 NAME OF FUNERAL DIRECTOR Richard N. White
ADDRESS 147 Winthrop St Winthrop

Received and filed _____ 19 _____

(Registrar)

(per Mr. J. J. White)

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.....

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **192**

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Brighton
 No. 36 Prospect Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Elizabeth L. Moran (Hewitt) { PHYSICIAN - IMPORTANT
 (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, If so specify WAR) No
 (a) Residence, No. 36 Prospect Ave St. (If nonresident, give city or town and State)
 Length of stay: In hospital or institution None years - months 7 days. In this community 20 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Married
 MARRIED
 WIDOWED
 or DIVORCED

18 DATE OF DEATH October 15 1941
 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Hugh L. Moran
 (Give maiden name of wife in full)
 (or) WIFE of Elizabeth L. Moran
 (Husband's name in full)

19 HEREBY CERTIFY, That I attended deceased from July 10 1941 to October 15 1941
 I last saw her alive on October 15 1941, death is said to have occurred on the date stated above, at 11:30 P.M.

6 Age of husband or wife if alive 32 years

Immediate cause of death Subacute Bacterial Endocarditis

7 IF STILLBORN, enter that fact here. None

Duration July 1941

8 AGE 52 Years - Months - Days If less than 1 day Hours Minutes

9 Occupation: At Home

Due to Rheumatic Heart Disease

10 Industry or Business: None

Due to Rheumatic 1938

11 Social Security No. None

12 BIRTHPLACE (City) Chelsea, Mass.
 (State or country)

Other conditions none
 (Include pregnancy within 3 months of death)

13 NAME OF FATHER John A. Hewitt

Major findings: none
 Of operations

14 BIRTHPLACE OF FATHER (City) Boston, Mass.
 (State or country)

Date of none

15 MAIDEN NAME OF MOTHER Mary A. Brown

Of autopsy none

16 BIRTHPLACE OF MOTHER (City) St. John's, Canada
 (State or country)

What test confirmed diagnosis? clinical & lab

17 Informant Hugh Moran (Relation, if any) husband
 (Address) 36 Prospect Ave

20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signed) Richard C. Dwyer M. D.
 (Address) 602 Huntington St. Date 10/16/41

(Signature of Agent of Board of Health or other) Wm. D. O'Connell
 (Official Designation) Health Officer (Date of Issue of Permit) 10/16/41

21 Place of Burial, Cremation or Removal Brighton Cemetery
 (City or Town)

DATE OF BURIAL Oct 18 1941

22 NAME OF FUNERAL DIRECTOR Richard C. Dwyer

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **193**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 571 Shirley St.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME Mary Theresa Harrington

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 571 Shirley St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether)

years

months

days

In this community 37 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED 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 Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Housekeeper

10 Industry or Business: Private Family

11 Social Security No.

12 BIRTHPLACE (City) St. Johnsbury
(State or country) Vermont

13 NAME OF FATHER Robert Francis Harrington

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Bridget O'Connor

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Julia F. Harrington (Sister)
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH October 17 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug 15 1941 to Oct 17 1941I last saw her alive on Oct 16 1941, death is said to
have occurred on the date stated above, at 3 2 m.

Immediate cause of death

Myocardial Infarction

Due to Terminal Broncho

Pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Clinical Signs

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel J. O'Donoghue

(Address) Winthrop

Date Sept 14 1941

M. D.

21 Winthrop Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL October 19, 1941

19

22 NAME OF FUNERAL DIRECTOR

ADDRESS John F. O'Malley

Winthrop Massachusetts

Received and filed

19

(Registrar)

Duration

IMPORTANT

Two

months

IMPORTANT

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 35, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

(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. 194

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 E. Kiernan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ If U. S.
War Veteran, No
specify WAR)

(a) Residence. No. 61 Johnson Ave

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution 10 years months 3 days.

(Specify whether)

In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED

18 DATE OF DEATH Oct 18 1941
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Lawrence J. Kiernan

(Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years - Months - Days - Hours - Minutes

Usual

9 Occupation:

Bookkeeper

Industry

10 or Business:

Wool Scouring

11 Social Security No. 028-03-5391

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

13 NAME OF FATHER

John Dwyer

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Annie McLaughlin

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

17 Informant Her Own Record Relation, if any

(Address)

(Mary E. Kiernan)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/30/41

19 I HEREBY CERTIFY That I attended deceased from Jan 1, 1941, to Oct 18, 1941.
I last saw h. in alive on Oct 15, 1941 death is said to have occurred on the date stated above, at 5:30 P. m.

Immediate cause of death Cholelithiasis

Duration

2 days

Cholelithiasis

Cholelithiasis

Due to Cholelithiasis

Due to Cholelithiasis

Due to Cholelithiasis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Bill Budden

thickened Date of 10/16/41

Of autopsy thickened

What test confirmed diagnosis?

IMPORTANT

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) P. D. Dwyer

(Address) Washington St M. D.

Date 10/18/41

21 Holy Cross Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 21 1941

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 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.....

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

195

1 PLACE OF DEATH
(County) *Dorchester*
(City or Town) *Waltham*
No. *18 Atlantic*



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *James Hain*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. *18 Atlantic* 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. *6* mos. *3* days.
(Before death) (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*
WIDOWED
or DIVORCED

18 DATE OF DEATH *Oct. 20, 1941*

(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of *Grace Hain*
(Give maiden name of wife in full)
(or) WIFE of *Hain*
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 41 to *Oct. 20, 1941*

I last saw him alive on *Oct. 19, 1941*, death is said to
have occurred on the date stated above, at *8 a.m.*

6 Age of husband or wife if alive _____ years

Immediate cause of death
Cerebral hemorrhage

Duration

2 days

7 IF STILLBORN, enter that fact here.

8 AGE *71* Years *4* Months *9* Days | If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: *Retired*

Due to *arteriosclerosis*

1 year

Industry or Business: *Watchman*

Due to *arteriosclerosis*

11 Social Security No. *011-12-1131*

Other conditions
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City)
(State or country) *Scotland*

Major findings:
Of operations *none*

IMPORTANT

Physician

13 NAME OF FATHER *James Hain*

Date of _____

Underline
the cause to
which death
should be
charged sta-
tistically.

14 BIRTHPLACE OF FATHER (City)
(State or country) *Scotland*

Of autopsy *none*

What test confirmed diagnosis? *Clinical*

15 MAIDEN NAME OF MOTHER *Helen Gifford*

16 BIRTHPLACE OF MOTHER (City)
(State or country) *Scotland*

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____

(Signed) *Charles Wilson* M. D.
(Address) *305 Haverhill St.* Date *Oct. 20, 1941*

21 *Woodlawn* *Epworth* *Mass.*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Oct. 23, 1941*

22 NAME OF FUNERAL DIRECTOR *Frank E. Brown*
ADDRESS *East Boston*

Received and filed *Oct 23 1941* 19

(Registrar)

17 Informant *James T. Hain* Relation, if any *Son*
(Address) *18 Atlantic St. Waltham*
I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
Wm. S. Philbrick
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) *10/21/41*
(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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 (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. 196	
No. 8 Pleasant		St. (see Pleasant St.)		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Harriett Albee Edgar (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)			
(a) Residence. No. 8 Pleasant		St. _____		(If nonresident, give city or town and state)	
Length of stay: In hospital or institution _____ years _____ months _____ days.		In this community 34 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 or DIVORCED Widowed	18 DATE OF DEATH Oct. 21 41 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of William F. Edgar (Husband's name in full)			19 I HEREBY CERTIFY That I attended deceased from Sept. 1, 1941 to Oct. 21, 1941 I last saw her alive on Oct. 20, 1941 , death is said to have occurred on the date stated above, at 7.30 P. M. Immediate cause of death Cerebral aneurysm of Basilar		
6 Age of husband or wife if alive _____ years			Due to _____		
7 IF STILLBORN, enter that fact here.			Due to _____		
8 AGE 64 Years 1 Months 20 Days _____ Hours _____ Minutes			Other conditions none (Include pregnancy within 3 months of death)		
9 Usual Occupation: Housewife			Major findings: Of operations _____ Date of _____		
10 Industry or Business: At Home			Of autopsy _____ What test confirmed diagnosis? Clinical Signs		
11 Social Security No. _____			20 Was disease or injury in any way related to occupation of deceased? no		
12 BIRTHPLACE (City) _____ (State or country) Maine			If so, specify _____ (Signed) David H. Poirer M. D. (Address) Winthrop Date Oct 23, 1941		
13 NAME OF FATHER ? Albee			21 So Gardner Maine Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Oct. 24 1941		
14 BIRTHPLACE OF FATHER (City) _____ (State or country) Maine			22 NAME OF FUNERAL DIRECTOR Richard S. White ADDRESS 147 Winthrop St Winthrop		
15 MAIDEN NAME OF MOTHER Not Known			Received and filed _____ 19 _____		
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) Maine			(Registrar)		
17 Informant Chester Wood (Address) Old Sudbury Rd. Lincoln Mass Relation, if any (Nephew)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Clubb (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 10/23/41					

(Official Designation)

(Date of Issue of Permit)

(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).*

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.....

extracts from the laws on back of certificate.
 If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **197**

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **95 Court Rd.**



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Julia S. Barron**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) **No**

(a) Residence, No. **95 Court Rd.** 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 **13** yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
 MARRIED **Married**
 WIDOWED
 or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of **Matthew J. Barron**
 (Give maiden name of wife in full)
 (Husband's name in full)

6 Age of husband or wife if alive **73** years

7 IF STILLBORN, enter that fact here.

8 AGE **72** Years — Months — Days | If less than 1 day
 Hours — Minutes

Usual Occupation: **Housewife**

Industry or Business: **None**

11 Social Security No. **None**

12 BIRTHPLACE (City) **England**
 (State or country)

13 NAME OF FATHER **Peter Condon**

14 BIRTHPLACE OF FATHER (City) **Ireland**
 (State or country)

15 MAIDEN NAME OF MOTHER **Margaret Honohan**

16 BIRTHPLACE OF MOTHER (City) **Ireland**
 (State or country)

17 Informant **Matthew J. Barron** (Address) **95 Court Rd. Winthrop** Relation, if any **Husband**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **10/33/41** (Date of Issue of Permit)

18 DATE OF DEATH **Oct 22 1941**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Jan 3 1938** to **Oct 22 1941**.
 I last saw him alive on **Oct 22 1941**, death is said to have occurred on the date stated above, at **6 P** m.

Immediate cause of death..... Duration

myocarditis **1 yr**

Due to **Hypertension and**

diabetes **5 yrs**

Due to **diabetes**

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **IMPORTANT**
 Physician

..... 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.....

(Signed) **Louis F. Salomon** M. D.
 (Address) **175 Pleasant St.** Date **Oct 23 1941**

21 **Holy Cross Cemetery Malden**
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **October 25 1941**

22 NAME OF FUNERAL DIRECTOR **P. C. Kirby**

ADDRESS **17 Bennington St. Boston**

Received and filed **Oct 23 1941** 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 the other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. C. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 33, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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. 4 Paine 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. 198

2 FULL NAME Julia A. Callaghan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Paine St
(Usual place of abode)

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 35 yrs. mos. days.
(Before death) (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 Widowed

18 DATE OF DEATH 10 26 41
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Will (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from 9/25, 1941, to 10-26, 1941.

I last saw him alive on 10-26, 1941, death is said to have occurred on the date stated above, at 10:10 p.m.

Immediate cause of death. Duration IMPORTANT

Cerebral thrombosis 1 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1. IMPORTANT

Major findings: Of operations Physician

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 (Signed) Harvey A. Kelly, M. D. (Address) Winthrop Date 10/27/41

21 St. Pauls Arlington
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL October 29 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed 19

(Register)

PARENTS
13 NAME OF FATHER Owen McGillicuddy
14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
15 MAIDEN NAME OF MOTHER Mary O'Meara
16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Annie McGillicuddy (Relation of any)
(Address) 4 Paine 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 10/27/41
(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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 on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or Its Agent.

Registered No. **199**

1 PLACE OF DEATH
Suffolk
(County)
Winthron
(City or Town)
No. **121 Bartlett Road**

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Sidney Edgar Blandford**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

(a) Residence. No. **121 Bartlett 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 **41** yrs. — mos. — days.
(Before death) (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**
WIDOWED
or DIVORCED

18 DATE OF DEATH **10 30 41**
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of **Mary Stanley**
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
4/25 19**41** to **10/30** 19**41**

I last saw h. in alive on **10/30** 19**41**, death is said to
have occurred on the date stated above, at **5:30 pm**

Immediate cause of death **Cancer of L. Kidney** Duration **IMPORTANT**

Due to **with metastasis**

Due to **metastasis**

Other conditions **Broncho-Pneumonia** **IMPORTANT**

Major findings: **Cancer of L. Kidney** Physician **Underline**

Of operations **metastasis** the cause to which death should be charged statistically.

Of autopsy **metastasis**

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____ M. D.

(Signed) **Harry A. Kelly** Date **11/1** 19**41**

(Address) **Winthron Cemetery Winthron**

21 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Nov. 1, 1941**

22 NAME OF FUNERAL DIRECTOR **Charles R. Bennison**

ADDRESS **Winthron Mass.**

Received and filed **11/1** 19**41**

(Registrar)

PARENTS
13 NAME OF FATHER **Esau Blandford**
14 BIRTHPLACE OF FATHER (City) **Devonshire**
(State or country) **England**
15 MAIDEN NAME OF MOTHER **Selina Bennett**
16 BIRTHPLACE OF MOTHER (City) **England**
(State or country)

17 Informant **Dr. Sidney E. Blandford** Relation, if any **Son**
(Address) **3607 Lytle Rd. Shaker Heights Ohio**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. B. Claborn
(Signature of Agent of Board of Health or other)

Health Office (Official Designation)

11/1/41 (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 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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 1 year 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

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. **200**

No. 17 Girdlestone Road

St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Thomas J. Downs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. 17 Giralestone Road

(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 20 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 Ellen Leary
 (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 Usual Occupation: Retired
 Industry City Of Boston
 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Newfoundland
 (State or country)

13 NAME OF FATHER Patrick Downs

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: Mae Downs (daughter)
 (Address) 17 Girdlestone Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

William D. Childress
 (Signature of Agent of Board of Health or other)

Agent Nov 2/41
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 31, 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
 1941, to 1941, death is said

I last saw him alive on Oct 30, 1941, death is said
 to have occurred on the date stated above, at 5 A. m.

Immediate cause of death

Carcinoma of throat

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) J. J. H. H. M. D.

(Address) Winthrop Mass Date 10/1/1941

21 Holy Cross Malden
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 3, 1941

22 NAME OF FUNERAL DIRECTOR John P. O'Malley

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).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

$$\begin{array}{r} 16 \\ 20 \\ + 5 \\ \hline \end{array} \quad \begin{array}{r} 14 \\ 18 \\ + 25 \\ \hline \end{array}$$

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

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)	
1 PLACE OF DEATH Boston (City or town)		No. Hebrew Ladies Home for Aged		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Annie Miller (If deceased is a married, widowed or divorced woman, give also maiden name.)		201		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 92 Shore Drive		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			MEDICAL CERTIFICATE OF DEATH		
3 SEX fem	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED widowed	18 DATE OF DEATH Oct 5 1941 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Hyman Miller (Husband's name in full)			19 I HEREBY CERTIFY. That I attended deceased from 10/3/41, 19, to 10/5/41, 19..... I last saw her alive on 10/5/41, 19....., death is said to have occurred on the date stated above, at 3 P.m. Duration Immediate cause of death..... cerebral hemorrhage 10/3/41		
6 Age of husband or wife if alive..... years			Due to acute congestive heart failure 10/5/41		
7 IF STILLBORN, enter that fact here.			Due to arteriosclerosis ?		
8 AGE 73 Years Months Days If less than 1 day Hours Minutes			Other conditions (Include pregnancy within 3 months of death)		
9 Usual Occupation: at home			Major findings: Of operations Date of..... Of autopsy What test confirmed diagnosis?.....		
10 Industry or Business:			20 Was disease or injury in any way related to occupation of deceased? If so, specify.....		
11 Social Security No.:			(Signed) B A Udelson M. D. (Address) Boston Date 10/5/19 41		
12 BIRTHPLACE (City) (State or country) Austria			21 PLACE OF BURIAL, CREMATION OR REMOVAL Workens Circle Melrose (Cemetery) (City or Town)		
13 NAME OF FATHER Louis Weiselberger			DATE OF BURIAL Oct 7 1941 19		
14 BIRTHPLACE OF FATHER (City) (State or country) Austria			22 NAME OF FUNERAL DIRECTOR M Stanetsky		
15 MAIDEN NAME OF MOTHER Hannah			ADDRESS Boston		
16 BIRTHPLACE OF MOTHER (City) (State or country) Austria			Received and filed 19		
17 Informant (Address) Morris Citron Relation, if any			(Registral of City or Town where deceased resided)		
A TRUE COPY. Francis J. Gay ATTEST: (Registral of city or town where death occurred) 10/8/41					
DATE FILED 19					

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. 8790

No. New England Hospital for W & C St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Stevens (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

202

(a) Residence. No. 11 Locust 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

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 Oct 15 1941 (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 10/35/41, 19, to 10/15/41, 19

(or) WIFE of (Husband's name in full)

I last saw him alive on 10/15/41, 19, death is said to have occurred on the date stated above, at 9/15P. Duration

6 Age of husband or wife if alive. Years

Immediate cause of death. prematurity

7 IF STILLBORN, enter that fact here.

toxemia of mother with

8 AGE Years Months Days 18 less than 1 day Hours 40 Minutes

Due to premature separation of placentas

9 Occupation: Usual

Due to

10 Industry or Business:

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

11 Social Security No.

Major findings: Of operations

12 BIRTHPLACE (City) Boston Mass (State or country)

Of autopsy prematurity

13 NAME OF FATHER Charles Stevens

What test confirmed diagnosis?

14 BIRTHPLACE OF FATHER (City) Charlestown Mass (State or country)

20 Was disease or injury in any way related to occupation of deceased?

15 MAIDEN NAME OF MOTHER Grace Eldridge

If so, specify (Signed) E E Renning M. D.

16 BIRTHPLACE OF MOTHER (City) Boston (State or country)

(Address) Boston Date 10 19

17 Informant mother (Address) (Relation, if any)

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michael's Boston (Cemetery) (City or Town)

A TRUE COPY.

DATE OF BURIAL Oct 20 1941

ATTEST: (Registrar of city or town where death occurred)

22 NAME OF FUNERAL DIRECTOR R C Kirby ADDRESS Boston

DATE FILED 10/22/41

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



1 PLACE OF DEATH
Essex
(County)
Saugus,
(City or Town)
No. Traffic Circle on Route 1 St.

(City or town making return)
Registered No. 139

2 FULL NAME Edwin Francis Brown
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

203

(a) Residence. No. 92 Upland Road, 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

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 Clair Moran
(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 21 Years 8 Months 1 Days If less than 1 day Hours Minutes

9 Usual Occupation: Macinist Helper

10 Industry or Business:

11 Social Security No. 027-16-4502

12 BIRTHPLACE (City) Brighton, Mass.
(State or country)

13 NAME OF FATHER Edwin G. Brown

14 BIRTHPLACE OF FATHER (City) East Boston, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Francis Mucher

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

17 Informant Francis Brown Relation, if any (Address) 92 Upland Rd., Wintthrop

18 DATE OF DEATH October 29, 1941
(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. Duration

Immediate cause of death.....Incorated wound
of left forehead and orbit

Fractured skull with associa-
ted brain injuries.

Due to Accident

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 Laurence E. Jusick M. D.

(Signed) (Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, Everett
(Cemetery) (City or Town)

DATE OF BURIAL November 1, 1941

22 NAME OF FUNERAL DIRECTOR Frank E. Brown
ADDRESS 200 Julian St. Boston

Received and Filed November 4, 1941

(Registrar of City or Town where deceased resided)

PARENTS

A TRUE COPY.

ATTEST: Mildred L. Dunlop
(Registrar of city or town where death occurred)

DATE FILED October 31, 1941



NOV 15 1911

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. 3427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



1 PLACE OF DEATH
1 Essex
(County)
Saugus,
(City or Town)
No. Traffic Circle on Route 1, Saugus, St.

(City or town making return)
Registered No. 146

2 FULL NAME William R. Cleardon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

204

(a) Residence, No. 75 Crest Ave., Winthrop St.
(Usual place of abode)
Length of stay: In hospital or institution..... years months 1 days.
(Specify whether) (If nonresident, give city or town and state)
In this community 1 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 21 Years..... Months..... Days If less than 1 day
Hours..... Minutes

Usual
9 Occupation: Boiler Room, Melner

Industry
10 or Business:

11 Social Security No. 031-07-1812

12 BIRTHPLACE (City) Charlestown,
(State or country) Mass.

13 NAME OF FATHER Phillip R. Cleardon

14 BIRTHPLACE OF FATHER (City) Bethel,
(State or country) Vermont

15 MAIDEN NAME OF MOTHER Frances A. Manning

16 BIRTHPLACE OF MOTHER (City) Boston,
(State or country) Mass.

17 Informant Frances A. Cleardon Relation, if any
(Address) 75 Crest Ave., Winthrop

A TRUE COPY.

ATTEST: Maude R. Burlong
(Registrar of city or town where death occurred)

DATE FILED October 1, 1941

18 DATE OF DEATH October 20, 1941
(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. Duration

Immediate cause of death..... Fractured neck
contusions and abrasions
of abdomen with associated
Due to internal injuries.

Due to Accident

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) Laurence F. Unsick M. D.
(Address) Nahant, Mass. Date 10/20/1941

21 PLACE OF BURIAL, Winthrop, Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL November 1, 1941

22 NAME OF FUNERAL DIRECTOR John P. O'Leary
ADDRESS Winthrop, Mass.

Received and filed 10-31-41 1941

(Registrar of City or Town where deceased resided)



NOV 15 1941 AM

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. 3427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 110

PLACE OF DEATH

Essex

(County)

Salem

(City or Town)

No. Traffic Circle on Route 1, Salem, St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William F. Cleardon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 70 Crest Ave., Winthrop St.

(Usual place of abode)

Length of stay: In hospital or institution..... years months 1 days.

(Specify whether)

(If nonresident, give city or town and state)

In this community 1 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 21 Years..... Months..... Days | If less than 1 day Hours..... Minutes

9 Occupation: Boiler Room, Tolson

10 Industry or Business:

11 Social Security No. 031-07-1812

12 BIRTHPLACE (City) Charlestown (State or country) Mass.

13 NAME OF FATHER Phillip F. Cleardon

14 BIRTHPLACE OF FATHER (City) Bethel (State or country) Vermont

15 MAIDEN NAME OF MOTHER Frances A. Manning

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant Frances A. Cleardon (Address) 76 Crest Ave., Winthrop Relation, if any (mother)

A TRUE COPY.

ATTEST: Maude J. Furlong (Registrar of city or town where death occurred)

DATE FILED October 31, 1941

18 DATE OF DEATH October 27, 1941 (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. Duration

Immediate cause of death..... Fractured neck

Contusions and abrasions

of abdomen with associated

Due to internal injuries.

Due to Accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of.....

Of autopsy

What test confirmed diagnosis?

28 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Laurence F. Cusick M. D.

(Address) Nahant, Mass. Date 1/20/41

21 PLACE OF BURIAL Winthrop, Winthrop

CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL November 1, 1941

22 NAME OF FUNERAL DIRECTOR John A. O'Leary

ADDRESS Winthrop, Mass.

Received and filed 10-31 1941

(Registrar of City or Town where deceased resided)

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. **9104**

PLACE OF DEATH

No. **Palmer Memorial Hospital**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph Faro

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

205

(a) Residence. No.

354 Shirley

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

4 COLOR OR RACE

5 SINGLE

(write the word)

male**white****MARRIED**
or **WIDOWED**
or **DIVORCED****married**

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

Concetta Friscia

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

30

years

7 IF STILLBORN, enter that fact here.

8

AGE

33

Years

2

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

lobster dealer

Industry

10 or Business:

11 Social Security No.

022-16-7952

12 BIRTHPLACE (City)

(State or country)

Italy

PARENTS

13 NAME OF FATHER

Angelo Faro

14 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

15 MAIDEN NAME OF MOTHER

Ventura Intagliate

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

17

Informant (Address)

wife

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of City or town where death occurred)

DATE FILED

11/3/41

19

18 DATE OF DEATH

Oct 29 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

12/12/40

, 19

to **10/29/41**

, 19

I last saw him alive on **10/28/41**, 19death is said to have occurred on the date stated above, at **3/45A**

Duration

Immediate cause of death

myelogenous leukemia**1 yr.**

Due to

Due to

Other conditions **carcinoma of pharynx** **3 yrs**
(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)

S Warren

(Address)

Boston

Date

10/29/19 4;

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St Michael's Boston

(Cemetery)

(City or Town)

DATE OF BURIAL

Nov 2 1941

19

22 NAME OF FUNERAL DIRECTOR

J Russo

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

BOSTON NOTIFIED DEC 3 1941

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.

Registered No. **206**

1 PLACE OF DEATH
Suffolk
Winthrop
(County)
(City or Town)



STANDARD
CERTIFICATE OF DEATH

No. **Winthrop Community Hospital** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Nora Kane**
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) **No.**

(a) Residence. No. **9 Breed** St. **East Boston**
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution **402** years months **5** days. In this community **57** yrs, mos. **5** days.
(Specify whether) (per M.D. Kelly)

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 **71** Years Months **—** Days If less than 1 day Hours **—** Minutes

Usual 9 Occupation: **At home**

Industry 10 or Business: **—**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Ireland**
(State or country)

13 NAME OF FATHER **James Kane**

14 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

15 MAIDEN NAME OF MOTHER **Catherine Lyons**

16 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

17 Informant **Francis Cronin (friend)** Relation, if any **friend**
(Address) **26 Breed 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 (Official Designation) **11/4/41** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov 1 41**
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **10/22**, 19**41**, to **Nov 1**, 19**41**.
I last saw h **—** alive on **Nov 1**, 19**41**, death is said to have occurred on the date stated above, at **7 P** m.

Immediate cause of death **Carcinoma of sigmoid**

Due to **sigmoid**

Due to **bronchopneumonia**

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 Kelly** M. D.

(Address) **Winthrop** Date **11/4 1941**

21 **Apply to Mrs. McAlister**

Place of Burial, Cremation or Removal **—** (City or Town)

DATE OF BURIAL **November 4 1941**

22 NAME OF FUNERAL DIRECTOR **M. J. Kelly**

ADDRESS **11 Mendham St., E.B.**

Received and filed **—** 19**41**

(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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 183 Winthrop



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. 207

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mabelle Hudson (Rich) Radell
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 183 Winthrop St.
(Usual place of abode)

Length of stay: In hospital or institution (Before death) years months days. In this community 37 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Louis Albert Radell
(Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 5 Months 3 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: At homeIndustry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) South Orrington
(State or country) Maine

13 NAME OF FATHER Simeon Rich

14 BIRTHPLACE OF FATHER (City) South Orrington
(State or country) Maine

15 MAIDEN NAME OF MOTHER Emma Hoben

16 BIRTHPLACE OF MOTHER (City) South Orrington
(State or country) Maine17 Informant Louis A. Radell (Relation, if any)
(Address) 183 Winthrop St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 3 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Oct 1, 1941, to Nov. 3, 1941
I last saw her alive on Nov 2, 1941, death is said to
have occurred on the date stated above, at 2:45 P. m.

Immediate cause of death.

Cerebral Hemorrhage
Due to Arterio-sclerosis

Due to

Other conditions. none
(Include pregnancy within 3 months of death)Major findings:
Of operations. none

Date of

Of autopsy. none

What test confirmed diagnosis? Cholesterol

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Dr. O. P. Bee
(Address) Winthrop Date Nov 4, 194121 So. Orrington Cemetery Maine
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL November 7, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed. 1941

(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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

(3) Medical Examiners 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

R-301 A
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Residence per Birth Certificate

PARENTS

100m-10-239, No. 8427-

Suffolk

(County)

Winthrop

(City or Town)

PLACE OF DEATH

Station Hospital, Fort Banks, Mass.

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 208

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME ROBERT (None) SULLIVAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 30 Pierce Avenue
Station Hospital, Ft. Banks, Mass. St. Rochester, 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 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 If less than 1 day
Hours Minutes

9 Occupation:

10 Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City) State Hospital Fort Banks
(State and country) Winthrop Mass.

13 NAME OF FATHER Richard Patrick Sullivan

14 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Florence Pitts

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

17 P. C. Sullivan Relationship
Inferman (Address) 28 Templeton St. Rochester

1 HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Cledress
(Signature of Agent of Board of Health or other)

Agent Nov 4/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 3, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
19 to 19.

I last saw him on 11-3-41, death is said
to have occurred on the date stated above, at 11:30 a.m.

Immediate cause of death Stillborn -
Prolonged labor due to
conjugated defect

Due to stillborn

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

What test confirmed diagnosis? None

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred R. Powell M.D.

(Address) Fort Banks Mass. Date 11-3-1941

21 New Calvary Boston
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 3, 1941

22 NAME OF FUNERAL DIRECTOR John C. Mulry

ADDRESS Rochester Mass.

Received and filed Nov 6, 1941

(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. 8.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained 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 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, *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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

209

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 79 Johnson Avenue

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Horace Augustus Magee
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 79 Johnson Avenue St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 45 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 Married
or DIVORCED

18 DATE OF DEATH November 5, 1941
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Eva Rich
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
September 24, 1941, to November 5, 1941

I last saw him alive on November 5, 1941, death is said to
have occurred on the date stated above, at 9:00 p. m.

6 Age of husband or wife if alive 68 years

Immediate cause of death Duration

7 IF STILLBORN, enter that fact here.

IMPORTANT

8 AGE 70 Years 3 Months 2 Days | If less than 1 day
Hours Minutes

Branch Pneumonia 3 days
Coronary Thrombosis 35 days

9 Occupation: Broker (retired)

Due to

10 Industry or Business: Insurance

Due to

11 Social Security No. 048-05-5641

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

Other conditions (Include pregnancy within 3 months of death)

13 NAME OF FATHER Edward Magee

Major findings:
Of operations

IMPORTANT
Physician

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

Date of Underline the cause to which death should be charged statistically.
Of autopsy
What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER Elizabeth Mann

16 BIRTHPLACE OF MOTHER (City) Ellsworth
(State or country) Maine

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Edward J. Franzen, M. D.
(Address) 1100 Main St., W. H. Date

17 Informant Mrs. Eva R. Magee (Wife)
(Address) 79 Johnson Ave., Winthrop Mass

21 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL November 8, 1941 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop, Mass

(Signature of Agent of Board of Health or other)

Received and filed 19

(Official Designation) (Date of Issue of Permit) 11/7/41

(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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. Aa principal cause name the disease 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.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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

MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

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. **210**

No. **Winthrop Community Hospital** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME. **Gladys Barry** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **600 Shirley St. 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 **Hospital** years - months **36 min.** In this community **4** yrs. mos. - days.
(Specify whether) (**Hospital**)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **MARRIED Married**
or WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **William Homer Barry**
(Husband's name in full)

6 Age of husband or wife if alive **37** years

7 IF STILLBORN, enter that fact here.

8 AGE **40** Years **2** Months **30** Days If less than 1 day
Hours Minutes

Usual Occupation: **At home**

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) **BROOKLYN**
(State or country) **New York**

13 NAME OF FATHER **Grant Garfield Wetherell**

14 BIRTHPLACE OF FATHER (City) **New York**
(State or country) **New York**

15 MAIDEN NAME OF MOTHER **Louise Besson**

16 BIRTHPLACE OF MOTHER (City) **New York**
(State or country) **New York**

17 **William Barry** Relation, if any
Informant (Address) **600 Shirley St. Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **11/10/41** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November - 7 - 1941**
(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)

Hemorrhage due to Ruptured uterus
Spontaneous Precipitate Labor
Full term childbirth

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, on farm, in industrial place, in public place?

(Specify type of place)

Manner of Injury

Nature of Injury

While at work? **no** Was there an autopsy? **yes**

21 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Wm. J. Buckley** M. D.

(Address) **Boston** **Nov 8 - 1941**

Rockville Cemetery Lynbrook L.I.
Place of Burial, Cremation or Removal (City or Town) **N.Y.**

DATE OF BURIAL **November 11, 1941** 19

23 NAME OF FUNERAL DIRECTOR **Charles R. Bennison**

ADDRESS **Winthrop, Mass.**

Received and filed **NOV 12 1941** 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).*

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-129-b

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. 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 Baby Boy Barry (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 600 Shirley St. 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 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 Hours Minutes

Usual Occupation:

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

13 NAME OF FATHER William Homer Barry

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Gladys Besson Wetherell

16 BIRTHPLACE OF MOTHER (City) New York
(State or country) New York

17 Informant William H. Barry (Father)
(Address) 600 Shirley St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/10/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH about early November - 1941
(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.)
Born dead (still born)
dead in uterus
full term

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, on farm, in industrial place, 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) Wm. S. Childress M. D.
(Address) Boston Nov 8 1941

22 Rockville Cemetery Lynbrook L.I.
Place of Burial, Cremation or Removal (City or Town) N.Y.
DATE OF BURIAL November 11, 1941 19

23 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).*

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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)."

CAUSE OF DEATH in plain terms, so 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-a

1 PLACE OF DEATH *Wentworth*
(County)
(City or Town)
No. *76 Woodside Ave.*

2 FULL NAME *Leonardo Perone*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *76 Woodside 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 (or the word) *Married*
MARRIED
WIDOWED
OR DIVORCED

6 If married, widowed or divorced, HUSBAND of *Grace Mancuso*
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive. *35* years

7 IF STILLBORN, enter that fact here.

8 AGE *70* Years _____ Months _____ Days If less than 1 day
Hours _____ Minutes

9 Usual Occupation: *Barber*

10 Industry or Business: *Hair Dressing & Shaving*

11 Social Security No. _____

12 BIRTHPLACE (City) *Italy*
(State or country)

13 NAME OF FATHER *Frank Perone*

14 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)

15 MAIDEN NAME OF MOTHER *Philomena - Unknown*

16 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)

17 Informant (Address) *Grace Perone*
76 Woodside Ave. Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) *11/12/41*



The Commonwealth of Massachusetts
OFFICE 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. *312*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *November 10 1941.*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *July 1939* to *Nov 10 1941*
I last saw him alive on *Nov 7 1941* death is said to have occurred on the date stated above, at *9 a.m.*

Immediate cause of death *hypertension pneumonia*
diabetes mellitus

Due to *hypertension pneumonia* *diabetes mellitus*

Due to *diabetes mellitus*

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. D. Mackin* M. D.
(Address) *1010 Washington St.* Date *11/10/41*

21 Place of Burial, Cremation or Removal *St. Mary's* (City or Town)
DATE OF BURIAL *Nov 13 1941*

22 NAME OF FUNERAL DIRECTOR *Michael S. Pargament*
ADDRESS *718 Broadway N. 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., (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

PLACE OF DEATH

1

Suffolk
(County)
Wentworth
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 213

No. 17 Wentworth Com. Hops St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Mary Butler
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 171 Shore Street St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution 2 months - years / months - days. In this community 18 yrs. - mos. - days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Philip Butler (Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 43 years - Months - Days If less than 1 day Hours Minutes

9 Occupation: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass. (State or country)

13 NAME OF FATHER William Milligan

14 BIRTHPLACE OF FATHER (City) St. John N.B. (State or country)

15 MAIDEN NAME OF MOTHER Anna Norton

16 BIRTHPLACE OF MOTHER (City) St. John N.B. (State or country)

17 Informant Philip Butler (Address) (Relation, if any) Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health of other)Health Officer 11/14/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 11 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from April 21, 1939, to Nov. 11, 1941. I last saw her alive on Nov. 11, 1941, death is said to have occurred on the date stated above, at 3:40 p.m.

Immediate cause of death

Cancer of right breast (April 1939 to Nov. 11, 1941)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of right breast Type 3. Date of 4/22/39

Of operations

Of autopsy none

What test confirmed diagnosis? pathological

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. Wm. D. Childress 13 M. D. (Address) Wentworth Mass. Date 11-13-1941

21 Place of Burial, Cremation or Removal. (City or Town) Wentworth Mass. DATE OF BURIAL Nov. 14 1941

22 NAME OF FUNERAL DIRECTOR Philip Butler ADDRESS 2102 Wentworth St. Wentworth

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 Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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

1

Suffolk
(County)
Wentworth
(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. 214

No. 894 Shuley St. St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Agnes Glenn
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 894 Shuley St. St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community 39 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of John Glenn
(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

Usual Occupation: Housewife

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) State or country) Carter N.H.

13 NAME OF FATHER William Richie

14 BIRTHPLACE OF FATHER (City) State or country) Unknown

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) State or country) Unknown

17 Informant John Glenn (Address) 894 Shuley St. Relation, if any (Husband)

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
Health Officer (Signature of Agent of Board of Health or other)
(Official Designation) 11/14/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 11 41
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 11/11, 1941, to 11/11, 1941

I last saw her alive on 11/11, 1941, death is said
to have occurred on the date stated above, at 11:56 p.m.

Immediate cause of death. Duration IMPORTANT

Due to Acute Haemorrhage 6 hrs

Due to Hypertension 2 yrs

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) Harry A. Kelly M. D.
(Address) 210 Wentworth St. Date 11/12/4121 Place of Burial, Creation or Removal. (City or Town) Wentworth
DATE OF BURIAL Nov. 15 194122 NAME OF FUNERAL DIRECTOR Harry Beck
ADDRESS 210 Wentworth St. Wentworth

Received and filed 1941

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

M. B. WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD—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.

100m-10-139, No. 8427-e

2-301 A

PLACE OF DEATH

1

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

Ann Parley Johnson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 50 Faun Bar Ave., Winthrop

(Usual place of abode)

St. {

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. 2 weeks

(Specify whether)

- years - months 15 days.

In this community 30 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 Arthur L. Johnson (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 11 Months 9 Days If less than 1 day Hours Minutes

9 Occupation: Usual Housewife

10 Industry or Business: At Home

11 Social Security No.

12 BIRTHPLACE (City) Chelsea

(State or country) Mass.

13 NAME OF FATHER Thomas Parley

14 BIRTHPLACE OF FATHER (City) Sterling

(State or country) Mass.

15 MAIDEN NAME OF MOTHER Susan Williams

16 BIRTHPLACE OF MOTHER (City) Boston

(State or country) Mass.

17 Informant Richard Johnson

(Address) 50 Faun Bar Ave., Winthrop, Mass.

Relation, if any Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

11/13/41

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 11, 1941

(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 13, 1941, to Nov. 11, 1941

I last saw h. or alive on Nov. 11, 1941, death is said to have occurred on the date stated above, at 1:35 a.m.

Immediate cause of death Peritonitis

Due to infection following vaginitis

Due to hys. ter. ectomy.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Relapse of Uterus

Of operations Date of Oct 28, 1941

Of autopsy none

What test confirmed diagnosis: Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Daniel J. O'Donnell

(Address) Winthrop, Mass

Date Nov. 13, 1941

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 13, 1941

19 41

22 NAME OF FUNERAL DIRECTOR Richard A. Valiga

ADDRESS 147 Winthrop St., Winthrop

Received and filed

19

(Registrar)

20

To be filed for burial permit with Board of Health or its Agent.

215

Registered No.

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 where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall he accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement should be supported by the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE 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. **216**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **135 Cliff Ave.**
2 FULL NAME **Mary E. Neil Mulcahy**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. **39 Hutchinson St**
(Usual place of abode)
Length of stay: In hospital or Institution **—** years **1** months **14** days.
(Before death) (Specify whether)

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

In this community **25** 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 **William F. Mulcahy**
(Give maiden name of wife in full)
(or) WIFE of **William F. Mulcahy**
(Husband's name in full)
6 Age of husband or wife if alive **84** years
7 IF STILLBORN, enter that fact here.
8 AGE **84** Years — Months — Days | If less than 1 day
Hours — Minutes
9 Usual Occupation: **Retired**
10 Industry or Business: **Home**
11 Social Security No. **—**
12 BIRTHPLACE (City) **Brookline**
(State or country) **Mass**

PARENTS

13 NAME OF FATHER **James O'Neil**
14 BIRTHPLACE OF FATHER (City) **Brookline**
(State or country) **Mass**
15 MAIDEN NAME OF MOTHER **Joan O'Hearn**
16 BIRTHPLACE OF MOTHER (City) **Brookline**
(State or country) **Mass**

17 Informant **Edith Barton** Relation, if any **(Daughter)**
(Address) **39 Hutchinson St**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/13/41** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 12 1941**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
February 20 41 to **November 12 1941**

I last saw **her** alive on **November 12 1941**, death is said to
have occurred on the date stated above, at **11:30 p.m.**

Immediate cause of death **Carcinoma of Stomach** Duration **1 year**
Due to **General** **IMPORTANT**
carcinomatosis **6 mos**

Due to **—**
Other conditions **—**
(Include pregnancy within 3 months of death)

Major findings: **none performed** Physician **—**
Of operations: **—** Date of **—**
Of autopsy **none** Underline the cause to which death should be charged statistically.
What test confirmed diagnosis **Chemical & X-ray**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **—**
(Signed) **Jacobs** M. D.
(Address) **362 E. 1st St** Date **Nov 13 1941**

21 St. **Joseph** **Boston**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **NOV 15 1941** 19 **—**

22 NAME OF FUNERAL DIRECTOR **John F. O'Malley**
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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.

200m-10-139. No. 8427-d

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)

No. Winthrop Community Hos. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Chapman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 144 Shore Drive St. Winthrop (If U. S. War Veteran, specify WAR) (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 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

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop, Mass. (State or country)

13 NAME OF FATHER Albert Chapman

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Beatrice Sisson

16 BIRTHPLACE OF MOTHER (City) Boston Mass. (State or country)

17 Informant (Address) Albert Chapman (Address) 144 Shore Drive Winthrop Relation (if any) Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation)

Nov. 16/41 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 217

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 15 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19, death is said to have occurred on the date stated above, at 2:35 a.m. Duration

Immediate cause of death. Stillborn (1) Prematurity (2) Intra-uterine

Due to Asphyxia

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 F. Deich M. D.

(Signed) (Address) 485 Comm. St. Date 11.15.41

21 Beth Israel Cem. Everetts (City or Town) DATE OF BURIAL Nov 16 1941

22 NAME OF FUNERAL DIRECTOR Manuel Starzsky ADDRESS 10 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 exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Middle name
"Lawrence" per Mr. Rogers

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk

(County)

Winthrop Mass.

(City or Town)

No. 334 Revere

St.

2 FULL NAME Harry Lawrence Coffin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 334 Revere

(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

50

ysr. 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

Marion Kendall Coffin

(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

57

Years

6

Months

2

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Night Watchman

10 Industry

or Business:

Old South Building Boston

11 Social Security No.

023-10-6855

12 BIRTHPLACE (City)

Charlottown

(State or country)

P.E.I.

13

NAME OF

FATHER

Duncan Coffin

14

BIRTHPLACE OF

FATHER (City)

Charlottown

(State or country)

P.E.I.

15

MAIDEN NAME

OF MOTHER

Jessie Scott

16

BIRTHPLACE OF

MOTHER (City)

P.E.I.

(State or country)

17

Informant: Marion Coffin

(Address)

334 Revere 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:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 218

(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

November 17 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 10, 1941 to November 17, 1941

I last saw him alive on November 16, 1941, death is said to

have occurred on the date stated above, at 3:21 m.

Immediate cause of death

Acute Coramary
rheumatism

Due to

Acute Pulmonary
Edema

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

None Date of

Of autopsy

None Date of

What test confirmed diagnosis?

Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Abrams M. D.

(Address) 562 Stanley St. Date 11/17/41

21 Winthrop Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 19 1941

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed NOV 21 1941

(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., (Centenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Percentenary 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.—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.....

should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE 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. **219**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **142 Pauline St.**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Agnes I. Fitzpatrick**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) **None**

(a) Residence. No. **142 Pauline St.** 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.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Divorced**

5a If married, widowed, or divorced
HUSBAND of **Frank J. Fitzpatrick**
(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 **63** Years. - Months. - Days | If less than 1 day
Hours. Minutes

Usual
9 Occupation: **At Home**

10 Industry
or Business: **None**

11 Social Security No. **None**

12 BIRTHPLACE (City)
(State or country) **Lynn,
Mass.**

13 NAME OF
FATHER **Jeremiah Reardon**

14 BIRTHPLACE OF
FATHER (City) **Cannot be learned**
(State or country)

15 MAIDEN NAME
OF MOTHER **Ann Carey**

16 BIRTHPLACE OF
MOTHER (City) **Cannot be learned**
(State or country)

17 Informant **Mrs. John J. Herbert** Relation, if any
(Address) **142 Pauline St., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **11/19/41** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 17 1941**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov 13, 1941, to Nov 17, 1941

I last saw **her** alive on **Nov 13, 1941**, death is said to
have occurred on the date stated above, at **4 P** m.

Immediate cause of death.

Cerebral Hemorrhage

Duration

IMPORTANT

1941

Due to

Arteriosclerosis

1930

Due to

Chronic Hepatitis

1930

Other conditions **fell & cerebral**
(Include pregnancy within 3 months of death)
hemorrhage - no relate to death

Major findings:
Of operations

IMPORTANT
Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of
Of autopsy **Postmortem**
What test confirmed diagnosis? **Microscopic**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **G. Lynde Gately** M. D.
(Address) **142 Pauline St., Winthrop** Date **11-18-41**

21 **Winthrop, Winthrop**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Nov. 21 1941** 19

22 NAME OF
FUNERAL DIRECTOR **W. S. Childress**
ADDRESS **Boston**

Received and filed **NOV 21 1941** 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE 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. 220

1 PLACE OF DEATH {
County Winthrop
(City or Town) Thornton Pk.
No. 53 St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MARY E. KIRK (DANAHY)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 53 Thornton Pk. 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 12 yrs. - mos. - days.
(Before death) (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 John Kirk (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)

6 Age of husband or wife if alive 44 years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes

9 Occupation: Housework

10 Industry Own home
or Business:

11 Social Security No. _____

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Jeremiah Danahy

14 BIRTHPLACE OF FATHER (City) Kerry
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Margaret Howard

16 BIRTHPLACE OF MOTHER (City) Kerry
(State or country) Ireland

17 Informant John Kirk (Address) 53 Thornton Pk. (Relation if any) Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chickaree
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/18/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 17 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 1, 1940 to Nov. 17, 1941
I last saw him alive on Nov. 17, 1941, death is said to
have occurred on the date stated above, at 5 A m.

Immediate cause of death Respiratory
breast cancer with
metastases in lung Duration 14 yrs
IMPORTANT

Due to _____

Due to _____ 14 yrs

Other conditions _____
(Include pregnancy within 3 months of death) IMPORTANT

Major findings:
Of operations _____ Date of _____ Physician _____

Of autopsy _____ Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) C. J. Sullivan M. D.
(Address) 1112 Date 11/12 1941

21 Place of Burial, Cremation or Removal Holy Cross (City or Town) Waltham Mass
DATE OF BURIAL Nov. 19 1941

22 NAME OF FUNERAL DIRECTOR Joseph Surnane
ADDRESS 516 Broadway Court

Received and filed NOV 21 1941 1941
(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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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. 997 Shirley 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. 221

2 FULL NAME. Walter Bolton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 997 Shirley St., Winthrop
(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. (Specify whether)

In this community 25 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 Anna Abramson Bolton
(Give maiden name of wife in full)

(or) WIFE of Abrahamson
(Husband's name in full)

6 Age of husband or wife if alive. 50 years

7 IF STILLBORN, enter that fact here.

8 AGE. 72 Years 3 Months 8 Days If less than 1 day Hours Minutes

9 Occupation: Shipper (Retired)

10 Industry or Business: Building Supplies

11 Social Security No.

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER Henry Bolton

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Hannah Walsh

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Mrs. Anna A. Bolton (Wife)
(Address) 997 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:

W. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/21/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 18, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19, to 19, 19

I last saw him alive on 19, 19, death is said to have occurred on the date stated above, at about 1 P. M.

Immediate cause of death: Natural causes

Due to Presumably cerebral hemorrhage

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) M. D. (Address) Winthrop Board of Health Date 19

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov. 22, 1941 19

22 NAME OF FUNERAL DIRECTOR Richard T. 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 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 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)



REVERSE NOTIFIED DEC 9 1941
The Commonwealth of Massachusetts
OFFICE 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

1 PLACE OF DEATH Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Female Castaldo (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 7 Eastern Ave St. Revere (If U. S. War Veteran, specify WAR)

Length of stay: In hospital or institution hospital years months 1 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Single
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____ (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

6 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

10 Industry _____
or Business:

11 Social Security No. _____

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

13 NAME OF FATHER James Castaldo

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Mary Destadano

16 BIRTHPLACE OF MOTHER (City) New York City
(State or country) N.Y.

PARENTS

17 Informant James Castaldo (father) (Relation, if any)
(Address) 7 Eastern Ave, Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/19/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 18 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1941, to Nov 18, 1941
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 Still born

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____ Date of _____
Of autopsy _____
What test confirmed diagnosis? _____

Duration
IMPORTANTIMPORTANT
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) James Destadano M. D.
(Address) 72 S. Main St. Date 11/19 1941

21 Holy Cross Revere
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov 21 1941

22 NAME OF FUNERAL DIRECTOR Joseph P. Eggen
ADDRESS 450 Cambridge St. Cam.

Received and filed NOV 21 1941 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-2-40-D-729-4

1 PLACE OF DEATH *Suffolk* (County) *Wintthrop* (City or Town)

No. *Wintthrop Community Hospital* (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary Castaldo* (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *7 Eastern 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 *5* days. In this community *7* yrs. - mos. *5* days. (Specify whether)

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **223**

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) <i>MARRIED</i> MARRIED WIDOWED or DIVORCED	18 DATE OF DEATH <i>Nov.</i> <i>18</i> <i>1941</i> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of <i>James Castaldo</i> (Give maiden name of wife in full)			19 I HEREBY CERTIFY That I attended deceased from <i>Nov. 12</i> , 19 <i>41</i> , to <i>Nov. 18</i> , 19 <i>41</i>	
(or) WIFE of <i>James Castaldo</i> (Husband's name in full)			I last saw her alive on <i>Nov. 18</i> , 19 <i>41</i> , death is said to have occurred on the date stated above, at <i>2:30</i> p.m.	
6 Age of husband or wife if alive <i>41</i> years			Immediate cause of death _____	
7 IF STILLBORN, enter that fact here.			Due to <i>Toxemia of Pregnancy</i>	
8 AGE <i>29</i> Years. Months. Days. If less than 1 day Hours. Minutes			Due to <i>Measles</i>	
9 Usual Occupation: <i>housework</i>			Other conditions _____	
10 Industry or Business: <i>own home</i>			(Include pregnancy within 3 months of death)	
11 Social Security No. _____			Major findings:	
12 BIRTHPLACE (City) <i>New York City</i> (State or country) <i>N.Y.</i>			Of operations _____	
13 NAME OF FATHER <i>Ralph Destafano</i>			Date of _____	
14 BIRTHPLACE OF FATHER (City) <i>Italy</i> (State or country)			Of autopsy _____	
15 MAIDEN NAME OF MOTHER <i>Mary Allecci</i>			What test confirmed diagnosis? _____	
16 BIRTHPLACE OF MOTHER (City) <i>Italy</i> (State or country)			20 Was disease or injury in any way related to occupation of deceased? _____	
17 Informant <i>James Castaldo husband</i> Relation, if any (Address) <i>7 Eastern Ave Revere</i>			If so, specify <i>toxic</i>	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			(Signed) <i>James Siegel</i> M. D.	
<i>Wm. D. Clutchess</i> (Signature of Agent of Board of Health or other)			(Address) <i>72 Shady Ave</i> Date <i>11/19</i> , 19 <i>41</i>	
<i>Health Officer</i> (Official Designation)			21 <i>Holy Cross Malden</i> Place of Burial, Cremation or Removal (City or Town)	
<i>11/19/41</i> (Date of Issue of Permit)			DATE OF BURIAL <i>Nov. 21</i> , 19 <i>41</i>	
			22 NAME OF FUNERAL DIRECTOR <i>Joseph A. Esposito</i>	
			ADDRESS <i>450 Cambridge St. Comb.</i>	
			Received and filed <i>NOV 21 1941</i>	
			(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, whether contracted, the duration of his last illness, when last seen alive 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.

SPACE FOR ADDITIONAL INFORMATION.....

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE 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. 224

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 60 Quincy Ave



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Catherine (Boylan) Grady
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 60 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 40 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED dowed
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 63 Years — Months — Days | If less than 1 day
Hours — Minutes

9 Usual Occupation: Housewife

Industry On Home

10 or Business:

11 Social Security No. —
12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER Stephen Boylan

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Catherine Macaulay

16 BIRTHPLACE OF MOTHER (City) P. E. Island
(State or country)

17 Informant Miss G. Grady Relation, if any (Daughter)
(Address) 60 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)
Health Officer (Date of Issue of Permit) 11/19/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 18 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
December, 1936, to Nov. 18, 1941

I last saw her alive on Nov. 18, 1941, death is said to
have occurred on the date stated above, at 11:15 P. m.

Immediate cause of death: Duration

Pulmonary edema 36 hrs

Due to Congestive Heart Failure 1 yr

Due to Rheumatic Heart Disease 4 yrs

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

(Signed) J. H. C. M. D. (Address) Winthrop Date 11/19/41

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov 21 1941

22 NAME OF FUNERAL DIRECTOR John H. C. M. D.
ADDRESS Winthrop

Received and filed NOV 21 1941

(Registrar)

9-161
59-1861
50
18

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent afore-said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 319 Bowdoin St., Winthrop

2 FULL NAME Margaret Lowther Sherman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 319 Bowdoin St.,

(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 25 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 Millard A. Sherman

(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 11 Months 1 Days If less than 1 day

Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

Retired

11 Social Security No.

12 BIRTHPLACE (City)

Boston

Mass.

(State or country)

13 NAME OF FATHER

Andrew Lowther

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Isabella Crowell

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant Mary T. Thayer

(Address) 319 Bowdoin St., Winthrop

Relation, if any

(Niece)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

11/21/41

(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. 225

{ (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

November 18 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

September 1941, to November 18 1941

I last saw h.e. alive on November 17, 1941, death is said to

have occurred on the date stated above, at 2 P.M.

Immediate cause of death

Broncho-pneumonia

Duration
IMPORTANT

Nov 14, 1941

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

What test confirmed diagnosis? Clinical Signs

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) Daniel J. O'Brien M. D.

(Address) Winthrop, Mass Date Nov 18 1941

21 Glenwood

Everett

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 21, 1941

22 NAME OF FUNERAL DIRECTOR

Richard B. 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 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 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

REVERE NOTIFIED

1 PLACE OF DEATH **Suffolk** (County) **Winthrop** (City or Town)

No. **Winthrop Community Hospital** St. {

2 FULL NAME **Warren G. Torrey** (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **56 Crescent Ave., Revere** St. **Revere, Mass.** (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: in hospital or institution **2** years - months **2** days. in this community **41** yrs. - mos. - days. (Specify whether)

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, give name of HUSBAND of **Jessie T. Torrey** (Give maiden name of wife in full) **Forchaker**

(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 **69** Years **11** Months **14** Days If less than 1 day Hours Minutes

9 Usual Occupation: **Sales Manager**

10 Industry or Business: **Flour Mills**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Deer Isles** (State or country) **Maine**

PARENTS

13 NAME OF FATHER **Grafton Torrey**

14 BIRTHPLACE OF FATHER (City) **Deer Isles** (State or country) **Maine**

15 MAIDEN NAME OF MOTHER **Lenora Warren**

16 BIRTHPLACE OF MOTHER (City) **Deer Isles** (State or country) **Maine**

17 Informant **Mrs. Jessie T. Torrey** Relation, if any **Wife** (Address) **56 Crescent Ave., Revere**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. G. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **11/20/41** (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. **226**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 18** 19**41** (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **Nov. 18** to **Nov. 18**, 19**41**. Last saw him alive on **Nov. 18**, 19**41**, death is said to have occurred on the date stated above, at **11-11 A.M.** Duration **6 days**

Immediate cause of death: **Acute Myelogenous Leukemia** **6 days**

Due to **Infection of blood stream** **6 days**

Due to **Streptococcus infection blood stream** **20 days**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis? **Blood & smears**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **E. T. Brown**

(Signed) **E. T. Brown** (Address) **20 Concord St.** Date **11/18** M. D. **1941**

21 **Mt. Auburn** **Cambridge** Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL **Nov. 21, 1941** 19

22 NAME OF FUNERAL DIRECTOR **Richard W. White** ADDRESS **147 Winthrop St., Winthrop**

Received and filed **NOV. 21 1941** 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. 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 supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 227

No. 509 Pleasant St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lealah C. Phelan (Coggins) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 509 Pleasant 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 14 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 Lloyd A. Phelan (Husband's name in full)

6 Age of husband or wife if alive. 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years — Months — Days If less than 1 day Hours — Minutes

9 Occupation: housewife

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Westport (State or country) Nova Scotia

13 NAME OF FATHER Albert E. Coggins

14 BIRTHPLACE OF FATHER (City) Westport (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Lealah Peters

16 BIRTHPLACE OF MOTHER (City) Westport (State or country) Nova Scotia

17 Informant Lloyd A. Phelan (husband) (Address) 509 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)

Healer Office 11/21/41 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 19 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept. 1st, 1941 to Nov. 19, 1941

I last saw him alive on Nov. 19, 1941, death is said to have occurred on the date stated above, at 10-45 P. M.

Immediate cause of death Cerebral Thrombosis

Duration IMPORTANT 2 Months

Due to Arterio Sclerosis 2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Underline the cause to which death should be charged statistically.

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) 22 Curcutt Date 11/19 1941 M. D.

(Address) Winthrop Cemetery (City or Town)

DATE OF BURIAL Nov. 22, 1941

22 NAME OF FUNERAL DIRECTOR Michael J. Bodla

ADDRESS 10 No. Bennet St., Boston

Received and filed NOV 20 1941 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).*

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.....

N. E.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39, No. 8427-e

Suffolk
(County)

Winthrop
(City or Town)

Winthrop Community Hospital
No. _____ St. _____

1 FULL NAME **Charles D. Bradbury**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **16 Lewis Ave., Winthrop** St. _____
(Usual place of abode)

Length of stay: In hospital or institution **2 weeks** - years - months **7** 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
-----------------------------	--	---

6a If married, with **Annier Bernhardt**
HUSBAND of **Annier** (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 **82** Years **4** Months **11** Days If less than 1 day
Hours _____ Minutes _____

9 Occupation: **Manager**

10 Industry or Business: **Forest Supplies**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Buckfield**
(State or country) **Maine**

13 NAME OF FATHER **Charles D. Bradbury**

14 BIRTHPLACE OF FATHER (City) **Maine**
(State or country)

15 MAIDEN NAME OF MOTHER **Malina Chase**

16 BIRTHPLACE OF MOTHER (City) **Maine**
(State or country)

17 Informant **Mrs. A. B. Bradbury** Relation, if any **wife**
(Address) **16 Lewis 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) **11/27/41** (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. **228**

MEDICAL CERTIFICATE OF DEATH

Duration
IMPORTANT
3 days

PHYSICIAN
Underline
the cause to
which death
should be
charged statistically.

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. 113, Sec. 45, G. L. (Tercentenary Edition.)*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the 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

DEC 9 1941

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.

229

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 29 Bates Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charles H. Paisley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 20 Calhoun Ave.

(Usual place of abode)

St. Everett

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether)

years

months

days

In this community 50 yrs. mos. 3 days.

6 hrs.

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 Sarah A. Foster (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 60 Years 9 Months 10 Days | If less than 1 day Hours Minutes

Usual Occupation: Salesman

Industry Wholesale Liquor
10 or Business:

11 Social Security No. 019-16-3371

12 BIRTHPLACE (City) St. John, New Brunswick
(State or country)

13 NAME OF FATHER John M. Paisley

14 BIRTHPLACE OF FATHER (City) St. John, N.B.
(State or country)

15 MAIDEN NAME OF MOTHER Georgiana Trumbull

16 BIRTHPLACE OF MOTHER St. John, N.B.
(State or country)

17 Informant Mrs. Sarah A. Paisley, (Relationship, if any)
(Address) 20 Calhoun Ave., Everett, 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. Cheddes
(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

Nov. 23/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 20, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1941 to Nov 20, 1941
I last saw him alive on Nov 18, 1941 death is said to have occurred on the date stated above, at 7:10 P.m.

Immediate cause of death Duration

Pulmonary Hemorrhage
Due to Carcinoma of Lung 6 hrs

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) Richard J. Morris, M. D.
(Address) 517 Broadway, Everett, Mass. Date Nov 21, 1941

21 Glenwood Everett, Mass.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL November 23, 1941

22 NAME OF FUNERAL DIRECTOR J. E. Henderson Co., W. H. Grant
ADDRESS 517 Broadway, Everett, Mass.

Received and filed

(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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.

25m-2-40-D-729-b

PLACE OF DEATH
1 { *Sayville* (County)
Wrentham (City or Town)
No. *35 Willow Ave Garage* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Thomas F. L. Golden* { (If U. S. War Veteran, specify WAR) *No*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No.** *35 Willow Ave Wrentham* 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 *20* yrs. mos. — days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) <i>Single</i> MARRIED WIDOWED OR DIVORCED	18 DATE OF DEATH <i>November - 21 - 1941</i> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)			19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <i>Carbon monoxide Poisoning</i>	
(or) WIFE of _____ (Husband's name in full)				
6 Age of husband or wife if alive. _____ years			20 Accident, suicide or homicide (specify). <i>Presumably Accidental</i>	
7 IF STILLBORN, enter that fact here.			Date of occurrence <i>Nov - 21 - 1941</i>	
8 AGE <i>66</i> Years — Months — Days If less than 1 day Hours — Minutes			Where did Injury occur? <i>Wrentham</i> (City or Town and State)	
9 Usual Occupation: <i>Retired Cashier</i>			Did injury occur in or about home, on farm, in industrial place, in public place? <i>Streets</i> (Specify type of place)	
10 Industry or Business: <i>Boston Edison Co.</i>			Manner of Injury: <i>Found dead seated in auto</i>	
11 Social Security No. <i>012-97-6422</i>			Nature of Injury: <i>in his closed garage</i>	
12 BIRTHPLACE (City) <i>Boston</i> (State or country) <i>Mass</i>			While at work? <i>no</i> Was there an autopsy? <i>yes</i>	
13 NAME OF FATHER <i>Thomas F. Golden</i>			21 Was disease or injury in any way related to occupation of deceased? <i>no</i>	
14 BIRTHPLACE OF FATHER (City) <i>Ireland</i> (State or country)			If so, specify _____ M. D.	
15 MAIDEN NAME OF MOTHER <i>Mary B. Brogan</i>			(Signed) <i>Wm. J. Snickley</i> (Address) <i>Boston Nov. 22 - 1941</i>	
16 BIRTHPLACE OF MOTHER (City) <i>Co. Galway</i> (State or country) <i>Ireland</i>			22 <i>Holyhood Brookline</i> Place of Burial, Cremation or Removal. (City or Town)	
17 Informant <i>Mabel J. Golden (sister)</i> (Address) <i>35 Willow Ave, Wrentham</i>			DATE OF BURIAL <i>November 25, 1941</i>	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Wm. J. Snickley</i> (Signature of Agent of Board of Health or other Health Officer) <i>11/24/41</i> (Official Designation) (Date of Issue of Permit)			23 NAME OF FUNERAL DIRECTOR <i>W. F. Kelly</i> ADDRESS <i>11 Meridian St. E.B.</i>	
			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).*

DESCRIPTION (for unknown person).....

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

1 PLACE OF DEATH
 Suffolk County
 Wrentham (City or Town)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

No. 69 Cottage Park Road Wrentham St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Franklin POSTON
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Cottage Park Rd. Wrentham 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 none years months days. In this community yrs. / mos. 7 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	18 DATE OF DEATH November 21 st - 1941 (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 have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Drowning	
6 Age of husband or wife if alive _____ years			20 Accident, suicide or homicide (specify) Homicidal	
7 IF STILLBORN, enter that fact here.			Date of occurrence about Nov - 21 - 1941	
8 AGE _____ Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____			Where did Injury occur? Wrentham (City or Town and State)	
9 Occupation: _____ Industry _____ or Business: _____			Did injury occur in or about home, on farm, in industrial place, in public place? Probably (Specify type of place)	
11 Social Security No. _____			Manner of Injury Found dead in a suitcase	
12 BIRTHPLACE (City) Wrentham (State or country) Mass			Nature of Injury under a bed	
13 NAME OF FATHER Clarence O Poston			While at work? - Was there an autopsy? yes	
14 BIRTHPLACE OF FATHER (City) Johnsonville (State or country) South Carolina			21 Was disease or injury in any way related to occupation of deceased? -	
15 MAIDEN NAME OF MOTHER Evelyn Polhier			If so, specify _____ M. D.	
16 BIRTHPLACE OF MOTHER (City) Yarmouth (State or country) Nova Scotia			(Signed) _____ M. D. (Address) Boston Nov 24 1941	
17 Informant Clarence O Poston (Father) (Address) 69 Cottage Park Rd. Wrentham			22 Place of Burial, Cremation or Removal Wrentham (City or Town) Wrentham	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress (Signature of Agent of Board of Health or other) Health officer 11/26/41 (Official Designation) (Date of Issue of Permit)			DATE OF BURIAL November 27 1941	
			23 NAME OF FUNERAL DIRECTOR R.C. 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).*

DESCRIPTION (for unknown person).....

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)
Dorchester (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. 232

No. 1111 Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Baby Christopher (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 111 Salem St. (Usual place of abode)
Length of stay: In hospital or institution. 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 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		
10 or Business: Industry		
11 Social Security No.		
12 BIRTHPLACE (City) (State or country) Dorchester Mass		
13 NAME OF FATHER Frederick T. Christopher		
14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass		
15 MAIDEN NAME OF MOTHER Alice Bonica		
16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston Mass		
17 Informant Frederick T. Christopher (Address) 111 Salem St Dorchester		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 22 1941 (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 Immediate cause of death: Stillborn

Due to Columbus Premature 7 mos

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 William Richardson M. D. (Signed) 59 Sturtevant St Date 11/24/41 (Address)

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Nov 24 1941

22 NAME OF FUNERAL DIRECTOR J. F. DeMille ADDRESS

Received and filed NOV 24 1941 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:
Wm. D. Childers (Signature of Agent of Board of Health or other)
Health Office 11/24/41 (Official Designation) (Date of Issue of Permit)

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . .

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died: and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

301 A
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-a

REVERE NOTIFIED
(County) *Wentworth*
(City or Town) *Wentworth*
No. *Wentworth 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. *233*

1 PLACE OF DEATH *Wentworth Community Hospital* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Baby Christopher* } (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *11 Salem St. Boston* St. *Boston*
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution *9 months* years months *3* 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 Years Months Days *3* Hours Minutes
Usual
9 Occupation:
Industry
10 or Business:
11 Social Security No.
12 BIRTHPLACE (City) *Wentworth*
(State or country) *Mass*
13 NAME OF FATHER *Frederick T. Christopher*
14 BIRTHPLACE OF FATHER (City) *Revere*
(State or country) *Mass*
15 MAIDEN NAME OF MOTHER *Bonia*
Alice Bonia
16 BIRTHPLACE OF MOTHER (City) *East Boston*
(State or country) *Mass*
17 Informant *Frederick T. Christopher* Relation, if any *Father*
(Address) *11 Salem St. Boston*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Nov 22 1941*
(Month) (Day) (Year)
19 I HEREBY CERTIFY. That I attended deceased from
19....., 19....., to....., 19.....
I last saw him alive on....., 19....., death is said
to have occurred on the date stated above, at *12:49 P.M.*
Immediate cause of death *Exhaustion*
Due to *Exhaustion*
Due to *Exhaustion*
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) *William Shogden* M. D.
(Address) *59 Shirley Ave. Boston* Date *11/24 1941*
21 *St. Michael's* Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *Nov 26 1941*
22 NAME OF FUNERAL DIRECTOR *R. J. DeMull*
ADDRESS *Boston*

1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Clark
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *11/25/41* (Date of Issue of Permit)

Received and filed *11/25/41* 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

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 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. 17, G. L.)

25m-10-39, No. 8427-g

OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(Check one making return)

Registered No. **234**

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Chelsea Memorial Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Belle Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 297 River Road St. 1 Winthrop
(Usual place of abode) Hospital
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 (write the word) WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Frank J. 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 62 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Housewife Own home

10 Industry or Business:

11 Social Security No. Montreal, Canada

12 BIRTHPLACE (City) (State or country) Canada

13 NAME OF FATHER Joseph Behan

14 BIRTHPLACE OF FATHER (City) (State or country) Montreal, Canada

15 MAIDEN NAME OF MOTHER Margaret Power

16 BIRTHPLACE OF MOTHER (City) (State or country) Templeton, Ontario

17 Informant Arthur Sullivan (Address) 106 Washington Ave., (Winthrop)

A TRUE COPY.

ATTEST: Joseph A. Lyrell
(Registrar of city or town where death occurred)

DATE FILED Nov. 25, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 23, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fracture of skull
Traumatic Intracranial Hemorrhage

Presumably accidental

20 Accident, suicide, or homicide (Specify) Nov. 25, 41

Date of occurrence Boston 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? Said to have been injured in a public place

Manner of Injury auto collision at Boston Nov. 23, 1941
Nature of Injury no

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Wm. J. Brickley, M.D.
(Signed) Boston Date 11/24 M. D. 41
(Address)

22 Place of Burial, Cremation or Removal Winthrop, Winthrop
DATE OF BURIAL Nov. 26, 19 41

23 NAME OF FUNERAL DIRECTOR John F. O. Maley
ADDRESS Winthrop, Mass.

Received and filed Nov. 25, 1941 19

(Registrar of City or Town where deceased resided)



information should be carefully supplied. AGE should be stated EXACTLY. If DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 45 Forrest

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. 235

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Dora Blumenthal
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 45 Forrest 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 4 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 Jacob Blumenthal
(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: Housework

Industry or Business: At Home

11 Social Security No. --

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Asher Freedman

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Harry Blumenthal (Son) (Address) 73 Union St., Natick
Relation, if anyI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 26 1941
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from
July 29, 1938, to Nov. 26 1941
I last saw her alive on Nov. 26, 1941, death is said to
have occurred on the date stated above, at 4:15 P. m.
Immediate cause of deathAcute Coronary
Thrombosis

Duration

11/26/41

Due to

Due to

Other conditions Angina Pectoris
(Include pregnancy within 3 months of death)

June 10/41

Major findings:

Of operations None

Date of

Of autopsy None

What test confirmed diagnosis? Clinical

IMPORTANT

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 B. Charney M.D. M. D.

(Address) 562 Stanley St. Date 11/26/41

21 Winthrop Cemetery Everett
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 27, 1941

22 NAME OF FUNERAL DIRECTOR Wm. J. Stetsky
ADDRESS 10-100 St. Paul St.

Received and filed NOV 27 1941 19

(Registrar)

GOVERNING THE 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 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 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).*

(3) Medical Examiners 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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 225

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. 45 Forrest St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME DORA BLUMENTHAL
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 45 Forrest St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 4 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 Jacob Blumenthal
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 6 1 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Ischer Freedman

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER (cannot be learned)

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Harry Blumenthal (son)
(Address) 73 Union St. Natick

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

M. D. Childers
(Signature of Agent of Board of Health or other Health Officer)
(Official Designation) (Date of Issue of Permit) 11/27/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 26 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 29 1938, to Nov. 26 1941
I last saw him alive on Nov. 26 1941, death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coramary Thrombosis

Date of Onset
IMPORTANT
11/26/41

Contributory causes of importance not related to principal cause:

Angina Pectoris

June 10/41

Name of operation none Date of What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob Blumenthal M. D.
(Address) 362 Shirley St. Boston Date 11/26/1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Everett
(Cemetery) (City or town)

DATE OF BURIAL November 27, 1941

22 NAME OF UNDERTAKER Emanuel Stanetopy
ADDRESS 10 Washington St. Dor.

Received and filed 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause, of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit certificate. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1922 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumas (including twisting, sprains, etc.) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. 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. **236**

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 Mary Elizabeth Brown
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 204 Lincoln 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 9 days. In this community 10 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 John M. Brown
(Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years - Months - Days If less than 1 day
Hours - Minutes

9 Usual Occupation: At home

10 Industry or Business: Housework

11 Social Security No. none

12 BIRTHPLACE (City) West Springfield
(State or country) Mass

13 NAME OF FATHER William Henry Lawthorne

14 BIRTHPLACE OF FATHER (City) Manchester, England
(State or country)

15 MAIDEN NAME OF MOTHER Mary E. Kelliher

16 BIRTHPLACE OF MOTHER (City) Galway, Ireland
(State or country)

17 Informant John M. Brown (Husband)
(Address) 204 Lincoln 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)

(Official Designation)

(Date of Issue of Permit) 11/27/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 26 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
June 1, 1941, to Nov 26, 1941.
I last saw him alive on Nov 26, 1941, death is said
to have occurred on the date stated above, at 8:30 p.m.

Immediate cause of death: Pneumonia

Due to pneumonia

Due to pneumonia

Due to pneumonia

Due to pneumonia

Other conditions: Subacute hepatitis

(Include pregnancy within 3 months of death)

Major findings: Cancer of the prostate

Of operations: None

Date of: 11/21/41

Of autopsy: 11/21/41

What test confirmed diagnosis? None

20 Was disease or injury in any way related to occupation of deceased?

If so, specify: None

(Signed) M. D.

(Address) 11/21/41

21 Holy Cross Malden

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov 29 1941

22 NAME OF FUNERAL DIRECTOR Lee M. Norton (Dorothy Funeral Home)

ADDRESS Main St. Malden

Received and filed 1941

(Registrar)

name changed to
"Kelliher" - see understanding in notes

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. If DECEASED was a MINOR, state CAUSE OF DEATH in plain terms, so 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

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis C. McKenzie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 51 Birch Rd.

(Usual place of abode)

Length of stay: In hospital or institution Hospital years months 21 days.

(Specify whether)

St. (If nonresident, give city or town and state)

In this community 23 yrs. mos. days.

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 237

(If U. S.
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)
Male	White	MARRIED WIDOWED OR DIVORCED Married

5a If married, widowed, or divorced.
HUSBAND of May Benjamin McKenzie
(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 72 Years 5 Months 11 Days If less than 1 day Hours Minutes

9 Usual Occupation: Executive

10 Industry or Business: Wholesale Druggist

11 Social Security No. 010-18-3332

12 BIRTHPLACE (City) Portland
(State or country) Me.

13 NAME OF FATHER Alexander McKenzie

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Jane Wilkie

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)17 Informant Mrs. May E. McKenzie (Wife)
(Address) 51 Birch Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)Nov. 28/41
(Date of Issue of Permit)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH



MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 26 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1941, to Nov. 26, 1941.

I last saw him alive on Nov. 26, 1941, death is said to have occurred on the date stated above, at 8:55 A.M.

Immediate cause of death

Bronchopneumonia 3 days

Due to following partial

Due to cystectomy performed

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Carcinoma of bladder

Of operations

Of autopsy

What test confirmed diagnosis? biopsy

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, Me. Date 11/22/41

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 28, 1941

22 NAME OF FUNERAL DIRECTOR Richard F. White (BP)

ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

DEC 1 1941

(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 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, 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 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)
No. Winthrop Community Hospital St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 238

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. McArthur McLeod
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(U. S. War Veteran, specify WAR)

(a) Residence. No. 4 Pleasant St.
(Usual place of abode)

Length of stay: In hospital or institution 9 months - years - months 1 days. In this community 32 yrs. - mos. - days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
6 Age of husband or wife if alive 7 IF STILLBORN, enter that fact here.		
8 AGE 78 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) Ireland		
13 NAME OF FATHER John McArthur		
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland		
15 MAIDEN NAME OF MOTHER Cannot be learned		
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland		
17 Informant Charlotte McLeod Relation, if any Daughter (Address) 4 Pleasant St.		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other Health Officer)
(Date of Issue of Permit) 11/28/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 27 1941 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from November 10, 1941, to November 27, 1941. I last saw her alive on November 27, 1941, death is said to have occurred on the date stated above, at 10 P. M. Immediate cause of death: Cerebral Hemorrhage Due to Hypertensive Pneumonia Due to Arteriosclerosis Other conditions none Major findings: none Of operations none Date of autopsy none What test confirmed diagnosis Clinical & Laboratory 20 Was disease or injury in any way related to occupation of deceased? No If so, specify Jacob Phares (Signed) 562 Hurby St. M. D. (Address) Date Nov 27 1941 21 Winthrop Community Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Dec 1 1941 22 NAME OF FUNERAL DIRECTOR John H. O'Malley ADDRESS Winthrop Received and filed Nov 28 1941 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. 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

RM R-301
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. **239**

No. _____ St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 F

14B-1939-J
388

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF BRONX

Certificate of Death

Certificate No. **8339**

BORO-DEATH

2

INSTITUTION

440

BORO RESID.

8

AREA-DIST.

OCCUPATION

NATIV. DEC.

NATIV. MOTHE

CAUSE 1

CAUSE 2

OPERATION

TYPE ACCID.

O. Y. ACCID.

ATT.-AUTOP.

CEM.

1941 SEP 9 PM 12 04

1. NAME OF DECEASED **Daniel B. SANBORN**
(Print) First Name Middle Name Last Name Social Security No.

PERSONAL PARTICULARS
(May be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State **Massachusetts**

(b) Co. _____ (c) Town or City **Winthrop**

(d) No. **364 Winthrop Street**
(If in rural area, give location)
(e) Length of residence or stay in City of New York immediately prior to death **non-resident**

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

4 WIFE HUSBAND } of **Ruth Alma Sanborn**

5 DATE OF BIRTH OF DECEASED (Month) (Day) (Year) **October 21, 1898**

6 AGE **42** yrs. mos. days hrs. or min. If LESS than 1 day, _____

7 OCCUPATION **Teacher**
A Trade, profession, or particular kind of work, as spinner, Sawyer, bookkeeper, etc.
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.

8 BIRTHPLACE OF DECEASED **Massachusetts** 9 How long in U. S. (if of foreign birth) **life**

10 IF DECEASED WAS VETERAN, NAME WAR **World War**

11 NAME OF FATHER OF DECEASED **Daniel B. Sanborn**

12 BIRTHPLACE OF FATHER **United States**
(State or country) (State unknown)

13 MAIDEN NAME OF MOTHER OF DECEASED **Caroline Jane**
(maiden name unknown)

14 BIRTHPLACE OF MOTHER **New Hampshire**
(State or country)

15 SIGNATURE OF INFORMANT **Information obtained from records of deceased.**

RELATIONSHIP TO DECEASED

ADDRESS

22 PLACE OF BURIAL OR CREMATION **Manchester, N. H.**

23 FUNERAL DIRECTOR **E. Devlin Inc.**

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

16. PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough **Bronx, New York**

(c) Name of Hospital or Institution **Veterans Administration**
(If not in hospital or institution, give street and number.)

(d) Length of stay at place of death immediately prior to death **12/28/40 to 9/8/41**

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) **September 8, 1941 7:30a**

18 SEX **Male** 19 Color or Race **White** 20 Approximate Age **42 years**

21. I HEREBY CERTIFY that I attended the deceased from **December 28, 1940 to September 8, 1941;**

that I last saw him alive on **September 8, 1941**, and that the facts stated in items 16-20 are correct.

Statement of cause of death is based on (anatomy) (operation) (laboratory test) (clinical findings) (Cross out terms that do not apply.)

Principal cause of death **Left frontal Neoplasm.** DATE OF ONSET **Unknown**

Contributory causes and other conditions

Autopsy: **None** Operation: **January 15, 1941.**
Date of **None** Date of **January 24, 1941.**
(If none, so state) (If none, so state)

Condition for **Ventriculogram** which performed: **left osteoplastic craniotomy.**

Signature **Carlton D. Bates** M. D.
CARLTON BATES, M.D., Chief Medical Officer
Address **130 W. Kingsbridge Rd.** Date **September 9, 1941**

DATE OF BURIAL OR CREMATION **Sept. 9, 1941 Shipped**

PERMIT NUMBER **1040**

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Received and filed **1942** **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 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

240

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)

Ada B. Stimpson

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

85 Crest Ave.

Winthrop

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution. (Before death)

6 years 1 months 11 days

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

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William McHenry Stimpson

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 Occupation: housewife

10 Industry or Business: none

11 Social Security No.

12 BIRTHPLACE (City) Union, N.H.
(State or country)

13 NAME OF FATHER Daniel Burrows

14 BIRTHPLACE OF FATHER (City) N.H.
(State or country)

15 MAIDEN NAME OF MOTHER Hannah Stackpole

16 BIRTHPLACE OF MOTHER (City) N.H.
(State or country)

17 NAME OF MOTHER Mary K. McPhillips

Relation, if any

Informant (Address)

DSH

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

12/1/41

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sep. 30, 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1937, to Sep. 30, 1941

I last saw him alive on Sep. 30, 1941, death is said to have occurred on the date stated above, at 12:25 p.m.

Immediate cause of death

Generalized arteriosclerosis 8 yrs
Chr. myocarditis 4 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Myer Asekoff

M. D.

(Address)

Date 11/28/41

21 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery)

DATE OF BURIAL

Oct. 14, 1941

22 NAME OF FUNERAL DIRECTOR

Charles A. Bennison

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

241

State of NEW HAMPSHIRE

1. PLACE OF DEATH:

- (a) County Carroll
(b) City or town Conway
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mass. (b) County Unk.
(c) City or town Winthrop
(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 about 5 months
(Specify whether years, months or days)

- (2) Street No. 41 Buckthorn Terrace
(If rural, give location)

- (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Edward H. Scribner

MEDICAL CERTIFICATION

20. Date of death: Month Oct. day 16
year 1941 hour _____ minute _____

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

21. I hereby certify that I attended the deceased from _____

4. Sex Male 5. Color or
race White

6. (a) Single, widowed, married, _____, 19____, to _____, 19____:

6. (b) Name of husband or wife _____
Ernestine Scribner

6. (c) Age of husband or wife if _____, 19____, to _____, 19____:
alive _____ years

7. Birth date of deceased July 15 1873
(Month) (Day) (Year)

- Immediate cause of death _____
Acute Coronary occlusion

Duration

sudden

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ hr. _____ min.

- Due to Arterio Sclerosis

9. Birthplace North Attleboro, Mass.
(City, town, or county) (State or foreign country)

- Due to _____

10. Usual occupation retired

11. Industry or business _____

- Other conditions _____
(Include pregnancy within 3 months of death)

12. Name Horace M. Scribner

13. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)

- Major findings:
Of operations _____

14. Maiden name Jennie D. Crabtree

15. Birthplace West Falmouth, Me.
(City, town, or county) (State or foreign country)

- Of autopsy _____

16. (a) Informant's own signature Mrs. Ernestine Scribner

- (b) Address 41 Buckthorn Terrace, Winthrop, Mass.

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? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Cecil R. Head

- (b) Address Conway, N.H.

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

19. (a) Oct. 17, 1941 Leslie C. Hill
(Date received local registrar) (Registrar's signature)

23. Signature C. M. Wiggin (M. D. or other) M.D.

- Address Conway, N.H. Date signed 10/16/41

DEC 12 1961



RECEIVED

Suffolk

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 9167342

PLACE OF DEATH

(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 Sarah Simon
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 160 Shore Drive 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 fem 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Arthur Simon (Husband's name in full)

6 Age of husband or wife if alive. 78 years

7 IF STILLBORN, enter that fact here.
8 AGE 65 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) Russia
(State or country)

13 NAME OF FATHER Julius Alpert

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Fannie -

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Anna Aronson Relation, if any (Address) dau

A TRUE COPY.

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED 11/5/41 19

18 DATE OF DEATH Nov 2 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 10/2/41, 19, to 11/2/41, 19

I last saw her alive on 11/2/41, 19, death is said to have occurred on the date stated above, at 11 A.m. Duration

Immediate cause of death: acute myocardial infarct 4 wks
recent myocardial infarct 4 wks
Due to congestive failure 4 wks
bilateral hydrothorax 2 dysDue to
Other conditions (Include pregnancy within 3 months of death) PHYSICIANMajor findings: Of operations Underline the cause to which death should be charged statistically.
Date of
Of autopsy same as above
What test confirmed diagnosis? autopsy20 Was disease or Injury in any way related to occupation of deceased?
If so, specify
(Signed) S Stearns M. D.
(Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR ADDRESS

Received and filed 19

(Registrar of City or Town where deceased resided)

If deceased resided in another city or town at the time of death, state 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)

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. 939143

No. Boston City Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Brugman { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 64 Plummer 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

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 Theresa A Ahearn
(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 53 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: truck driver

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER Dirk Brugman

14 BIRTHPLACE OF FATHER (City) Holland
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Ferron

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Frank Brugman (son) Relation, if any
(Address)

A TRUE COPY.

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED 11/13/41 19

18 DATE OF DEATH Nov 8 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/6/41, 19., to 11/8/41, 19.

I last saw him alive on 11/8/41, 19., death is said to have occurred on the date stated above, at 9/45 P.M.

Immediate cause of death: cerebral hemorrhage hrs

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) M W O'Connell M. D.

(Address) Boston Date 11/13/41

21 PLACE OF BURIAL Boston Winthrop Mass
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Nov 11 1941 19

22 NAME OF FUNERAL DIRECTOR C H Treanor

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)



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. 9351 344

PLACE OF DEATH

No. Palmer Memorial Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME George E. Parker
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (If U. S.
 War Veteran,
 specify WAR)

 (a) Residence. No. 201 Main 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 (write the word) WIDOWED or DIVORCED married

 6a If married, widowed, or divorced HUSBAND of -
 (Give maiden name of wife in full)

 (or) WIFE of -
 (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 23 Days If less than 1 day Hours Minutes

9 Occupation: switchman

10 Industry or Business: B & A retired

11 Social Security No. E Hartford Conn

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER Edmund A Parker

14 BIRTHPLACE OF FATHER (City) (State or country) Delaware Co NY

15 MAIDEN NAME OF MOTHER Emily J-

16 BIRTHPLACE OF MOTHER (City) (State or country) Wilmington Del

 17 Informant Mrs Violet Pentleton- Relation, if any friend
 (Address)

A TRUE COPY.

 ATTEST: Francis J. Gay
 (Registrar of city or town where death occurred)

DATE FILED 11/13/41

MEDICAL CERTIFICATE OF DEATH

 18 DATE OF DEATH Nov 8 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 10/23/41, 19, to 11/8/41, 19.

I last saw him alive on 11/41, 19, death is said to have occurred on the date stated above, at 3/20A.m.

Immediate cause of death carcinoma of rectum 3 yrs?

Due to metastases to bone & lungs -

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 ca of rectum

What test confirmed diagnosis? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) C C Franseen (Address) Boston Date 11/9/19 41 M. P.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Crem Everet (City or Town)

DATE OF BURIAL Nov 12 1941 19

22 NAME OF FUNERAL DIRECTOR L E Parker ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)



Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

(City or town making return)

245

PLACE OF DEATH
1(County)
Boston
(City or Town)COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 9392

No. St. Elizabeth's Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Charles F. Adams

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

115 Main

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

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

male

white

MARRIED
WIDOWED
or DIVORCED

widowed

6a If married, widowed, or divorced
HUSBAND of:Mary J. Quinlan
(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

35

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

truck driver

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Boston Mass

13 NAME OF
FATHER

Frederick S Adams

14 BIRTHPLACE OF
FATHER (City)

(State or country)

New Brunswick

15 MAIDEN NAME
OF MOTHER

Elizabeth A Dunn

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston Mass

17

Informant
(Address)

George Adams

Relation, if any

bro

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

11/13/41

19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF
DEATH

Nov 9 1941

(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.)traumatic intracranial hemorrhage
continued around occipital scalp
fracture dislocation left knee

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence Nov 8 1941

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?said to have been injured by an
auto at Boston Nov 8 1941Manner of
InjuryNature of
Injury

Pedestrian

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W J Brickley

(Address)

Boston

Date 11/9/41

22

St. Patrick's

Stoneham

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Nov 12 1941

19

23 NAME OF

FUNERAL DIRECTOR

C H Treanor

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY WITH INK. IN YOUR CITY OR TOWN IN CASE THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME
COPIES OF RETURNS OF DEATHS WHICH OCCURRED IN YOUR CITY OR TOWN IN WHICH THE DECEASED RESIDED AS SOON AS POSSIBLE
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

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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)
Station Hospital, Fort Banks, Mass.

2 FULL NAME
ROBERT (None) KENNEDY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 82 Greenwood Street St. Melrose, Mass.
(Usual place of abode)
Length of stay: In hospital or institution 3 months 5 days - years 3 months 5 days. In this community 3 yrs. 3 mos. 5 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)

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 20 Years 10 Months 14 Days If less than 1 day Hours Minutes
9 Usual Occupation: Soldier
10 Industry or Business: U. S. Army
11 Social Security No.
12 BIRTHPLACE (City) Stoneham, Massachusetts (State or country)
13 NAME OF FATHER John F. Kennedy
14 BIRTHPLACE OF FATHER (City) Malden, Massachusetts (State or country)
15 MAIDEN NAME OF MOTHER Marguerite Fairfield
16 BIRTHPLACE OF MOTHER (City) Franklin, Massachusetts (State or country)
17 Informant John F. Kennedy (Address) 82 Greenwood St., Melrose, Mass. Relation, if any Father

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 2, 1941 (Month) (Day) (Year)
19 I HEREBY CERTIFY. That I attended deceased from August 26, 1941, to December 2, 1941
I last saw him alive on December 2, 1941, death is said to have occurred on the date stated above, at 11:05a.
Immediate cause of death. Appendicitis, acute.
Peritonitis, acute.
Subphrenic abscess.
Pelvic abscess, acute.
Due to Cholecystitis, acute, suppurative, obstructive.
Fecal fistulae, acute.
Other conditions (Include pregnancy within 3 months of death)

Duration
Aug. 25
Aug. 30
Sept. 5
Aug. 30
Sept. 10
Aug. 30

PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings: Appendectomy--Appendicitis, acute. Cholecystitis, acute. Date of autopsy None
What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Platt R. Powell, 1st Lt., M.C. (Address) Fort Banks, Mass. Date Dec. 2, 1941
21 Place of Burial, Cremation or Removal. Melrose (City or Town)
DATE OF BURIAL Dec. 5, 1941
22 NAME OF FUNERAL DIRECTOR
ADDRESS 254 Beach St. Revere
Received and filed DEC 5 1941
A TRUE COPY ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Philbrick
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
12/3/41 (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 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

JAN 6 1942

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.

247

1 PLACE OF DEATH

Winthrop Highlands

(City or Town)

No. 6 Argyle St., Winthrop Highlands.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME CHARLES E. WALLACE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 144 Kimball Ave., Revere.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.....
(Before death) (Specify whether)

years

months

days

In this community 30 yrs.

mos. 30 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Male White

MARRIED
WIDOWED
or DIVORCED Widower

5a If married, widowed or divorced
HUSBAND of Margaret E. Hurney

(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 79 Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Teamster.

10 Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City) New Bedford
(State or country) Mass.

13 NAME OF FATHER John Wallace.

14 BIRTHPLACE OF FATHER (City) New Bedford, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Helen Morse,

16 BIRTHPLACE OF MOTHER (City) Boston,
(State or country) Mass.

17 Informant Mrs. Helen M. Richards, daughter of deceased
(Address) 144 Kimball Ave., Revere.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent, Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 3, 1941.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from
Oct 15, 1941, to Dec 3, 1941

I last saw him alive on Dec 3, 1941, death is said to
have occurred on the date stated above, at 11:15 p.m.

Immediate cause of death..... Duration IMPORTANT

Acute Cardiac Dilatation 12-3-41

Due to Chronic myocarditis 1936

Due to Gen. arterio sclerosis 1936

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations..... Physician

Date of..... Underline the cause to which death should be charged statistically.
Of autopsy..... Cause of death
What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold G. Crosby, M.D.
(Address) 60 Beach St., Boston, Date 12-4-1941

21 Mt. Calvary Boston.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 6, 1941. 19

22 NAME OF FUNERAL DIRECTOR F.G. Crosby

ADDRESS 867 Beacon St. Boston

Received and filed..... 19

DEC 6 1941

(Registrar)

sample for m. study

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 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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, 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, aa housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 28 Pebble Avenue		St.		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 248	
2 FULL NAME Bernard F. Hanrahan (If deceased is a married, widowed or divorced woman, give also maiden name.)												PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) <i>None</i>	
(a) Residence, No. 28 Pebble Avenue 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. (Before death) (Specify whether)													
PERSONAL AND STATISTICAL PARTICULARS													
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED									
Male		White		Married									
5a If married, widowed, or divorced HUSBAND of Elizabeth M. French (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 66 Years — Months — Days If less than 1 day Hours — Minutes													
9 Occupation: Contractor													
10 Industry or Business: Construction													
11 Social Security No. None													
12 BIRTHPLACE (City) East Boston (State or country) Mass.													
13 NAME OF FATHER James D. Hanrahan													
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)													
15 MAIDEN NAME OF MOTHER Alice A. Keenan													
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)													
17 Informant Mrs. Elizabeth Hanrahan (Wife) Relation, if any (Address) 28 Pebble Avenue													
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Wm. S. Chittenden</i> (Signature of Agent of Board of Health or other) <i>Health Officer</i> (Official Designation) 12/18/41 (Date of Issue of Permit)													
MEDICAL CERTIFICATE OF DEATH													
18 DATE OF DEATH Dec. 5, 1941 (Month) (Day) (Year)													
19 I HEREBY CERTIFY, That I attended deceased from April 1, 1941 to Dec. 5, 1941 I last saw him alive on Dec 5, 1941 , death is said to have occurred on the date stated above, at 28 Pebble Ave. m. Immediate cause of death Acute Pulmonary edema Duration 2 days Due to Chronic myocarditis 1 yr Due to Chronic interstitial nephritis 1 yr Diabetes 2 yrs Other conditions (Include pregnancy within 3 months of death) Major findings: None Of operations: _____ 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 George H. Schubert M. D. (Signed) 19 Princeton St (Address) 12/18 (Date) 1941 21 Winthrop Winthrop Place of Burial, Crémation or Removal (City or Town) DATE OF BURIAL December 8, 1941 22 NAME OF FUNERAL DIRECTOR P. C. Kelly ADDRESS 17 Remington 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 233 Winthrop St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 249

1

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Alice A. Hicks
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 233 Winthrop 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 32 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. 76 Years 6 Months 1 Days If less than 1 day
Hours Minutes

Usual Occupation: none

Industry or Business: —

11 Social Security No. —
12 BIRTHPLACE (City) Westport
(State or country) Nova Scotia

13 NAME OF FATHER Charles F. Hicks

14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

15 MAIDEN NAME OF MOTHER Elmira Utley

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

17 Informant Frederick Hicks (Nephew)
(Address) 107 Lexington Ave., Providence R.I.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

M. S. Chilcote
(Signature of Agent of Board of Health or other)

Health Officer 12/9/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec - 5 - 1941
(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.)

Gas Poisoning
Asphyxiation by Carbon Monoxide

20 Accident, suicide or homicide (specify) Suicidal
Date of occurrence Dec - 6 - 1941

Where did Injury occur? Winthrop, Mass.
(City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?
In home
(Specify type of place)

Manner of Injury. Found dead in her kitchen
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) J. J. Buckley, M. D.

(Address) Boston Date - 6 - 1941

22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 9, 1941 19

23 NAME OF FUNERAL DIRECTOR Richard P. 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).*

DESCRIPTION (for unknown person).....

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

FORM 7-301
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-J

1942
SUFFOLK.
(County)
Winthrop, Mass.
(City or Town)
No. ~~110 Lincoln St~~ Winthrop, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Alfred Sparling.
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 3 Sachem St. Billerica, Mass.
(Usual place of abode)
Length of stay: In hospital or institution Hospital — years — months 49 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 DIVORCED Married
5a If married, widowed, or divorced HUSBAND of Catherine A. Hearn (Give maiden name of wife in full)
(or) WIFE of Father (Husband's name in full)
6 Age of husband or wife if alive 65 years
7 IF STILLBORN, enter that fact here.
8 AGE 69 Years 6 Months 6 Days If less than 1 day Hours Minutes
9 Usual Occupation: Salesman
10 Industry Sands Taylor & Wood
11 Social Security No. 024-05-7766
12 BIRTHPLACE (City) Follys Mountain (State or country) Nova Scotia
13 NAME OF FATHER Wesley Sparling
14 BIRTHPLACE OF FATHER (City) Cannot be obtained (State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Mary Ann Mac Lean
16 BIRTHPLACE OF MOTHER (City) Baddeck (State or country) Nova Scotia
17 Informant Robert Sparling (Address) Sachem St. Billerica, Mass. Relation, if any Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childers
(Signature of Agent of Board of Health or other)
Agent (Official Designation)
Dec. 7/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH December 6th, Saturday 1941.
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from October 18, 1941, to December 6th, 1941.
I last saw him alive on Dec. 5th, 1941, death is said to have occurred on the date stated above, at 5³⁰ A.M.
Immediate cause of death. Hypostatic Pneumonia
Due to Cancer of Prostate
Other conditions (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) Lydia W. Robinson, M. D.
(Address) Winthrop, Mass. Date Dec. 6, 1941.
21 Oak Grove Medford
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 9, 1941
22 NAME OF FUNERAL DIRECTOR Austin G. Perry
ADDRESS Boston Rd. Billerica, 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

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. MEDICAL EXAMINERS SHOULD STATE CAUSE AND MANNER OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED UNDER THE INTERNATIONAL CLASSIFICATION OF CAUSES OF DEATH. SEE REVERSE SIDE FOR EXTRACTS FROM THE LAWS RELATIVE TO THE RETURN OF CERTIFICATES OF DEATH.

25m-2-40-D-729-b

PLACE OF DEATH

Supple
(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 Mary J. Doole
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 104 Grace Ave Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital - years - months 21 days.
(Specify whether)

In this community 45 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 James Doole
(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 - Months - Days If less than 1 day Hours - Minutes

9 Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) State or country Portland Maine

13 NAME OF FATHER Mulloy

14 BIRTHPLACE OF FATHER (City) State or country Cannot be learned

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) State or country Cannot be learned

17 Informant Maggie Collins (Daughter)
(Address) 140 Circuit Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Hildreth
(Signature of Agent of Board of Health or other)

H.S. Att Dec-9-41
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

Registered No. 251

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec-7-1941
(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.)

Pneumonia
Sepsis
Fractured Femur

20 Accident, suicide or homicide (specify) accidental
Date of occurrence Nov-16-1941

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 Fell accidentally in her home
Nature of Injury on Nov-16-1941

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. J. Bricker, M. D.

(Address) Boston Dec-9-1941

22 Place of Burial, Cremation or Removal Holyhood Brookline
(City or Town)

DATE OF BURIAL December 10 1941

23 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Massachusetts

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 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).*

... 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 only all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) *Under cause* its known or presumable nature; and (2) *under manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhages 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

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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 interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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, asthcnia, etc. As principal cause name the disease 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. 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. 254

2 FULL NAME. Eugene D. Mussey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 184 Circuit Rd., Winthrop St.
(Usual place of abode)

Length of stay: In hospital or institution 3 years - months 4 days. In this community 7 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 Pauline Cooper Mussey
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive 36 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years - Months 4 Days - Hours - Minutes
If less than 1 day

Usual Occupation: Traffic Manager

Industry or Business: Dept. Store

11 Social Security No. 022-01-3686

12 BIRTHPLACE (City) Farmington N. H.
(State or country)

13 NAME OF FATHER Frank D. Mussey

14 BIRTHPLACE OF FATHER (City) Dover N. H.
(State or country)

15 MAIDEN NAME OF MOTHER Eva McDuffie

16 BIRTHPLACE OF MOTHER (City) New Hampshire
(State or country)

17 Informant Mrs. Pauline C. Mussey Wife
(Address) 184 Circuit Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent Dec. 14/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 12 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1941, to Dec 12, 1941

I last saw him alive on Dec 11, 1941, death is said to have occurred on the date stated above, at 10:00 P.M.
Immediate cause of death Corbore Hemorrhage

Due to High blood pressure

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) Domingo A. Costa, M. D.
(Address) 261 West 1st St., Boston, Mass. 1941

21 Place of Burial, Cremation or Removal. Weston, Mass.
DATE OF BURIAL Dec. 14, 1941

22 NAME OF FUNERAL DIRECTOR Richard B. White
ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed DEC 14 1941

(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.....

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH

1

Suffolk
(County)
Wenlock
(City or Town)

No.

46 - Washington ave

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Frances Barry Kirkpatrick

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No.

(Usual place of abode)

46 - Washington ave

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community *48* yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED Widowed

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of *James Kirkpatrick*
(Give maiden name of wife in full)
(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 Occupation: *at home*

10 Industry or Business: *at home*

11 Social Security No. *2-2-2-2-2-2-2-2-2-2*

12 BIRTHPLACE (City) (State or country) *Milford Mass*

13 NAME OF FATHER

John Barry

14 BIRTHPLACE OF FATHER (City)

(State or country) *Ireland*

15 MAIDEN NAME OF MOTHER

Catherine Sullivan

16 BIRTHPLACE OF MOTHER (City)

(State or country) *Ireland*

PARENTS

17

Informant *James Francis Kirkpatrick* (Address) *46 - Washington 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. S. Childers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *12/15/41* (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.

255

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *12* (Month) *13* (Day) *41* (Year)

19 I HEREBY CERTIFY, That I attended deceased from *July*, 19*41*, to *12/13*, 19*41*

Last saw *her* alive on *12/13*, 19*41*, death is said to

have occurred on the date stated above, at *7* m.

Immediate cause of death *Courtesy Throat* Duration *3 days*

Due to *Sen. Arlene Jenkins* IMPORTANT

Due to *Sen. Arlene Jenkins* 9

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) *H. W. Jenkins* M. D.

(Address) *Wenlock* Date *12/15*, 19*41*

21 *Wenlock* *Wenlock* Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Dec 16* 19*41*

22 NAME OF FUNERAL DIRECTOR *C. R. Benson*

ADDRESS *Wenlock*

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for each 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, write domestic service. For a person engaged in business, write business. 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts

OFFICE 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. **256**

1 PLACE OF DEATH
Suffolk
(County)
Wintbron
(City or Town)
No. 15 George St



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Margaret L Wilson Bloomer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 15 George St. St.
(Usual place of abode) (It nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (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 (write the word)
MARRIED
WIDOWED
or DIVORCED Divorced

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Francis Bloomer
(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 50 Years Months Days If less than 1 day
Hours Minutes

9 Usual
Occupation: Sewing

10 Industry W.P.A.
or Business:

11 Social Security No. 019 14 7224

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF
FATHER Joseph Wilson

14 BIRTHPLACE OF
FATHER (City) Finland
(State or country)

15 MAIDEN NAME
OF MOTHER Margaret McKeon

16 BIRTHPLACE OF
MOTHER (City) Boston
(State or country) Mass

17 Informant Julia Mulvey Relation, if any
(Address) Harmon St (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. Childers Jr.
(Signature of Agent of Board of Health or other)

Health Officer 12/24/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 22, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 1, 1941, to Dec. 22, 1941.
I last saw him alive on Dec. 21, 1941. Death is said to
have occurred on the date stated above, at 1 A.m.

Immediate cause of death Cerebrothrombosis Duration 1 wk

Due to Anterior rhinitis 1 yr

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. D. Westinghouse M. D.
(Address) 12-22-1941

21 Place of Burial, Creniation or Removal Wintbron
(City or Town)

DATE OF BURIAL Dec 24 1941 19

22 NAME OF
FUNERAL DIRECTOR John H. C. Males

ADDRESS Wintbron

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. ... General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state 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.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **257**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

No. **18 Cliff Ave.** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Elizabeth Mc Dermott Sharkey** (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. **18 Cliff 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** **WIDOWED** **married** or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Walter A. Sharkey** (Husband's name in full)

6 Age of husband or wife if alive **77** years

7 IF STILLBORN, enter that fact here.

8 AGE **77** Years - Months - Days If less than 1 day Hours - Minutes

9 Occupation: **housewife**

10 Industry or Business: **at home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Boston, Mass.** (State or country)

13 NAME OF FATHER **Patrick Mc Dermott**

14 BIRTHPLACE OF FATHER (City) **Ireland** (State or country)

15 MAIDEN NAME OF MOTHER **Mary Doherty**

16 BIRTHPLACE OF MOTHER (City) **Ireland** (State or country)

17 Informant **Walter Sharkey, son** Relation, if any

(Address) **18 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:

William D. Childress

(Signature of Agent of Board of Health or other)

Agent (Official Designation)

Dec 23/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 24 1941** (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **19**, to **19**, 19

I last saw him alive on **19**, 19, death is said to have occurred on the date stated above, at **4:30 P.M.** m.

Immediate cause of death: **Sudden death - Natural cause** Duration **IMPORTANT**

Due to **Cardiac failure**

Due to **Chronic myocarditis**

Hypertension

Other conditions: **Phlebitis** (Include pregnancy within 3 months of death)

Major findings:

Of operations: **-**

Of autopsy: **-** Date of **-**

What test confirmed diagnosis? **clinical**

IMPORTANT

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) **Robert C. Murray** M. D.

(Address) **Winthrop, Mass.** Date **12/25 1941**

21 **Winthrop, Mass.** Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Dec. 27** 19 **41**

22 NAME OF FUNERAL DIRECTOR **Richard J. White**

ADDRESS **147 Winthrop St. Winthrop**

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.—Pride 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)
 No. 19 Sagamore Ave St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Mary F Sweeney (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 19 Sagamore 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 yrs 10 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 Timothy F Sweeney (Give maiden name of wife in full)
 (or) WIFE of Timothy F Sweeney (Husband's name in full)
 6 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here.
 8 AGE 79 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) Westwood (State or country) Mass
 13 NAME OF FATHER Thomas F Walsh
 14 BIRTHPLACE OF FATHER (City) Co Waterford (State or country) Ireland
 15 MAIDEN NAME OF MOTHER Eileen McParthy
 16 BIRTHPLACE OF MOTHER (City) Co Waterford (State or country) Ireland

17 Informant (Address) Mary F Sweeney Relation, if any Daughter
19 Sagamore Ave Winthrop
 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress (Signature of Agent of Board of Health or other)
Agent (Official Designation) Dec. 22/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 25 1941
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1941, to Dec 25, 1941.
 I last saw him alive on Dec 25, 1941, death is said to have occurred on the date stated above, at 5:05 P.M. Duration 1 hr. 50 min
 Immediate cause of death Cerebral Thrombosis
 Due to Cerebral Disease 2-3 yrs
 Due to Hypertensive Heart Disease 1 yr
& Cerebral Sclerosis 7 wks 2 days
 Other conditions Left Hemiplegia Hemiplegia
 (Include pregnancy within 3 months of death)
 PHYSICIAN Underline the cause to which death should be charged statistically.
 Major findings: Cerebral
 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) Richard M. Tracy M. D.
 (Address) 148 W. Pop St Date Dec 25 1941
 21 Halstead Porter
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL Dec 29 1941
 22 NAME OF FUNERAL DIRECTOR Edward J. Mulvaney
 ADDRESS 40 Comm St Waltham
 Received and filed 19
 A TRUE COPY ATTEST: (Registrar)

258

Registered No. 3379

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained 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 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 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH

1

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)

Registered No.

259

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME Alban Bertram de Mille
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 39 Ingleside Avenue St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution 2 Hospital years - months 1 days.
(Before death) (Specify whether)

In this community 20 yrs. - mos. - days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

5a If married, widowed, or divorced:
HUSBAND of A. Madeline S. Barker
(Give maiden name of wife in full)
(or) WIFE of
(husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 9 Months 19 Days | If less than 1 day
Hours Minutes

Usual Occupation: Professor of English

10 Industry or Business: Simmons College

11 Social Security No.

12 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

13 NAME OF FATHER James de Mille

14 BIRTHPLACE OF FATHER (City) Saint John
(State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Annie Prior

16 BIRTHPLACE OF MOTHER (City) Halifax
(State or country) Nova Scotia

17 Mrs. A. Madeline S. de Mille (Relation, if any Informant)
(Address) 39 Ingleside Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childers
(Signature of Agent of Board of Health or other)

Agent Dec. 27/41
(Official designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 26 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
December 18, 1941, to December 26, 1941

I last saw him alive on Dec. 25, 1941, death is said to
have occurred on the date stated above, at 2:50 A. m.

Immediate cause of death.

Duration

IMPORTANT

Due to Pulmonary edema 24 hrs

Due to Pulmonary embolus 3 1/2 hrs

Due to Rheumatic heart disease 50 yrs.

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death) years

IMPORTANT

Major findings: Of operations. Physician

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

(Signed) M. D.

(Address) Date 1941

21 Mount Auburn Cambridge
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL December 29, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Berrison, W.C.
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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-1-4667

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 69 Temple Avenue



The Commonwealth of Massachusetts

OFFICE 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. 260

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ellen Maria (Boland) Powers

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 69 Temple Avenue

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days. In this community 28 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 Boland (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 11 Months 9 Days If less than 1 day Hours Minutes

Usual Occupation: At home

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Leominster (State or country) Massachusetts

13 NAME OF FATHER Laurence Boland

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 Frank R. Powers Relation, if any (Address) 69 Temple Ave. Winthrop Mass (Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 12/28/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 27 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 6-27, 1939, to 12-27, 1941

I last saw him alive on 12-20, 1941, death is said to

have occurred on the date stated above, at 5 P.M.

Immediate cause of death: Duration IMPORTANT

Carcinoma of sigmoid 1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations: 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) (Address) Date 12-27-41 M. D.

21 St. Johns Cemetery Clinton Mass

Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL December 29, 1941 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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners 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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 50 Wilshire

St.

Registered No. 261

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H. Banks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 50 Wilshire

(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 25 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 Minnie ?
(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 2 Months 6 Days If less than 1 day
Hours Minutes

9 Occupation: Usual Slaesman

10 Industry or Business Manufactures Agent

11 Social Security No. None

12 BIRTHPLACE (City) Windsor
(State or country) Nova Scotia

13 NAME OF FATHER Benjamin N Banks

14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Gabriel

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)17 Informant Harry H Banks Relation, if any Son
(Address) 50 Wilshire 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) Jan. 2, 1942

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
December 29, 1941, to Dec 30, 1941.
I last saw him alive on Dec 29, 1941, death is said to
have occurred on the date stated above, at 6:45 a.m.
Immediate cause of death:

Broncho pneumonia

Duration
IMPORTANT
2 days

Due to

arterio sclerosis

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?

If so, specify

(Signed)

(Address)

Edward J. Grazier, M. D.
200 W. Washington St. Boston, Mass.

21 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan. 2 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed. JAN 3 1942

(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 board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.....

WRITE PLAINLY WITH INK—ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
 DATE 10-1-80 BY SP-6 BTJ/MLL
 COPIES OF DEATHS RECORDED DURING THE PREVIOUS MONTH WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE DECEASED
 RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE MADE FORTHWITH AND TRANSMITTED ON FORM R-302 TO THE CLERK
 OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDED. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

262

1 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)

Calvin White

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 104 Highland

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 2 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

widowed

5a If married, widowed, or divorced

HUSBAND of Cannot be learned
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 74
AGE Years Months Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Ret. travelling salesman10 Industry
or Business:

11 Social Security Cannot be learned

12 BIRTHPLACE (City)
(State or country) Kansas13 NAME OF
FATHER Cannot be learned14 BIRTHPLACE OF
FATHER (City) Cannot be learned
(State or country)15 MAIDEN NAME
OF MOTHER Cannot be learned16 BIRTHPLACE OF
MOTHER (City) Cannot be learned
(State or country)17 Informant M.K. McPhillips
(Address) DSH (Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

1/12/42

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Dec. 10, 1941

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 8, 1941, to Dec. 10, 1941

I last saw him alive on Dec. 10, 1941 Death is said to
have occurred on the date stated above, at 9 P. m.

Immediate cause of death

Generalized arteriosclerosis 10yrs

Arteriosclerotic heart dis 10yrs

Congestive heart failure 2 days

Due to Terminal Bronchopneumonia 2 days

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abraham Gardner

(Address) DSH

Date 1/9/42 M. D.

21 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL

DATE OF BURIAL

12/13/41

(City or Town)

19

22 NAME OF
FUNERAL DIRECTOR
ADDRESSCharles R. Bennison
Winthrop

Received and filed

JAN 12 1942

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

263

PLACE OF DEATH

SUTTON
(County)
BOSTON
(City or Town)



(City or town making return)

Registered No. 10620

No. 78 Glendale St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Pedersen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 53 Lewis 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 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 Gustav P. Pedersen
(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 4 Months 16 Days If less than 1 day
Hours Minutes

Usual
9 Occupation:

Industry at home
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Norway
(State or country)

13 NAME OF FATHER Hoseas Kristiansen

14 BIRTHPLACE OF FATHER (City) Norway
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Norway
(State or country)

17 Informant. Ralph Pedersen (Relation, if any)
(Address) (son)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 12 26/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 21 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from viewed body, 19 to 12/21/41, 19

I last saw h. alive on, 19, death is said to have occurred on the date stated above, at 7/30P.m.

Immediate cause of death. chronic myocarditis Duration 2 yrs

Due to arteriosclerosis

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) P E A. Sheridan M. D.
(Address) Boston Date 12/21/41

21 PLACE OF BURIAL, Woodlawn Everett
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL Dec 24 1941 19

22 NAME OF FUNERAL DIRECTOR H E Reynolds

ADDRESS Winthrop

Received and filed 19

JAN 15 1942

(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.)

50m-10-139, No. 8427-4

OFFICE OF THE SECRETARY

(City or town making return)

264

PLACE OF DEATH

(County)

Boston

(City or Town)


 COPY OF
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

Registered No. 10799

No. en route to E B Relief Sta. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME William Stone
 (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

 (a) Residence, No. 29 Crystal Cove 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 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 64 Years 4 Months 30 Days If less than 1 day Hours Minutes

9 Occupation: stat fireman

10 Industry or Business: Comm Mass M D C

11 Social Security No.

 12 BIRTHPLACE (City) Boston Mass
 (State or country)

13 NAME OF FATHER Charles O Stone

 14 BIRTHPLACE OF FATHER (City) Sweden
 (State or country)

15 MAIDEN NAME OF MOTHER Mathilda Ehrenholm

 16 BIRTHPLACE OF MOTHER (City) Sweden
 (State or country)

 17 Informant Mrs Mary MacKay Relation, if any (sister)
 (Address)

A TRUE COPY.

 ATTEST: Francis J. Fay
 (Registrar of city or town where death occurred)

DATE FILED 12/31/41 19

MEDICAL CERTIFICATE OF DEATH

 13 DATE OF DEATH Dec 24 1941
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

 crush of chest;
 compound fractures of both legs and right arm

 20 Accident, suicide, or homicide (specify) presumably accidental
 Date of occurrence Dec 24 1941
 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? street
 (Specify type of place)

 Manner of Injury said to have been injured by
 Nature of injury on auto at E Boston Dec 24/41

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) W J Brickley M. D.
 (Address) Boston Date 12/28/41

 22 Winthrop Winthrop Mass
 Place of Burial, Cremation or Removal
 DATE OF BURIAL Dec 29 1941 19

 23 NAME OF FUNERAL DIRECTOR R W White
 ADDRESS Winthrop

 Received and filed 19
 JAN 15 1942
 (Registrar of City or Town where deceased resided)

Copies of returns of deaths which occur 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.)



1 PLACE OF DEATH {

Essex (County)
Danvers (City or Town)
No. Danvers State Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers (City or town making return)
Registered No. 265

2 FULL NAME Fred S. Hayward
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 125 Cliff Ave. St. Winthrop
(Usual place of abode)
Length of stay: In hospital or institution..... years months 1 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 widowed

5a If married, widowed, or divorced
HUSBAND of Frances Haigh
(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 Usual Occupation: Retired hotel manager
Industry
10 or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) Gilson, (State or country) N.H.

13 NAME OF FATHER George N. Hayward
14 BIRTHPLACE OF FATHER (City) Gilson, (State or country) N.H.

15 MAIDEN NAME OF MOTHER Viana Barrett
16 BIRTHPLACE OF MOTHER (City) Gilson, (State or country) N.H.

PARENTS

17 Informant. Mary E. McPhillips Relation, if any (Address) DSH
A TRUE COPY.
ATTEST: *Alfred S. Reynolds*
(Registrar of city or town where death occurred)

DATE FILED 1/16/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 27, 1941
(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)
Cancer of prostate and chronic myocarditis and chronic adherent pericarditis

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? yes

21 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) J. W. P. Murphy (Address) Peabody Date 12/27/41 M. D.

22 Place of Burial, Cremation or Removal. Winthrop Winthrop (City or Town)
DATE OF BURIAL 12/29/41 19.....

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed 19.....
FEB 7 1942
(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

266

(City or town making return)

Registered No. 10913

PLACE OF DEATH

(County)

(City or Town)

No. Boston City Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Levey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 304 Shirley 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 female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED divorced (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Israel Sternberg (Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days If less than 1 day Hours Minutes

Usual Occupation:

Industry at home 10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Russia (State or country)

13 NAME OF FATHER Joseph Levey

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Rose Leah -

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Abraham Levey Relation, if any (Address) (bro)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 1/3/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 31 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 12/10/41, 19, to 12/31/41, 19.

I last saw h. alive on 12/31/41, 19, death is said to have occurred on the date stated above, at 11/41P Duration

Immediate cause of death cerebral hemorrhage wks

Due to broncho pneumonia dys

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.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M W O'Connell M. D.

(Address) Boston Date 1/1/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pride of Jacob W Rox (Cemetery) (City or Town)

DATE OF BURIAL Jan 1 1942 19

22 NAME OF FUNERAL DIRECTOR H Levine

ADDRESS Brookline

Received and filed JAN 15 1942 19

(Registrar of City or Town where deceased resided)

