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No. 468-10

O.U.7



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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No.

No. 2 Maple Road

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

2 FULL NAME Rebecca Ellen (Cole) Chambers

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

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

(a) Residence. No. 2 Maple 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 50 yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Alexander Chambers (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 0 Months 20 Days If less than 1 day Hours Minutes

9 Usual Occupation: House Wife

10 Industry or Business: At Home

11 Social Security No. None

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

13 NAME OF FATHER Edmund Cole

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

15 MAIDEN NAME OF MOTHER Catherine Buck

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

17 Informant: Alvina M Broderick Daughter (Address) 2 Maple Rd. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 1 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 13, 1943 to January 1, 1944

I last saw her alive on December 31, 1943 death is said to

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

Immediate cause of death: Cerebral Hemorrhage

Due to Senility 5 years

Due to Arteriosclerosis 6 years

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings: none

Of operations: 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 A. Chapp M.D.

(Signed) 562 Hurley St. Date 1/13/44

21 Winthrop (City or Town)

DATE OF BURIAL January 4 1944

22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds

ADDRESS: 180 W. Winthrop St.

Received and filed: JAN 4 1944

(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 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.....

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
Bureau of the Census

STATE OF NEW HAMPSHIRE

Town or City
Clerk's No.

A 66

2

FULL NAME

Mrs Bertha Wilson

1. PLACE OF DEATH:

(a) County

Carroll

(b) City or town

Assisip

(c) Name of hospital or institution:

Carroll County Home

(If not in hospital or institution write street number or location)

(d) Length of stay:

In hospital or institution 5 1/2 months

(Specify whether years, months or days)

In this community

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mass.

(b) County

(c) City or town

Wrentham

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U.S.A.?

years.

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month

January

day

6

year

1944

hour

1

minute

15 A.M.

21. I HEREBY CERTIFY that I attended the deceased from

July

20

19

43

to

January

19

44

that I last saw him alive on

19

and that death occurred on the date and hour stated above

DURATION

Immediate cause of death

Bronchopneumonia

4 days

Due to

Carcinoma of skin of face

3 years

Due to

Other conditions

(include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Underline the cause to which death should be charged statistically.

Of autopsy

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?

(e) Means of injury

23. SIGNATURE

Francis J. C. Drake

M.D. or other

M.D.

Date signed

1-6-44

Address

Center Assisip, N.H.

A true copy, Attest:

John K. Hill

Clerk of

Assisip

Dated

2/5

1944

WITH UNFADING INK. Every item of information should be carefully supplied. It is important. Physicians: please write the causes of death clearly and legibly.

#2

#49 of 1944

Neenah, Wis.

(Boston, Wis., Jan. 6, 1944)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-6-2-4-2-8855

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



STANDARD
CERTIFICATE OF DEATH

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

Registered No. 3

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 42 Franklin St., Winthrop, Mass.

2 FULL NAME John Fotopoulos
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 42 Franklin St., Winthrop, Mass.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

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
MARRIED WIDOWED or DIVORCED
5a If married, widowed or divorced HUSBAND of Pagona Sagoula
(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 50 Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Proprietor

10 Industry or Business: Shoe Repair

11 Social Security No. none

12 BIRTHPLACE (City) Greece
(State or country)

13 NAME OF FATHER Elias Fotopoulos

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

15 MAIDEN NAME OF MOTHER Pagona Athanasopoulos

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

17 Informant Pagona Fotopoulos (wife) Relation, if any wife
(Address) 42 Franklin 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:

William D. Childress
(Signature of Agent of Board of Health or other)
Agent Jan 8/44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 7 1944
(Month) (Day) (Year)

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

I last saw him alive on , 19 , death is said to have occurred on the date stated above, at 8:10 A. m.

Immediate cause of death Crowning Infarct Important

Due to (low E. Crowning Jurisdiction)

Due to

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

Major findings: Of operations 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?

(Signed) John E. Hascotis M. D.
(Address) 1654 Washington St., Boston, Mass. Date Jan 10 1944

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

DATE OF BURIAL Jan 9 1944

22 NAME OF FUNERAL DIRECTOR John E. Hascotis
ADDRESS 1654 Washington St., Boston, Mass.

Received and filed Jan 18 1944 (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 of 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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

0610

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

4

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 21 Grovers Ave

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

Registered No.

2 FULL NAME William J. Clark

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

(a) Residence. No. 21 Grovers Ave

(Usual place of abode)

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

Length of stay: In hospital or institution 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 Married

5a If married, widowed or divorced,
HUSBAND of Miriam Haywood
(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 63 Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Sales Engineer

10 Industry or Business: Lumber

11 Social Security No.

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

13 NAME OF FATHER John C. Clark

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

15 MAIDEN NAME OF MOTHER Anna Ward

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

PARENTS

17 Informant Miriam Clark (Wife)
(Address) 21 Grovers Ave

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 8 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
1-4-1944 to 1-8-1944

I last saw him alive on 1-7-1944, death is said to
have occurred on the date stated above, at 9 A. m.

Immediate cause of death..... Duration
IMPORTANT

Due to Myocarditis

Due to Aortic Aneurysm

Due to

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.....
What test confirmed diagnosis?.....

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

(Signed) J. J. Mahoney M. D.
(Address) 42 West 1st St. Date 1-8-1944

21 Calvary Boston
Place of Burial, Cremation or Removal Jan 11 1944 (or Town)

DATE OF BURIAL..... 19

22 NAME OF FUNERAL DIRECTOR John J. Mahoney

ADDRESS Winthrop

Received and filed..... 19

Jan 18 1944
(Registrar)

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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.

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

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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-E-2-42-8855

The Commonwealth of Massachusetts
OFFICE 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. 5

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Maple Rest Home



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

2 FULL NAME William J. Henry
(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. 26 Sturgis St
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution 1 years months days. In this community 23 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
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Mary A. Howell
(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 66 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Shoe

11 Social Security No.

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

PARENTS

13 NAME OF FATHER John J. Henry

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

15 MAIDEN NAME OF MOTHER Della O'Dowd

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

17 Informant Mary A. Henry Wife if any
(Address) 26 Sturgis 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)
Health Officer (Date of Issue of Permit) 1/10/44
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 8 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
MARCH 15, 1943, to Jan. 8, 1944

I last saw him alive on Jan. 7, 1944, death is said to
have occurred on the date stated above, at 2:50 A. M.

Immediate cause of death: Carcinoma of Lung
Duration About 15 mos.

Due to

Due to

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

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

Date of: Of autopsy: What test confirmed diagnosis? X-Ray (Chest) (Stomach)

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 Date Jan 8 1944

21 Calvary Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan 10 1944

22 NAME OF FUNERAL DIRECTOR John H. O'Brien
ADDRESS Winthrop

Received and filed JAN 10 1944
(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 of 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

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. 6

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

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

(a) Residence. No. 152 Lincoln St. St.

Length of stay: In hospital or institution years I months days. (Specify whether) (If nonresident, give city or town and state) In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED 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 29 Years Months Days If less than 1 day Hours Minutes		
9 Occupation Usual Mill Worker		
10 Industry or Business: Maverick Mills		
11 Social Security No. 025-12-7765		
12 BIRTHPLACE (City) East Boston (State or country) Mass		
13 NAME OF FATHER John J. Christopher		
14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass		
15 MAIDEN NAME OF MOTHER Catherine Johnson		
16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass		
17 Informant Catherine Johnson (Mother) (Address) 152 Lincoln St		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 15 1944 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from Dec 26 1943, to Jan 15 1944
I last saw her alive on Jan 15 1944, death is said to have occurred on the date stated above, at 10:30 A.M.	
Immediate cause of death: Tuberculous pericarditis	Duration 3 wks
Due to Tuberculous pericarditis	2 wks
Due to Tuberculous pericarditis	2 wks
Other conditions: Tuberculous pericarditis	3 days
(Include pregnancy within 3 months of death)	
Major findings: Tuberculous pericarditis	
Of operations: pericardiotomy	Date of: 1/14/44
Of autopsy: 1/15/44	
What test confirmed diagnosis? Autopsy	
20 Was disease or injury in any way related to occupation of deceased?	
If so, specify: Tuberculous pericarditis	
(Signed) Richard J. Smith	M. D.
(Address) 148 Winthrop St	Date 1/15 1944
21 Winthrop Winthrop	Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan 18 1944	19
22 NAME OF FUNERAL DIRECTOR John F. O'Malley	
ADDRESS Winthrop	
Received and filed: Jan 18 1944	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)
1/17/44
(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 *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

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. Station Hospital, Fort Banks, 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.

Registered No. 7

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

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

(a) Residence. No. 71 Beacon Street
(Usual place of abode)

W. Arlington, Mass.
(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>Single</u>
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here.		
8 AGE <u>22</u> Years <u>7</u> Months <u>18</u> Days If less than 1 day Hours Minutes		
9 Occupation: <u>W.A.C.</u>		
10 Industry or Business: <u>U. S. Army</u>		
11 Social Security No. <u>Unknown</u>		
12 BIRTHPLACE (City) (State or country) <u>Cambridge</u> <u>Massachusetts</u>		

PARENTS	13 NAME OF FATHER <u>John J. Quinn</u>
	14 BIRTHPLACE OF FATHER (City) (State or country) <u>Ireland</u>
	15 MAIDEN NAME OF MOTHER <u>Mary Lahiff</u>
	16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u>
17 Informant <u>U. S. Army</u> (Relation, if any) (Address) <u>Station Hospital, Ft. Banks, Mass.</u>	

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) Health Officer (Date of Issue of Permit) 1/17/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <u>January</u> <u>15</u> <u>1944</u> (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from <u>14 January</u> , 19 <u>44</u> , to <u>15 January</u> , 19 <u>44</u> I last saw her alive on <u>15 January</u> , 19 <u>44</u> , death is said to have occurred on the date stated above, at <u>9:45 p.m.</u> Immediate cause of death <u>Peritonitis, acute</u> <u>diffuse, suppurative, extreme,</u> <u>cause undetermined.</u> Due to <u>Rupture of infected cyst, left</u> <u>ovary. No operations.</u> Due to Other conditions (include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy <u>Findings as above</u> What test confirmed diagnosis? <u>None</u>	Duration <u>IMPORTANT</u> <u>?</u> <u>IMPORTANT</u> Physician Underline the cause to which death should be charged sta- tistically.
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20 Was disease or injury in any way related to occupation of deceased? If so, specify <u>No</u> (Signed) <u>R. J. Keys, Capt, MC,</u> M. D. (Address) <u>Fort Banks, Mass.</u> Date <u>16 Jan 1944</u>	21 <u>Wm. S. Childress</u> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <u>1/19/44</u>
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22 NAME OF FUNERAL DIRECTOR <u>Daniel F. O'Brien</u> ADDRESS <u>907 Mass. Ave. Cambridge, Mass.</u>	Received and filed..... <u>19</u> <u>JAN 18 1944</u> (Registrar)
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EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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 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. Winthrop Community Hospital

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

2 FULL NAME Sigrid (Arnoldson) Carlson

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

(a) Residence. No. 45 Shore Drive

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. Hospital

(Specify whether)

years

months

10 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 Emil Carlson (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 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) Sweden (State or country)

13 NAME OF FATHER Anderes Arnoldson

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

15 MAIDEN NAME OF MOTHER Unable to obtain

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

17 Informant Frank Arnoldson (Brother) Relation, if any
(Address) 9 Marion Rd. Belmont Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 8

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 16 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from March 10, 1940 to January 16, 1944
I last saw him alive on January 16, 1944 death is said to have occurred on the date stated above, at 6:10 P.M.
Immediate cause of death.

Duration
IMPORTANT

Due to Broncho-Pneumonia 2 weeks
Due to Congestive Failure 1 year
Due to Arteriosclerosis 5 years
Other conditions. Senility 2 years
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? clinical & laboratory

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

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

If so, specify

(Signed) Jacob Ahrens Jr. D. M. D.
(Address) 562 Shirley St. Date 1/17/44

21 Forrest Hills Winthrop Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL January 18 1944

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed JAN 26 1944 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....

terms, be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain and simple terms, so 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. 106 Cottage ave Winthrop Mass St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Smith Richards
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 106 Cottage ave 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 46 yrs. mos. days.
 (Before death) (Specify whether)

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

Registered No. 9

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)** widowed
6 AGE 80 Years 1 Months 20 Days If less than 1 day _____ Hours _____ Minutes
7 IF STILLBORN enter that fact here.
8 Usual Occupation: Retired Salesman
9 Industry or Business: Furniture Business
10 Social Security No. 031-07-2630
11 BIRTHPLACE (City) Somerville (State or country) Mass
12 NAME OF FATHER George. Albert Richards
13 BIRTHPLACE OF FATHER (City) Rowley (State or country) Mass
14 MAIDEN NAME OF MOTHER Sarah. Lambert Smith
15 BIRTHPLACE OF MOTHER (City) Rowley (State or country) Mass
16 Informant (Address) Mrs. H. H. Gould (Relation, if any) daughter
26 Glen St East Woburn Ontario

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 16 1944
 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from February 10, 1944 to January 16, 1944
 I last saw him alive on Jan 15, 1944 death is said to have occurred on the date stated above, at 2:30 P. m.
 Immediate cause of death: Cerebral Hemorrhage
 Due to Arteriosclerosis
 Due to Senility
 Other conditions none (Include pregnancy within 3 months of death)
 Major findings: none Date of _____
 Of autopsy none
 What test confirmed diagnosis? clinical + lab
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
 (Signed) Dr. J. J. Francis M.D. M. D. (Address) 202 Maple St. Woburn Mass Date 1/17/44
21 Place of Burial, Cremation or Removal. Winthrop Cemetery Winthrop Mass (City or Town)
DATE OF BURIAL Jan 18th Winthrop 1944
22 NAME OF FUNERAL DIRECTOR Chas. R. Bonner
ADDRESS Winthrop Mass
 Received and filed JAN 18 1944 19_____
 (Registrar)

Duration
IMPORTANT

1 Month

5 years

2 years

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. As principal cause name the disease 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

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. 42, Sec. 10, requires physicians to insert a recital to that effect.

50m.(e)-3-43-11574

PLACE OF DEATH			The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1 { <u>Suffolk</u> (County) <u>Winthrop</u> (City or Town)					Registrar's No. <u>10</u>		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. <u>20</u> <u>Swall Ave</u>										
2 FULL NAME <u>Clarence D. Tabin</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)										
(a) Residence. No. <u>20</u> <u>Swall Ave</u> <u>Winthrop</u> St. (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 <u>25</u> yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS										
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>Married</u>	18 DATE OF DEATH <u>Jan</u> <u>17</u> <u>1944</u> (Month) (Day) (Year)							
5a If married, widowed, or divorced HUSBAND of <u>Florence M. Ford</u> (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____							
(or) WIFE of _____ (Husband's name in full)			I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at <u>6:45 P.M.</u> Duration Immediate cause of death <u>Myocardial infarction</u> IMPORTANT <u>Natural Causes</u>							
6 Age of husband or wife if alive <u>50</u> years			Due to _____							
7 IF STILLBORN, enter that fact here.			Due to _____							
8 AGE <u>51</u> Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____			Other conditions (Include pregnancy within 3 months of death)							
9 Usual Occupation: <u>Stewardess</u>			Major findings: Of operations _____ Date of _____							
10 Industry or Business: <u>Warrior Company</u>			Of autopsy _____ What test confirmed diagnosis? _____							
11 Social Security No. <u>010-09-6913</u>			20 Was disease or injury in any way related to occupation of deceased? If so, specify _____							
12 BIRTHPLACE (City) <u>Malden</u> (State or country) <u>Mass</u>			(Signed) <u>C. D. M. H. H. H.</u> , M. D. (Address) <u>Washington St. 1-15</u> , 19 <u>44</u>							
13 NAME OF FATHER <u>Florence D. Tabin</u>			21 <u>Winthrop Cemetery</u> <u>Winthrop</u> Place of Burial, Cremation or Removal. (City or Town)							
14 BIRTHPLACE OF FATHER (City) <u>Malden</u> (State or country) <u>Mass</u>			DATE OF BURIAL <u>Jan 20</u> , 19 <u>44</u>							
15 MAIDEN NAME OF MOTHER <u>Laura Bray</u>			22 NAME OF FUNERAL DIRECTOR <u>Wendell M. Dykeman</u> ADDRESS <u>23 Cary Ave. Chelsea</u>							
16 BIRTHPLACE OF MOTHER (City) <u>Topsfield</u> (State or country) <u>Mass</u>			Received and filed _____ 19____							
17 Informant <u>Florence M. Tabin</u> Relation, if any <u>Wife</u> (Address) <u>20 Swall Ave Winthrop</u>			was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death <u>Wm. S. O'Neil</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> <u>1/19/44</u> (Official Designation) (Date of Issue of Permit)							

(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

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY		Registered No. 11	
2		DIVISION OF VITAL STATISTICS			
3		STANDARD			
4		CERTIFICATE OF DEATH			
Suffolk (County)		Winthrop (City or Town)		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
No. 98 Bellevue Ave Winthrop		No. 98 Bellevue Ave Winthrop			
2 FULL NAME Ralph, Frank Turnbull		(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. 98 Bellevue Ave Winthrop		(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 55 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
6 Age of husband or wife if alive years					
7 IF STILLBORN, enter that fact here.					
8 AGE 53 Years Months Days If less than 1 day Hours Minutes					
9 Usual Occupation: Photographer					
10 Industry or Business: Photographing					
11 Social Security No. none					
12 BIRTHPLACE (City) Winthrop Mass (State or country)					
13 NAME OF FATHER James P. Turnbull					
14 BIRTHPLACE OF FATHER (City) East Boston Mass (State or country)					
15 MAIDEN NAME OF MOTHER Mary Peck					
16 BIRTHPLACE OF MOTHER (City) Pennyan New York (State or country)					
17 Informant Lottie M. Whittemore Relation, if any (Address) 98 Bellevue Ave. Sister 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) (Date of Issue of Permit) 1/25/44					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH January 21, 1944 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Feb., 1940, to January, 1944. I last saw him alive on Jan. 21, 1944, death is said to have occurred on the date stated above, at 5:30 P. m. Duration Immediate cause of death Central Hemorrhage IMPORTANT Jan 20 1944 3 years					
Due to Hypertension					
Due to					
Other conditions Diabetes 5 years (Include pregnancy within 3 months of death)					
Major findings: none Date of Of autopsy: none Clinical Signs IMPORTANT Physician 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) J. J. O'Brien M. D. (Address) Winthrop Date Jan 24, 1944					
21 Winthrop County Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Jan 25, 1944					
22 NAME OF FUNERAL DIRECTOR Chas R. Benjamin ADDRESS Winthrop Mass Received and filed JAN 26 1944 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

should be carefully supplied. ACT should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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. 12

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 20 Enfield Road

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

(a) Residence, No. 26 Enfield Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution No. years months days. In this community 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 WIDOWED or DIVORCED

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

6 Age of husband or wife if alive deceased years

7 IF STILLBORN, enter that fact here. —

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

9 Occupation: Attorney at Law

10 or Business: Self

11 Social Security No. none

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

13 NAME OF FATHER William J. Burke

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

15 MAIDEN NAME OF MOTHER Margaret F. Ryan

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

17 Informant William E. Burke Jr. (Son, if any)
(Address) 26 Enfield Rd., Winthrop

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

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

Health Officer 1/25/44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 23 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 2 43, to Jan 23 44, 1944

I last saw him alive on Jan 23, 1944, death is said to have occurred on the date stated above, at 7:15 p.m.

Immediate cause of death: Coronary infarct Duration

Due to: Anterior infarction 10 yrs

Due to: myocarditis

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 statistically.

Of autopsy:

What test confirmed diagnosis?

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

(Signed) J. J. Kelly M. D.
(Address) 11 Meridian St., E. B.

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

DATE OF BURIAL January 26, 1944

22 NAME OF FUNERAL DIRECTOR W. J. Kelly
ADDRESS 11 Meridian St., E. B.

Received and filed 19

JAN 26 1944 (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.—Cchap. 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.... Cchap. 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, Cchap. 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, 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

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and
 If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-4-2-BB55

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. 13

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 4 Elmwood Court



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

PHYSICIAN - IMPORTANT

2 FULL NAME Delia M. Curran Marr
 (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. 4 Elmwood Court
 (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 2 yrs. 6 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 John F. Marr
 (or) WIFE of John F. Marr
 (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 78
 AGE Years Months Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: Housewife

10 Industry
 or Business: Own Home

11 Social Security No. Portland

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

13 NAME OF
 FATHER patrick Curran

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

15 MAIDEN NAME
 OF MOTHER Mary Curran

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

17 Informant Ursula Haraden Daughter
 (Address) 4 Elmwood Ct

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 1/24/44
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
 DEATH Jan 23 1944
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1944, to Jan 23, 1944
 I last saw him alive on Jan 23, 1944, death is said to
 have occurred on the date stated above, at 7:20 P.M.

Immediate cause of death.....

Duration

IMPORTANT

Due to arteriosclerosis

Due to.....

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

IMPORTANT

Major findings:
 Of operations.....

Physician

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) Wm. S. Childress M. D.
 (Address) Portland Date 1-24-1944

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

DATE OF BURIAL Jan 26 1944 19

22 NAME OF
 FUNERAL DIRECTOR John F. O'Neil
 ADDRESS Winthrop

Received and filed JAN 26 1944 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. 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).

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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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. 16 Wilshire St Winthrop

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

(a) Residence, No. 16 Wilshire St Winthrop
(Usual place of abode)

Length of stay: In hospital or institution..... years months days. In this community 38 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 WIDOWED or DIVORCED

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

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 3 Months 4 Days | If less than 1 day Hours Minutes

9 Occupation: Usual Lumber dealer

10 Industry or Business: Lumber business

11 Social Security No. 022-29-6126 A

12 BIRTHPLACE (City) St. John's
(State or country) New Brunswick

13 NAME OF FATHER Luke Gillespie

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

15 MAIDEN NAME OF MOTHER Annie Garrett

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

17 Informant Mrs. Fred Gillespie (Address) 16 Wilshire St Winthrop (Relationship, 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 1/25/44
(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. 11

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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 24 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1943, to Jan 24, 1944
I last saw him alive on Jan 24, 1944, death is said to have occurred on the date stated above, at 7:05 A.M.

Immediate cause of death: Carcinoma of Brain
Duration: 60 years
IMPORTANT

Due to.....

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

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

(Signed) David J. Brennan M. D.
(Address) Winthrop Date Jan 4 1944

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 27 1944

22 NAME OF FUNERAL DIRECTOR Chas. R. Bennison
ADDRESS Winthrop, Mass.

Received and filed JAN 26 1944 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 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

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

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. 15

Registered No.

1 PLACE OF DEATH

No.

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

2 FULL NAME

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

(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) (Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

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 66 Years Months Days | If less than 1 day
Hours Minutes

Usual

9 Occupation:

Industry

or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

PARENTS

17

Informant

(Address)

Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 16, 1944, to January 25, 1944

I last saw him alive on January 24, 1944, death is said to

have occurred on the date stated above, at 8:45 A.M.

Immediate cause of death

Coronary Thrombosis

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? NO

If so, specify

(Signed)

(Address)

Date

M. D.

21

Place of Burial, Cremation or Removal

DATE OF BURIAL

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

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

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.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make these entries in the following sections: For any 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. Winthrop Community Hospital

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

2 FULL NAME Agnes C (Holgersen) Schindhelm

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

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

(a) Residence. No. 29 Ingleside Ave.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital

(Specify whether)

years months 5 days.

In this community 24rs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive 37 years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: Book keeper

Industry or Business: Loan Co.

11 Social Security No. 012-05-8228

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

13 NAME OF FATHER Bernhard Holgersen

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

15 MAIDEN NAME OF MOTHER Clara J Knudson

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

17 Informant: Bernhard Holgersen (Father) (Address) 29 Ingleside Ave. Winthrop Relation, if any

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/27/44

The Commonwealth of Massachusetts
OFFICE 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 Jan 25 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec 23, 1943, to Jan 25, 1944

I last saw h. alive on Jan 25, 1944 death is said to have occurred on the date stated above, at 9:45 p.m.

Immediate cause of death acute cholangitis

Duration IMPORTANT 2 day

Due to

Due to

Other conditions acute gall bladder (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: gangrene gall bladder

Of operations Date of 1/27/44

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) J. D. Collier M. D.

(Address) 10th Street Date 1/26 1944

21 Winthrop Winthrop

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

DATE OF BURIAL January 29 1944

22 NAME OF FUNERAL DIRECTOR Edward S Reynolds

ADDRESS Winthrop Mass.

Received and filed Jan 27 1944 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 decrees 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. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edgar Francis Powers (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 19 Lowell Road St. (If nonresident, give city or town and State)
Length of stay: In hospital or institution. X years 4 months 25 days. In this community 44 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
5a If married, widowed, or divorced HUSBAND of Alice Maud (Jellison) (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 75 Years 3 Months 16 Days If less than 1 day Hours Minutes
9 Occupation: Real Estate Business
Industry or Business: For him self
11 Social Security No. none
12 BIRTHPLACE (City) East Boston (State or country) Mass
13 NAME OF FATHER Tileston Cushing Powers
14 BIRTHPLACE OF FATHER (City) Georgetown (State or country) Maine
15 MAIDEN NAME OF MOTHER Clara Stone
16 BIRTHPLACE OF MOTHER (City) New York City (State or country) N. Y.
17 Informant Alice M. Powers Relation, if any wife
(Address) 19 Lowell Road Winthrop Mass

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 26 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 6, 1943, to January 26, 1944
I last saw him alive on January 26, 1944 death is said to have occurred on the date stated above, at 5:50 P. M.
Immediate cause of death: Carcinoma of Prostate
Due to Broncho-Pneumonia
Due to
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Growth in prostate
Of operations: Date of
Of autopsy: Operation
What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify: (Signed) Conrad P. Francis M. D.
(Address) 220 Washington St. Date Jan 29 1944
21 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan 29 1944
22 NAME OF FUNERAL DIRECTOR Chas R. Benson
ADDRESS Winthrop Mass
Received and filed 19
1944 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) Health Officer
(Official Designation) (Date of Issue of Permit) 1/28/44

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.

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.—WHILE FILING, 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. 20 Bartlett Parkway

St.

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

2 FULL NAME Louis Solomon Root

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

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

(a) Residence. No. 20 Bartlett Parkway

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

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 Whitford
(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 73 Years 6 Months 11 Days If less than 1 day Hours Minutes

Usual Occupation: Merchandize Agent

10 Industry or Business: R H Stearns Co. (Retired)

11 Social Security No. None

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

13 NAME OF FATHER Watson Root

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

15 MAIDEN NAME OF MOTHER Emily Pettis

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

17 Informant Margaret Root (Wife)
(Address) 20 Bartlett Parkway Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1/27/44

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

To be filed for burial permit
with Board of Health
or its Agent. 18

Registered No.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 26, 1944, to Jan 26, 1944

Last saw him alive on Jan 26, 1944 death is said to have occurred on the date stated above, at 10 P.m.

Immediate cause of death

Cerebral Haemorrhage

Due to

Due to

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

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) Harvey A. Steel M. D.

(Address) 127 Middle Farms Westfield

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

DATE OF BURIAL January 28, 1944

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

100m(h)-1-41-4695

1 PLACE OF DEATH
 1 Suffolk (County)
 Wintthrop (City or Town)
 No. 783 Shirley St.
 2 FULL NAME Howard Cushing Torrey
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 783 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 35 yrs. mos. days.

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

(City or town making return)

19

STANDARD
 CERTIFICATE OF DEATH

Registered No.

{ 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).....

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 January 27 1944 (Month) (Day) (Year)		
6a If married, widowed, or divorced HUSBAND of Ella R. Park (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from January 10, 1939, to January 27 1944 I last saw him alive on January 26 1944 death is said to have occurred on the date stated above, at 5:30 A. M.		
7 IF STILLBORN, enter that fact here.			Immediate cause of death Cerebral Hemorrhage		
8 AGE 80 Years 5 Months 20 Days If less than 1 day Hours Minutes			Due to Arteriosclerosis 5 years		
9 Occupation: None			Due to Senility 3 years		
10 Industry or Business:			Other conditions none Important		
11 Social Security No. None			(Include pregnancy within 3 months of death)		
12 BIRTHPLACE (City) South Scituate (State or country) Massachusetts			Major findings: none		
13 NAME OF FATHER George Howard Torrey			Of operations: none Date of		
14 BIRTHPLACE OF FATHER (City) Scituate (State or country) Massachusetts			Of autopsy: none		
15 MAIDEN NAME OF MOTHER Harriet Cushing			What test confirmed diagnosis? clinical & laboratory		
16 BIRTHPLACE OF MOTHER (City) Lowell (State or country) Massachusetts			20 Was disease or injury in any way related to occupation of deceased? No		
17 Informant: Mrs. Ella R. Park (Wife) (Address) 783 Shirley St., Wintthrop, Mass.			If so, specify (Signed) Jacob Abrams M.D. M. D. (Address) 562 Shirley St. Date 1/27/1944		
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 1/29/44 (Official Designation) (Date of Issue of Permit)			21 Forest Hills Wintthrop, Mass. Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL January 31 1944		
			22 NAME OF FUNERAL DIRECTOR Ernest H. Spanell ADDRESS Norwell Massachusetts		
			Received and filed..... 19.....		
			A TRUE COPY ATTEST: (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-

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 septicaemia, 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 healthfulness of various pursuits can be known. Make some entry in this section for every 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-6-2-4-2-8855

The Commonwealth of Massachusetts
OFFICE 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

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

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

PHYSICIAN - IMPORTANT

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

(a) Residence, No. 121 Locust
(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 6 hr. days. In this community yrs. mos. 6 hr. days.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day 6 Hours Minutes

Usual Occupation:

Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Joseph M. Barry

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

15 MAIDEN NAME OF MOTHER Mary R. Smitherman

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

PARENTS

17 Informant Joseph M. Barry (Address) 121 Locust St., Winthrop (Relationship to deceased) Father

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

(Signature of Agent of Board of Health or other Health officer) (Date of Issue of Permit) 1/31/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 30 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1944 to Jan 30, 1944. I last saw him alive on Jan 29, 1944, death is said to have occurred on the date stated above, at 2 a.m. Duration Immediate cause of death.

Due to Bronchopneumonia

Due to Catarrh of Bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same as above

What test confirmed diagnosis? Autopsy

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

(Signed) J. S. Kelly (Address) 11 Mendon St., E. B. Date Jan 30, 1944 M. D.

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

DATE OF BURIAL January 31, 1944

22 NAME OF FUNERAL DIRECTOR M. J. Kelly ADDRESS 11 Mendon St., E. B.

Received and filed Feb 2 1944 19

(Registrar)

hospital records

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. 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).

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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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

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

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)-1-41-4667

1 PLACE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)

No. David Memorial Nursing Home, 61 Park Street.

(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

BROOKLINE

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 58 21

2 FULL NAME Matilda Tocker

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

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

(a) Residence. No. 15 Underhill

(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.
(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

(or) WIFE of Solomon Tocker
(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 73 Years Months Days | If less than 1 day Hours Minutes

Usual
9 Occupation: NoneIndustry
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Germany
(State or country)

13 NAME OF FATHER Moses Seigel

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

15 MAIDEN NAME OF MOTHER Adelheld (Unknown)

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)17 Informant Harry Fishman (Relation, if any, friend)
(Address) 18 Beach Rd., Winthrop, Mass.A TRUE COPY: [Signature]
ATTEST: (Registrar of city or town where death occurred)

DATE FILED January 31, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 29 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from November 2, 1943, to January 29, 1944.
I last saw her alive on Jan. 28, 1944, death is said to have occurred on the date stated above, at 12:28 p.m.Immediate cause of death: Arteriosclerotic Heart Disease years.
Cardiac Decompensation 1 yr.Due to
Due to Anasarca 4-5 ms

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) William J. Shriber M. D.
(Address) 770 Center Street Date Jan. 30, 194421 PLACE OF BURIAL, CREMATION OR REMOVAL Montifiore--Montvale
(Cemetery) (City or Town)
DATE OF BURIAL Jan. 31 194422 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard St., BrooklineReceived and filed 8-1944 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.)

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



PLACE OF DEATH

Middlesex

(County)

Medford

(City or Town)

No. Lawrence Mem. Hospital

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

Medford

(City or town making return)

Registered No. 22

2 FULL NAME Adams (Baby)

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

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

(a) Residence. No. 19 Bellevue Ave.

(Usual place of abode)

St. Winthrop

Length of stay: In hospital or institution hospital

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 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) Medford Mass. (State or country)

13 NAME OF FATHER Lewis Adams

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

15 MAIDEN NAME OF MOTHER Jean Scully

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

17 Informant Lewis Adams (Address) 19 Bellevue St. Winthrop (Relation, if any) (father)

A TRUE COPY.

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

DATE FILED Jan. 11, 1944

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 5 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan. 5, 1944, to Jan. 5, 1944

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.

Stillborn

Prenaturity

Due to Chronic Nephritic

Due to Toxemia of mother

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) Emilio D' Errico M. D. (Address) 322 Boston Ave. Medford Date 1/5 1944

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Medford (Cemetery) (City or Town)

DATE OF BURIAL Jan. 7, 1944

22 NAME OF FUNERAL DIRECTOR Joseph L. Fitzpatrick ADDRESS Medford, Mass.

Received and Filed FEB 9 1944

(Registrar of City or Town where deceased resided)

50m-10-'39, No. 8427-f

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
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)-1-41-4667

The Commonwealth of Massachusetts

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

(City or town making return)

Registered No. 268

23

1 PLACE OF DEATH

(County)

(City or Town)

No. Long Island Hospital

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

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

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

(a) Residence, No.

210 Winthrop

St.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

8 years

months

days

In this community 65 yrs. 10 mos. 4 days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED5a If married, widowed, or divorced HUSBAND of Julia Hennessey
(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 10 Months 4 Days If less than 1 day
Hours Minutes

Usual

9 Occupation: Leather sorter

10 Industry

or Business: unknown

11 Social Security No. none

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

13 NAME OF

FATHER

Edward Lynch

14 BIRTHPLACE OF

FATHER (City)

(State or country) Ireland

15 MAIDEN NAME

OF MOTHER

Margaret Leahy

16 BIRTHPLACE OF

MOTHER (City)

(State or country) Boston, Mass.

17

Informant
(Address)

Long Island Hosp

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Jan 10/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Jan

5

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 18, 1935, to Jan 5/44
I last saw him alive on Jan 5/44, 19, death is said to
have occurred on the date stated above, at 9 P.m. Duration

Immediate cause of death

Coronary thrombosis minutes

Hypertensive cardiovascular disease yrs

Due to hypertrophic arthritis 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) J. V. Sacchetti

(Address) L. I. Hosp.

Date 1/5 1944

21 PLACE OF BURIAL, Winthrop Cem-Winthrop, Mass.
CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Jan 8/44

19

22 NAME OF

FUNERAL DIRECTOR

Kirby Bros

ADDRESS

Winthrop, Mass.

Received and filed

FEB 11 1944

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

The Commonwealth of Massachusetts

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

Malden

(City or town making return)

Registered No.

PLACE OF DEATH

Middlesex

(County)

Malden

(City or Town)

No. Malden Hospt.

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

2 FULL NAME

-----Bramson

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

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

(a) Residence. No.

34 Perkins

St.

Winthrop

(Usual place of abode)

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

(Specify whether)

years

months

days

(If nonresident, give city or town and state)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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.

Still born

8

AGE. -- Years -- Months -- Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Malden
Mass.13 NAME OF
FATHER

Ben Bramson

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada

15 MAIDEN NAME
OF MOTHER

Dorothy H. Bensusan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Chelsea
Mass.

PARENTS

17

Informant
(Address)

Ben Bramson

Relation, if any

34 Perkins St. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Jan. 19, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

January 7, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

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

Still born

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)

Jacob Frank Deich

(Address)

475 Com. Ave. Bos.

Date

1/7/44 M. D.

21 PLACE OF BURIAL
CREMATION OR REMOVAL

Jewish Mutual, Montvale

DATE OF BURIAL

Jan. 9, 1944

(City or Town)

22 NAME OF
FUNERAL DIRECTOR

B.F. Solomon

ADDRESS

420 Harvard St. Brookline

Received and filed

FEB 14 1944

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-305 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 26575

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. 470 Center St.

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

Helen Nassif

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

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

180 Winthrop St.

St. Winthrop, Mass.

(a) Residence, No. (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

yrs.

8 mos.

days

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Solomon Nassif

(Husband's name in full)

6 Age of husband or wife If alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Syria

13 NAME OF FATHER Ameen Attalla

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

15 MAIDEN NAME OF MOTHER Hadela Haddad

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

17 Informant V. Reynolds (Address) (Relation, if any) daughter

A TRUE COPY.

ATTEST: Francis J. Gann (Registrar of city or town where death occurred)

DATE FILED Jan 17/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 13 1944 (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

with latent diabetes
treated therefor

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did

Injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of

Injury

Nature of

Injury

While at work? Was there an autopsy? no

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

If so, specify

(Signed) T. Leary

(Address) Date 1/13 1944

22 Oak Grove Springfield, Mass.

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

DATE OF BURIAL Jan 17/44 19

23 NAME OF FUNERAL DIRECTOR H. Reynolds

ADDRESS Winthrop, Mass.

Received and filed 19

FEB 17 1944 (Registrar of City or Town where deceased resided)

25m (h)-1-41-4667



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
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 (c)-1-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 743

27

1 PLACE OF DEATH

(County) ...

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

(a) Residence. No. 55 Sunnyside Ave.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 1 days. In this community 8 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 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

Usual Occupation: Retired saleslady

Industry or Business: Railroad news

11 Social Security No. none

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

13 NAME OF FATHER Charles B. Randolph

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

15 MAIDEN NAME OF MOTHER Mary Lyons

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

17 Informant W. W. Randolph (Address) (Relation, if any) brother

A TRUE COPY.

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

DATE FILED Jan 20/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 16 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 15/44, 19 to Jan 16/44, 19

I last saw her alive on Jan 16/44, 19, death is said to have occurred on the date stated above, at 4.10 P.m.

Immediate cause of death: Myxedema of Thyroid Gland Duration 2 yrs

Due to

Due to

Other conditions Heart Disease, 5 yrs plus
(Include pregnancy within 3 months of death) Physician

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

Major findings: none Of operations: none Date of

Of autopsy: none clinical

What test confirmed diagnosis? clinical

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

(Signed) T. A. Devan (Address) Mass. Gen. Hosp. Date 1/17 19 44

21 PLACE OF BURIAL, Holy Cross - Malden, Mass.
CREMATION OR REMOVAL (Cemetery)

DATE OF BURIAL Jan 20/44 (City or Town) 19

22 NAME OF FUNERAL DIRECTOR J. Murphy
ADDRESS Boston, Mass.

Received and filed SEP 11 1944 19

(Registrar of City or Town where deceased resided)



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
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.)

60m (e)-1-41-4667

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, 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 STATISTICSCOPY OF
CERTIFICATE OF DEATHDanvers
(City or town making return)

Registered No. 28

2 FULL NAME Karl O. Arnesen
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 220 Woodside Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution years 4 months 2 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 marr.

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

9 Usual Occupation: ret. ship's rigger

10 Industry or Business:

11 Social Security No. cannot be learned

12 BIRTHPLACE (City) Norway
(State or country)

13 NAME OF FATHER Arne Peterson

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

15 MAIDEN NAME OF MOTHER Marie Andersen

16 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)17 Informant Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: Jan. 27 19 44
(Registrar of city or town where death occurred)

DATE FILED 19 44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 19 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept. 17 19 43, to Jan. 19 19 44

I last saw him alive on Jan. 19 19 44 death is said to have occurred on the date stated above, at 7:15 p.m.

Immediate cause of death. Duration

Bronchopneumonia 1 day
Generalized arteriosclerosis 8 yrs.

Due to

Due to

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

Major findings: Of operations

Date of

Of autopsy. clinical

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

If so, specify

(Signed) Abraham Gardner, M. D.
(Address) Hathorne, Mass. Date 1/25 19 4421 PLACE OF BURIAL, Mt. Hope Cem., Boston
CREMATION OR REMOVALDATE OF BURIAL Jan. 22 19 44
(Cemetery) (City or Town)22 NAME OF FUNERAL DIRECTOR Frank W. Brown
ADDRESS Medford, Mass.

Received and filed Feb 10 1944 19

(Registrar of City or Town where deceased resided)

PARENTS



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 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 (c)-1-41-4607

1 PLACE OF DEATH

(SUFFOLK
 (County)
 BOSTON
 (City or Town))



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

(City or town making return)

Registered No. 944 29

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

2 FULL NAME Morris Silver
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 16 Wave Way St. Winthrop, Mass.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or Institution years months 14 days. In this community yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced Leah Glassburg
 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 Months Days If less than 1 day Hours Minutes

9 Occupation: Defense worker

10 Industry or Business: Tafner Bearing Co., - Conn.

11 Social Security No. 042-12-8069

12 BIRTHPLACE (City) Russia
 (State or country)

13 NAME OF FATHER Joseph Silver

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

15 MAIDEN NAME OF MOTHER Mary ----

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

17 Informant B. Silver Relation, if any son
 (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)
 Jan 26/44

DATE FILED Jan 26/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 24 1944
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 10/44, 19, to Jan 24/44, 19
 I last saw him alive on Jan 24/44, 19, death is said to have occurred on the date stated above, at 9.10 a.m. Duration

Immediate cause of death. Apoplexy (dependent upon cerebral arteriosclerosis) 4 days

Due to

Due to

Other conditions Hypertrophy of prostate yrs
 (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 none
 What test confirmed diagnosis clinical

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

If so, specify T. A. Devan
 (Signed) Mass. Gen. Hosp Date 1/24 1944
 (Address)

21 PLACE OF BURIAL Hebrew Cem-Hartford, Conn.
 CREMATION OR REMOVAL

DATE OF BURIAL Jan 25/44 (City or Town) 19

22 NAME OF FUNERAL DIRECTOR J. H. Levine
 ADDRESS Boston, Mass.

Received and filed FEB 11 1944 19

(Registrar of City or Town where deceased resided)



PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. 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. **30**

PLACE OF DEATH

Suffolk
(County)
Wenithook
(City or Town)

No. *35 Girdlestone Road Wenithook St.*

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

2 FULL NAME *Ada Lena Ullven Harmon*

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

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

(a) Residence. No. *35 Girdlestone Road Wenithook*
(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years *X* months *X* days.
(Specify whether)

In this community *5* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of _____ (Give maiden name of wife in full) *Asbra Harmon*

(or) WIFE of *Asbra Harmon*
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE *58* Years *0* Months *21* Days If less than 1 day
Hours _____ Minutes _____

Usual Occupation: *at home*

Industry *11* *17*

10 or Business: _____

11 Social Security No. _____

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

13 NAME OF FATHER *Alfred Ullven*

14 BIRTHPLACE OF FATHER (City) *unable to obtain*
(State or country) *" " (Philbrick)*

15 MAIDEN NAME OF MOTHER *Catharine Philbrick*

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

17 Informant *Mrs. Ruth S. Laurin (daughter)* Relation, if any

(Address) *35 Girdlestone Road Wenithook*

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)

(Official Designation)

(Date of Issue of Permit) *3/4/44*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb 1, 1944*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
June 10, 1943 to *Feb 1, 1944*
I last saw him alive on *Feb 1, 1944* death is said to
have occurred on the date stated above, at *2:25 P.M.*

Immediate cause of death

hypertensive pneumonitis *Jan 25/44*

Due to *hypertension & hyperemia* *1942*
heart disease

Due to _____

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

Major findings:

Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? *Clinical exam*

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 E. Salasoffa* M. D.

(Address) *1902 ...* Date *Feb 1, 1944*

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

DATE OF BURIAL *February 4, 1944*

22 NAME OF FUNERAL DIRECTOR *Charles B. Bernier*

ADDRESS *Wenithook Mass*

Received and filed _____ 19 _____

7 1944 (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, and there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

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

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

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

SPACE FOR ADDITIONAL INFORMATION.....

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

STANDARD
CERTIFICATE OF DEATH

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

31

Registered No.

PLACE OF DEATH

No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of city and state.) } **IMPORTANT**

2 FULL NAME

(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.

(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

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or OIVORCED

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

10 Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

PARENTS

17

Informant

(Address)

Relationship if any

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Feb.

2

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb 2

1944

to Feb 2

1944

I last saw him alive on Feb 2, 1944, death is said to

have occurred on the date stated above, at 7:10 P. M.

Immediate cause of death

Congenital Heart Disease

IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

none

Physician

Of autopsy

refused

What test confirmed diagnosis

Clinical appearance

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)

Chas. H. Treanor

429 Beacon St. Boston

M. D.

Feb 4 1944

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Feb 4

1944

22 NAME OF

FUNERAL DIRECTOR

Charles H. Treanor

ADDRESS

East Boston

Received and filed

Feb 7 1944

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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

Statement of 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

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

(City or town making return)

Registered No. 1225

32

PLACE OF DEATH

SUFFOLK
BOSTON (County)



(City or Town)

No. Carney Hospital

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

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

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

(a) Residence, No. 34 Sea Foam Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days 10 If less than 1 day Hours 30 Minutes

Usual Occupation:

Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Morris Goldenberg

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

15 MAIDEN NAME OF MOTHER Helen Alodofsky

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

17 Informant (Address) (Relation, if any) Father

A TRUE COPY.

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

DATE FILED Feb 4/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 2 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1/44, 19 to Feb. 2/44, 19

I last saw him alive on Feb. 2/44, 19, death is said to have occurred on the date stated above, at 6.05 A.m. Duration

Immediate cause of death.

Prematurity

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) R. Levine M. D.
(Address) Carney Hosp. Date 2/2 1944

21 PLACE OF BURIAL, Mt. Lebanon-Workmen's Circle
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Feb. 3/44 19

22 NAME OF FUNERAL DIRECTOR M. Stanetsky
ADDRESS Boston, Mass.

Received and filed Feb 11 1944 19

(Registrar of City or Town where deceased resided)



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

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

Registered No. **33**

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 19 Pleasant Park Rd.



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

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

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran, No
 if so specify WAR)

(a) Residence, No. 19 Pleasant Park Rd. 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 35 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 married

18 DATE OF DEATH Feb. 2 1944
 (Month) (Day) (Year)

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

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 7:30 A. m.

6 Age of husband or wife if alive 73 years

Immediate cause of death m. s. wound gunshot IMPORTANT

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years Months Days If less than 1 day
 Hours Minutes

Due to natural causes

Usual Occupation: At Home

Due to

Industry or Business: Housewife

Due to

11 Social Security No. none

Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations

Physician

Underline the cause to which death should be charged statistically.

13 NAME OF FATHER Cannot be learned

Date of

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

Of autopsy

What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER Cannot be learned

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

If so, specify

(Signed) C. J. Murphy, M. D.
 (Address) 2-2-1944

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

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

17 Informant Joseph H. McKeon (husband)
 (Address) 19 Pleasant Park Rd., Winthrop

DATE OF BURIAL February 4, 1944

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 R. C. Kirby
 ADDRESS Boston

(Signature of Agent of Board of Health or other)

Received and filed February 2, 1944

(Official Designation) (Date of Issue of Permit)

(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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

SPACE FOR ADDITIONAL INFORMATION

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

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

Registered No. 33

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. 521 Pleasant

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

2 FULL NAME J. Harold Strang
 (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. 521 Pleasant
 (Usual place of abode)

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

Length of stay: In hospital or institution years months days. In this community 18 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
 or DIVORCED Married

18 DATE OF DEATH February 4 1944
 (Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
July - 17, 1942 to February 4, 1944

I last saw him alive on February 4, 1944, death is said to

have occurred on the date stated above, at 6:30 p.m.

Immediate cause of death.....

Duration

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 8 Months 5 Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: none

Industry
 10 or Business: at home

11 Social Security No. none

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

Due to Lobar Pneumonia

IMPORTANT

2 days

Due to.....

Other conditions Multiple Sclerosis
 (Include pregnancy within 3 months of death)

Years

IMPORTANT
 Physician

Major findings:
 Of operations.....

Date of.....

Of autopsy.....

What test confirmed diagnosis? None

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 B. Strang M. D.
 (Address) 200 Washington St. Date Feb 5, 1944

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

DATE OF BURIAL February 7, 1944

22 NAME OF FUNERAL DIRECTOR St. E. Parker
 ADDRESS 300 Meridian St., E. Boston

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

FEB 8 1944

(Registrar)

PARENTS

13 NAME OF FATHER J. Hayward Strang

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

15 MAIDEN NAME OF MOTHER Frances A. Tait

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

17 Informant Rena M. Strang Relation, if any Wife
 (Address) 521 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. J. Childress
 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/7/44 (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

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

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. 88, 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

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

A

50m. (c) 3-43-11574

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 33 Hutchinson 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.

Registrar's No. 35

2 FULL NAME William A. Regan
(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
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 33 Hutchinson 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 18 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 DIVORCE 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 58 Years Months Days If less than 1 day
Usual Hours Minutes

9 Occupation: Electrician

10 Industry or Business: Fort Banks

11 Social Security No.

12 BIRTHPLACE East Boston
(State or country) Mass

13 NAME OF FATHER James Regan

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

15 MAIDEN NAME OF MOTHER Johanna Hurley

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

17 Informant Regan Sister if any
(Address) 33 Hutchinson St

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

Wm. S. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer 2/9/44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 7 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb 7, 1944 to Feb 7, 1944

I last saw him alive on Feb 7, 1944 death is said to
have occurred on the date stated above, at 7:35 P.M.

Immediate cause of death

Coronary Thrombosis

Due to Arteriosclerosis about 3 yrs.

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death) IMPORTANT

Major findings: None

Of operations

Date of

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

(Signed) Sybil W. Dickinson, M. D.

(Address) Winthrop Mass Date 2/9 1944

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

DATE OF BURIAL Feb 10 1944

22 NAME OF FUNERAL DIRECTOR John H. Kelly

ADDRESS Winthrop

Received and filed Feb 13 1944 (Registrar)

per Dr. Dickinson

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

Surrey

(County)

Winthrop

(City or Town)

No. 26 Bates Ave.

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

Registered No. 36

2 FULL NAME Joseph Couilliard

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

(a) Residence. No. 26 Bates 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 36 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 Divorced

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

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

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

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 3 Months 16 Days If less than 1 day Hours Minutes

9 Occupation: Usual Electrical Inspector

10 Industry Fire Insurance Co. (Retired)

11 Social Security No. None

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

13 NAME OF FATHER

John H Couilliard

14 BIRTHPLACE OF FATHER (City)

Unable to obtain

(State or country)

15 MAIDEN NAME OF MOTHER

Cora (Unknown)

16 BIRTHPLACE OF MOTHER (City)

Unable to Obtain

(State or country)

17 Informant Cora Couilliard (Daughter) (Address) 26 Bates Ave. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/12/44

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 9 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 10, 1941 to Feb 8, 1944. I last saw him alive on Feb 8, 1944, death is said to have occurred on the date stated above, at 6:45 A.M. Immediate cause of death.

Duration
IMPORTANT

Died to Broncho-pneumonia 3 days

Due to

Other conditions Cerebral Hemorrhage 2 yrs. 8 mos. (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) Louis J. Salerno M. D. (Address) 125 Pleasant St. Date 2/9 1944

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

DATE OF BURIAL February 12 1944

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

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.....

PLACE OF DEATH		Suffolk County		Winthrop (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		Registered No.		To be filed for burial permit with Board of Health or its Agent.	
1		No. 40 Sagamore ave		Winthrop		(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		Archibald Rupert Mc Grungle		(If deceased is a married, widowed or divorced woman, give also maiden name.)				(If nonresident, give city or town and state)			
(a)		Residence. No. 40 Sagamore Avenue Winthrop		(Usual place of abode)									
Length of stay:		In hospital or institution		X years X months X days		(Specify whether)		In this community 26 yrs.		mos.		days.	
PERSONAL AND STATISTICAL PARTICULARS													
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		MARRIED		WIDOWED		or DIVORCED			
Male		White		Married									
5a		If married, widowed, or divorced		HUSBAND of		Minnie Francis (Shurp) Mc Grungle		(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		77		Years X Months 8 Days		If less than 1 day		Hours		Minutes	
9		Usual Occupation:		Salesman									
10		Industry or Business:		Shoes (Retail) Business									
11		Social Security No.											
12		BIRTHPLACE (City)		East Boothbay		Maine							
13		NAME OF FATHER		Peter Mc Grungle									
14		BIRTHPLACE OF FATHER (City)		East Boothbay		Maine							
15		MAIDEN NAME OF MOTHER		unlike to obtain									
16		BIRTHPLACE OF MOTHER (City)		unlike to obtain									
17		Informant		Albert Sharp Mc Grungle		Son		Relation, if any					
(Address)		40 Sagamore ave Winthrop Mass											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:													
Wm. D. Childs													
(Signature of Agent of Board of Health or other)													
Health Officer 2/11/47													
(Official Designation) (Date of Issue of Permit)													
MEDICAL CERTIFICATE OF DEATH													
18		DATE OF DEATH		Feb 8		1944		(Month) (Day) (Year)					
I HEREBY CERTIFY That I attended deceased from													
Feb 7, 1944 to Feb 8, 1944													
I last saw him alive on Feb 8, 1944 death is said to have occurred on the date stated above, at 11:30 p.m.													
Immediate cause of death													
Chronic myocarditis with left ventricular failure													
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 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) Eddie W. Robinson M. D.													
(Address) Winthrop Mass Date 2/10/44													
21 Winthrop Winthrop Mass													
Place of Burial, Cremation or Removal (City or Town)													
DATE OF BURIAL February 11th 1944													
22 NAME OF FUNERAL DIRECTOR Chas. R. Benson													
ADDRESS Winthrop Mass													
Received and filed FEB 19 1944													
(Registrar)													

PARENTS

SPACE FOR ADDITIONAL INFORMATION

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

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

Registered No. 38

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 94 Lincoln St., Winthrop

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

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

PHYSICIAN - IMPORTANT
(Was deceased a no
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 94 Lincoln St.
(Usual place of abode)

St. (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.
(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
or DIVORCED married

18 DATE OF DEATH Feb. 8 1944
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Anne T. Visconte (Give maiden name of wife in full)
(or) WIFE of Anne T. Visconte (Husband's name in full)

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 2:30 A. m.

6 Age of husband or wife if alive 33 years

Immediate cause of death
In S. Ward Hospital
Cerebral infarct

7 IF STILLBORN, enter that fact here.

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

Due to

9 Usual Occupation: Salesman

Due to

10 Industry or Business: Alcoholic beverages

Due to

11 Social Security No. 028-09-7473

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

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

Major findings:
Of operations

13 NAME OF FATHER Vito Visconte

Date of

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

Of autopsy

What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER Mary Cornetta

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

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

(Signed) J. M. D.
(Address) 1200 N. 1st St. Date 2-9-1944

17 Informant Anne T. Visconte (Wife)
(Address) 94 Lincoln St., Winthrop

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 11, 1944.

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 R.C. Kirby
ADDRESS Boston

(Signature of Agent of Board of Health or other)
Health Officer 2/10/44
(Official Designation) (Date of Issue of Permit)

Received and filed 2-10-1944 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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. Make up some list of this action 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

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. **39**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **55 Bellevue Ave**



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

2 FULL NAME **Alfred M. Kershaw**
(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. **55 Bellevue Ave 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 **48** 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 **married**
WIDOWED
OR DIVORCED

18 DATE OF DEATH **February - 14 - 1944**
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of **Dorothy Ingalls**
(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.)
**acute cardiac dilatation
hypertensive heart disease**

6 Age of husband or wife if alive **50** years

7 IF STILLBORN, enter that fact here.

8 AGE **52** Years **7** Months **X** Days If less than 1 day
Hours _____ Minutes _____

Usual
9 Occupation: **Guard**

20 Accident, suicide, or homicide (specify) _____
Date of occurrence _____ 19 _____

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

Industry
10 or Business: **American Air Lines East Boston**

Did injury occur in or about home, on farm, in industrial place, or in public
place? _____
(Specify type of place)

11 Social Security No. **032-05-3213**

12 BIRTHPLACE (City) **Chicago Ill.**
(State or country)

Manner of
Injury **found dead in his bed**

Nature of
Injury _____

While at work? _____ Was there an autopsy? **no**

13 NAME OF FATHER **William J. Kershaw**

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

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

If so, specify **Wm. J. Buckley M.D.**
(Signed) _____, M. D.

(Address) **Boston** Date **Feb - 14 - 1944**

15 MAIDEN NAME OF MOTHER **Alma Evelyn Noxon**

16 BIRTHPLACE OF MOTHER (City) **Pictou**
(State or country) **Canada Ontario**

22 **Winthrop Cemetery Winthrop Mass**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **February 17th 1944**

17 Informant **Mrs. Dorothy Kershaw** Relation, if any **Wife**
(Address) **10 Wendell St Cambridge Mass**

23 NAME OF FUNERAL DIRECTOR **Chas. A. Benson**
ADDRESS **Winthrop Mass**

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

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

Received and filed **FEB 19 1944** 19 _____

(Official Designation) (Date of Issue of Permit) **2/17/44**

(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.

... He shall in all cases certify to the town clerk or registrar in the place where 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.)"

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

CAUSE OF DEATH in plain terms, so 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)		Winthrop Community Hospital		No. _____ St. _____		Registered No. _____				
1 FULL NAME. Imogene (Bartlett) Sleeper (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. 72 Main Street St. _____ (Usual place of abode) Length of stay: In hospital or institution Hospital years months 1 days. In this community 55 yrs. mos. days.										(If U. S. War Veteran, specify WAR)				
2 FULL NAME. Imogene (Bartlett) Sleeper (If deceased is a married, widowed or divorced woman, give also maiden name.)														
(a) Residence. No. 72 Main Street St. _____ (Usual place of abode) Length of stay: In hospital or institution Hospital years months 1 days. In this community 55 yrs. mos. days.														
PERSONAL AND STATISTICAL PARTICULARS <table border="1"> <tr> <td>3 SEX Female</td> <td>4 COLOR OR RACE White</td> <td>5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow</td> </tr> </table> 5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) George T Sleeper (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 95 Years 9 Months 8 Days If less than 1 day Hours _____ Minutes _____ 9 Usual Occupation: House work Industry At Home or Business: 11 Social Security No. None 12 BIRTHPLACE (City) Harmony (State or country) Maine 13 NAME OF FATHER Frederick Bartlett 14 BIRTHPLACE OF FATHER (City) Maine (State or country) 15 MAIDEN NAME OF MOTHER Mary Wyman 16 BIRTHPLACE OF MOTHER (City) Maine (State or country) 17 Informant Harvey E Sleeper (Step Son) (Address) 66 Loring Rd. Winthrop												3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow												
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 2/16/44 (Official Designation) (Date of Issue of Permit)														
MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH Feb 15 1944 (Month) (Day) (Year) 19 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1944, to Feb 15, 1944, death is said to have occurred on the date stated above, at 8:26 A. M. Immediate cause of death Pneumonia Duration IMPORTANT 3 wks Due to Pneumonia Due to Anemia Other conditions _____ (Include pregnancy within 3 months of death) Major findings: _____ Of operations: _____ Date of: _____ Of autopsy: _____ What test confirmed diagnosis? Cholesterol 20 Was disease or injury in any way related to occupation of deceased? No If so, specify _____ M. D. (Signed) (Address) 148 W. 8th St. New York, N. Y. Date Feb 16, 1944 21 Place of Burial, Cremation or Removal Rockland Maine (City or Town) DATE OF BURIAL Feb. 18, 1944 22 NAME OF FUNERAL DIRECTOR Howard S Reynolds ADDRESS Winthrop Mass. Received and filed FEB 19 1944 19 _____ (Registrar)														

SPACE FOR ADDITIONAL INFORMATION.

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

50m-(c)-3-43-11574

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 102 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.

Registrar's No. 41

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

2 FULL NAME Jesse C. Campbell

(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. 490 Pleasant 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 35 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 Married

18 DATE OF DEATH Feb. 16 1944
(Month) (Day) (Year)

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

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

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

I last saw h_____ alive on _____, 19____ death is said to have occurred on the date stated above, at _____ P. M.

6 Age of husband or wife if alive 62 years

Immediate cause of death _____

7 IF STILLBORN, enter that fact here.
8 AGE 61 Years _____ Months _____ Days _____ Hours _____ Minutes
Usual Occupation: Retired Conductor

Due to _____
Due to _____

10 Industry or Business: Railroad

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

11 Social Security No. _____

12 BIRTHPLACE (City) _____ (State or country) _____

Major findings: _____
Of operations _____

13 NAME OF FATHER John L. Campbell

Physician _____

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

Date of _____

15 MAIDEN NAME OF MOTHER Eleanor Leighton

Of autopsy _____
What test confirmed diagnosis? _____

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

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

17 Informant Margaret Campbell wife (Address) 490 Pleasant St. Winthrop

(Signed) _____, M. D.
(Address) _____ Date 2-17-1944

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

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

(Signature of Agent of Board of Health or other) _____
Health Officer 3/18/44
(Official Designation) (Date of Issue of Permit)

22 NAME OF FUNERAL DIRECTOR _____
ADDRESS _____

Received and filed FEB 19 1944 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.

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

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

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

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE 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. 42

No. 86 Johnson Ave.

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

2 FULL NAME Michael J. Kelly
(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. 86 Johnson Ave
(Usual place of abode)

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

Length of stay: In hospital or institution No. years months days. In this community 15 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 Mary E. Gouthart (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 88 Years 9 Months 5 Days | If less than 1 day Hours Minutes

9 Occupation: Usual Undertaker & Funeral Director

10 Industry or Business: Funeral Service

11 Social Security No. None

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

13 NAME OF FATHER John A. Kelly

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

15 MAIDEN NAME OF MOTHER Matilda Doyle

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

17 Informant John C. Kelly Relation, if any (Address) 257 St. Andrew St., E. 13.

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)

Asst. 2/18/44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 16, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1943, to Feb. 16, 1944.
I last saw him alive on Feb. 16, 1944, death is said to have occurred on the date stated above, at 8 P. m.

Immediate cause of death: Duration

Broncho-Pneumonia 5 days

Due to

Due to Arteriosclerosis 3 yrs

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) Joseph A. O'Brien M. D.
(Address) 670 S. Washington St. Date 2/17, 1944

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

DATE OF BURIAL February 17, 1944

22 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS 11 Mechan St., E. 13.

Received and filed FEB 19 1944 19

(Registrar)

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COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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RULES OF PRACTICE

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

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

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

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

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, aethenla, etc. As principal cause name the disease 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 or N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.

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)

43

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

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

2 FULL NAME William Galligan

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

(a) Residence. No. 262 Lexington Street

(Usual place of abode)

St. East Boston, Mass.

(If nonresident, give city or town and state)

length of stay: In hospital or institution

(Specify whether)

years months days

In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed or divorced

HUSBAND of Victoria McDonald

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

47

years

7 IF STILLBORN, enter that fact here.

8

AGE 56 Years 4 Months 12 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation: Machinist

Industry

or Business: W.P. Morse Co.

11 Social Security No. 021-05-6478

12 BIRTHPLACE (City)

Dover

(State or country)

New Hampshire

13 NAME OF

FATHER

Martin Galligan

14 BIRTHPLACE OF

FATHER (City)

Unknown

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Alta(?)

16 BIRTHPLACE OF

MOTHER (City)

Unknown

(State or country)

Ireland

17

Informant

(Address)

Victoria Galligan (Wife)

269 Lexington St., E. Boston

Relation, if any

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

William D. Childress

(Signature of Agent of Board of Health or other)

agent

Feb-18/44

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

February

17

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Feb. 14, 1944

to Feb. 17, 1944

I last saw him alive on Feb. 17, 1944, death is said

to have occurred on the date stated above, at 130 P.M.

Immediate cause of death

Acute Pulmonary Edema

Duration

1 Day

Due to

Central Neumbly

3 Days

Due to

Hypertension

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

If so, specify

Geny. H. Schwartz

(Signed)

M. D.

(Address) 19 Church St.

Date

2/17 1944

21 Pine Hill Dover New Hampshire

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL February 21

19 44

22 NAME OF

FUNERAL DIRECTOR

J. E. Parker

ADDRESS 300 Meridian St., E. Boston

Received and filed

19

A TRUE COPY ATTEST: FEB 19 1944

(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.

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

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registered No.
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 Mary Ann Small "Nee Marden" (If deceased is a married, widowed or divorced woman, give also maiden name.)			(If U. S. War Veteran, specify WAR)
(a)	Residence. No. 57 Crystal Cove Ave. Winthrop, Mass. (Usual place of abode)			(If nonresident, give city or town and state)
Length of stay: In hospital or institution _____ years _____ months 4 days. (Specify whether)				In this community yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX F	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 Albert Carlton Small (Husband's name in full)				
6 Age of husband or wife if alive. 65 years				
7 IF STILLBORN, enter that fact here.				
8 AGE 64 Years 3 Months 15 Days If less than 1 day Hours Minutes				
9 Occupation: Teacher				
10 Industry or Business:				
11 Social Security No. None				
12 BIRTHPLACE (City) Boston (State or country) Mass.				
13 NAME OF FATHER Albert Mortimer Marden				
14 BIRTHPLACE OF FATHER (City) ? (State or country) England				
15 MAIDEN NAME OF MOTHER Mary J. Frazer				
16 BIRTHPLACE OF MOTHER (City) Canada (State or country)				
17 Informant E. Allen Small Relation, if any (None) (Address) 78 Manchester Rd Newton Highlands				
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 Office (Official Designation) 3/19/44 (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH Feb 18 1944 (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1944 to Feb 18, 1944 I last saw him alive on Feb 18, 1944, death is said to have occurred on the date stated above, at 7:15 P.M. Immediate cause of death: Cholelithiasis Duration 3 days				
Due to Ruptured gall bladder (Cholelithiasis)				
Due to Cholelithiasis				
Other conditions Hybertension + Obesity (Include pregnancy within 3 months of death)				
Major findings: Obstruction of gall bladder + many stones Date of Feb 18/44 Of autopsy What test confirmed diagnosis? Clinical				
20 Was disease or injury in any way related to occupation of deceased? No				
If so, specify (Signed) Arthur J. Brady M. D. (Address) 148 N. 1st St. Date Feb 18 1944				
21 Newton Crematory, Newton, Mass. Place of Burial, Cremation or Removal (City or Town) DATE OF Burial, Cremation Feb 21 1944				
22 NAME OF FUNERAL DIRECTOR E. W. Pratt Co., Fredric S. Pry, Proprietor ADDRESS 101 Union St., Newton Centre				
Received and filed FEB 21 1944				
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

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

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

Registered No. 45

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 14 Egelton Pk.

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

2 FULL NAME Charles F. Tancred
(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. 14 Egelton Pk St. le
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution 4 years months days. In this community 4 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
or DIVORCED Married

18 DATE OF DEATH Feb. 20, 1944
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
Jan 5, 1944, to Feb 20, 1944.

I last saw him alive on Feb 20, 1944, death is said to
have occurred on the date stated above, at 8 A m.

6 Age of husband or wife if alive 50 years

Immediate cause of death Cachexia

7 IF STILLBORN, enter that fact here.

Duration 8 mos

8 AGE 57 Years 1 Months 14 Days | If less than 1 day
Hours Minutes

Due to metastases general

9 Occupation Electrical Dept Bethel

Due to Neurophonia

10 Industry Electric Station Master

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

11 Social Security No. 011-12-8883

Major findings: None
Of operations None

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

Of autopsy None
What test confirmed diagnosis? Biopsy + clinical

13 NAME OF FATHER Peter Tancred

Date of Feb 20 1944

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

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

15 MAIDEN NAME OF MOTHER Elizabeth French

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify None

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

(Signed) Richard A. [Signature] M. D.
(Address) 148 W. Chap St. Date Feb 20 1944

17 Informant Mrs Chas F. Tancred (Widow) Relation, if any Widow

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

(Address) 14 Egelton Pk. Winthrop

DATE OF BURIAL Feb 22 1944 1944

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 Walter H. [Signature]

(Signature of Agent of Board of Health or other)

ADDRESS Newton Mass.

(Official Designation) Health Officer (Date of Issue of Permit) 2/2/44

Received and filed Feb 21 1944 1944

(Registrar)

(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).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 88, Sec. 6.

RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 117 Loring Rd.

St.

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

Registered No. 46

2 FULL NAME. Reuben Cale Little

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

(a) Residence. No. 117 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

yrs. 18 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 M Abbott

(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

4

Months

3

Days

If less than 1 day

Hours Minutes

Usual

Clerk (Retired)

9 Occupation:

Industry

Paper Co.

10 or Business:

None

11 Social Security No.

12 BIRTHPLACE (City)

Greenbank

(State or country)

New Jersey

13 NAME OF FATHER

John Little

14 BIRTHPLACE OF FATHER (City)

(State or country)

New Jersey

15 MAIDEN NAME OF MOTHER

Sarah Cale

16 BIRTHPLACE OF MOTHER (City)

(State or country)

New Jersey

17

Relation, if any

Informant

Benjamin Little (Son)

(Address)

117 Loring Rd. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE 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

February 22

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
October 22, 1943 to Feb. 22, 1944I last saw h.i.m. alive on Feb. 22, 1944, death is said to
have occurred on the date stated above, at 11 P.M.

Immediate cause of death

Chronic myocarditis -
arteriosclerosis

Due to

Duration
IMPORTANT

3 yrs.

4 yrs.

Due to

Other conditions

None

(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 sta-
tistically.

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

No

If so, specify

(Signed)

Sanford Robinson

(Address)

Winthrop, Mass

M. D.

Date Feb. 23, 1944

21

Harleigh

Camden New Jersey

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

February 25,

1944

22

NAME OF FUNERAL DIRECTOR

Howard Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

FEB 29 1944

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

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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



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

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

Registered No. 47

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

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

(a) Residence. No. 63 Prospect Ave. St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months 12 days. In this community 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 78 Years 2 Months 4 Days If less than 1 day Hours Minutes

Usual Occupation: Housework

Industry or Business: At Home

11 Social Security No. None

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

13 NAME OF FATHER Ephraim Daniel Downes

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

15 MAIDEN NAME OF MOTHER Elizabeth Ann Sargent

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

17 Informant Elizabeth S Downes (Niece)
(Address) 63 Prospect Ave. Winthrop

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

(Signature of Agent of Board of Health or other)
Health Officer 3/29/44

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 27 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Sept 15, 1943, to Feb 27, 1944

I last saw him alive on Feb 27, 1944, death is said to have occurred on the date stated above, at 1:42 P. M.

Immediate cause of death

Broken Compensation Card 10 days

Due to Double Pulmonary Emphysema

Due to ? Rheumatic Infection - End of life

Other conditions Arteriosclerosis, Senility
(Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis? Clinical

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

If so, specify (Signed) Paul M. D. (Address) 18 Mt Hope St. Date Feb 28, 1944

21 Mt. Hope Boston
Place of Burial, Cremation or Removal (City or Town) 44

DATE OF BURIAL March 1 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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

RULES OF PRACTICE

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

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, 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 entries in this section for every 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

ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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, Sec. 10, requires physician to insert a recital to that effect.

100m (b) 1-41-4695

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
1	Suffolk (County)			STANDARD CERTIFICATE OF DEATH	
1	Winthrop (City or Town)			Registered No. 48	
No. 32 Atlantic		St. _____		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Christy MacDonald (McLeod)		(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. 32 Atlantic		St. _____		(If nonresident, give city or town and State)	
Length of stay: In hospital or institution _____		years _____ months _____ days _____		In this community 60 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 MARRIED WIDOWED or DIVORCED Widowed	18 DATE OF DEATH Feb. 27 1944 (Month) (Day) (Year)		
8a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of John MacDonald (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. Immediate cause of death natural causes in E. jurisdiction Due to _____ Due to _____ Other conditions _____ (Include pregnancy within 3 months of death)		
6 Age of husband or wife if alive _____ years			Duration Important		
7 IF STILLBORN, enter that fact here.			Major findings: Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis?		
8 AGE 22 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____			20 Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) C. Drachman M. D. (Address) 100 Winthrop St. Date 2/26 1944		
9 Usual Occupation: At Home			21 Winthrop Cemetery Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL February 29, 1944		
10 Industry or Business: _____			22 NAME OF FUNERAL DIRECTOR Kirby Bros. ADDRESS 110 Winthrop St.		
11 Social Security No. None			Received and filed MAR 6 1944		
12 BIRTHPLACE (City) Nova Scotia (State or country)			(Registrar)		
13 NAME OF FATHER Daniel McLeod			A TRUE COPY ATTEST:		
14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)					
15 MAIDEN NAME OF MOTHER Unknown					
16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)					
17 Informant Ered Benson (Address) Winthrop 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. Childress (Signature of Agent of Board of Health or other Health Officer) 3/29/44 (Official Designation) (Date of Issue of Permit)					

PARENTS

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-

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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, but are not limited to, deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, electrical, agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

SPACE FOR ADDITIONAL INFORMATION

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. A66 49State of NEW HAMPSHIRE

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Ossipee
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Carroll County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass. (b) County _____
(c) City or town Winthrop
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Mrs. Bertha Wilson3. (b) If veteran, _____
name war _____ 3. (c) Social Security
No. _____4. Sex Female 5. Color or
race White6. (a) Single, widowed, married Widowed
divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Sept. 28, 1868
(Month) (Day) (Year)8. AGE: Years Months Days
75 3 8
If less than one day
hr. _____ min. _____9. Birthplace Reading, Mass.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace ? _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace ? _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Severance(b) Address Ossipee, N.H.17. (a) Burial (b) Date thereof January 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place; burial or cremation Lindenwood, Reading, Mass.18. (a) Signature of funeral director John A. Lord(b) Address West Ossipee, N.H.19. (a) Jan. 8, 1944 (b) John A. Hill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month January day 6
year 1944 hour 1 minute 15 A.M.21. I hereby certify that I attended the deceased from
July 20, 1943 to January 6, 1944.
that I last saw him/her alive on January 5, 1944.
and that death occurred on the date and hour stated above.
Immediate cause of death BronchopneumoniaDuration
4 daysDue to Carcinoma of skin of face 3 yrs.Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public
place? _____

While at work? _____ (e) Means of injury _____

23. Signature Francis J. C. Dube (M. D. or other) M. D.
Center Ossipee, N.H. Date signed 1/6/44

MAR 25 1944

RECEIVED



MAR 25 1944 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 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

(City or town making return)

Registered No. 1484

50

1 PLACE OF DEATH

SUFFOLK
(County)

BOSTON

(City or Town)

No. The Children's Hospital

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

2 FULL NAME John Joseph Henderson

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

(a) Residence, No.

62 Upland Road

St. Winthrop, Mass.

(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

9 hrs

days

In this community yrs.

9 hrs

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED Single
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE - 3 Years 26 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, Mass.

13 NAME OF

FATHER

Robert Henderson, Jr.

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Gladys May Lindgren

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Hingham, Mass.

17

Informant
(Address)

Relation, if any

(Mother)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb 14/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

February 9 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Feb 8/44, 19, to Feb 9/44, 19

I last saw him alive on Feb 9/44, 19, death is said to

have occurred on the date stated above, at 1 a.m.

Duration

Immediate cause of death: Respiratory and
cardiac failure

Due to toxemia

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings: Unreduceable
Of operations

intussusception Date of 2/8/44

Of autopsy: Pulmonary edema

What test confirmed diagnosis?

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

If so, specify

(Signed) C. J. Bennett

(Address) Boston, Mass. Date 2/9 1944

21 PLACE OF BURIAL Winthrop Cem-Winthrop, Mass
CREMATION OR REMOVAL (Cemetery) Feb 12/44 City or Town)

DATE OF BURIAL Feb 12/44 19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

C. R. Bennison

Winthrop, Mass.

Received and filed MAR 10 1944 19

(Registrar of City or Town where deceased resided)

Copies of returns or deaths recorded during the previous month when occurred in your city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h) 1-41-4667

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)

51

Registered No.

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

Owen K. Winter

2 FULL NAME

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

15 Elliott

(a) Residence. No.

(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

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

2 years 1

months

4 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.

8

AGE

29

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

unemp. laborer

Industry

10 or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) Medford

(State or country)

13 NAME OF
FATHER

Harold R. Winter

14 BIRTHPLACE OF
FATHER (City)

Medford

(State or country)

15 MAIDEN NAME
OF MOTHER

Alice F. Groh

16 BIRTHPLACE OF
MOTHER (City)

Webster

(State or country)

17

Informant
(Address)

M.K. McPhillips

(Relation, if any)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

3/25/44

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Feb. 9, 1944

(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.)

Suicide - Phenobarbital poisoning

20 Accident, suicide, or homicide (specify)

Date of occurrence.....19

Where did

injury occur?

(City or town and State)

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

(Specify type of place)

Manner of
injuryNature of
injury

While at work?.....Was there an autopsy?.....yes

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

If so, specify

(Signed) J. W. P. Murphy

M. D.

(Address)

Peabody

Date 2/9 1944

22 Winthrop Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Feb. 12

1944

23 NAME OF
FUNERAL DIRECTOR

Kirby Brothers

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.)

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

(City or town making return)

Registered No. 1595

52

1 PLACE OF DEATH
(County) COVINGTON
(City or Town) Mass. General Hospital

No. Mass. General Hospital

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

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

(a) Residence. No. 14 Irving St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 79 years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 7 Months 7 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) Minneapolis, Minn.

13 NAME OF
FATHER John Kohl

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

15 MAIDEN NAME
OF MOTHER ---

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

17 Informant Mrs. J. S. Dimes (Relation, if any)
(Address) (daughter)

A TRUE COPY.

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

DATE FILED Feb. 16/44

MEDICAL CERTIFICATE OF DEATH

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

19 I HEREBY CERTIFY, That I attended deceased from
Feb 5/44, 1944, to Feb 11/44, 1944
I last saw h. alive on Feb 11/44, 1944, death is said to
have occurred on the date stated above, at 9.10 P.m.

Immediate cause of death Carcinoma
of cecum with gas Bacillus infection 24 hrs

Due to.....

Due to.....

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

Major findings: Exploratory laporotomy
Of operations terminal ileostomy Date of 2/8/44
Ca of cecum gas Bacillus infection

What test confirmed diagnosis? autopsy

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

If so, specify G. F. Houser M. D.
(Signed) Boston, Mass.
(Address) Date 2/12 1944

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

DATE OF BURIAL Feb 14/44

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

Received and filed MAR 10 1944

(Registrar of City or Town where deceased resided)



THIS IS A PERMANENT RECORD
 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)-1-41-4667

The Commonwealth of Massachusetts

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

(City or town making return)

Registered No. 1729

1 PLACE OF DEATH

SUFFOLK
(County)

BOSTON

(City or Town)

No. Peter Bent Brigham Hospital

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

2 FULL NAME Joseph Russo

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

(a) Residence, No.

55 Johnson Ave/

St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months 24 days

In this community yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Angela M.S. Labadini

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

51

years

7 IF STILLBORN, enter that fact here.

8

AGE 57

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

vendor (self emp)

Industry

10 or Business:

Potato chips

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF

FATHER

Felix Russo

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Maria J. Cusolito

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

Relation if any

(Wife)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

2/21/44

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Feb

15

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 23/44

19

to Feb 15/44

19

I last saw him alive on Feb 15/44

19

death is said to have occurred on the date stated above, at 10.19 P.m.

Duration

Immediate cause of death

Cerebral hemorrhage

days

Due to Pulmonary edema

days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy above

autopsy

What test confirmed diagnosis?

no

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

If so, specify

(Signed) W/ R. Duden

M. D.

(Address) Boston, Mass.

Date 2/16 1944

21 PLACE OF BURIAL, St. Michael's

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

2.18.44

19

22 NAME OF

FUNERAL DIRECTOR

J. C/ Kelly

ADDRESS

Boston, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)



Copies of returns 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)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1808

54

1 PLACE OF DEATH
(County) SUFFOLK
(City or Town) BOSTON



No. Boston State Hospital

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

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

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

(a) Residence. No. 18 Beacon St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution. 23 days. In this community 23 mos. yrs. mos. 23 mos.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 5 Months 24 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) Charlestown, Mass.
(State or country)

13 NAME OF FATHER Daniel Carney

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

15 MAIDEN NAME OF MOTHER Addie Tarbox

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

17 Informant (Address) (husband) (Relation, if any)

A TRUE COPY. [Signature]
ATTEST: [Signature]
(Registrar of city or town where death occurred)

DATE FILED Feb 23/44 19

MEDICAL CERTIFICATE OF DEATH

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

19 I HEREBY CERTIFY, That I attended deceased from Jan 26/44, 1944, to Feb 18/44, 1944
I last saw her alive on 2/18/44, 1944, death is said to have occurred on the date stated above, at 3.45 P.m. Duration

Immediate cause of death

Bronchopneumonia 2 das

Due to arteriosclerosis

Due to diabetes mellitus

Other conditions psychosis with cerebral arteriosclerosis 23 das
(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? no

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

If so, specify R. Ehrenberg M. D.
(Signed) Boston State Hosp Date 2/19 1944
(Address)

21 PLACE OF BURIAL, Ridgewood Cem-No. Andover, Mass
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL Feb 21/44 19

22 NAME OF FUNERAL DIRECTOR R. H. White
ADDRESS Winthrop, Mass.

Received and filed 19

MAR 1 1944

(Registrar of City or Town where deceased resided)



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.

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

50m (g)-1-41-4667

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.

55

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Dorchester
(City or Town)
No. Fort Banks Station Hospital



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

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

PHYSICIAN-IMPORTANT
(Was deceased a World
U. S. War Veteran,
If so specify WAR) #2

(a) Residence. No. 154 Jasper St. Springfield 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.
(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 or DIVORCED single

18 DATE OF DEATH March - 1 - 1944
(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)
Fractured Base of Skull
Traumatic Intracranial Hemorrhage
Cutted Wound occipital scalp

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 24 Years Months Days | If less than 1 day Hours Minutes

20 Accident, suicide, or homicide (specify) Accidental
Date of occurrence March - 1 - 1944

9 Usual Occupation: private

Where did Injury occur? Revere
(City or town and State)

10 Industry or Business: U.S. Army

Did Injury occur in or about home, on farm, in industrial place, or in public place? Highway
(Specify type of place)

11 Social Security No. unknown

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

Manner of Injury Injured in an auto collision
Nature of Injury at Revere Mar - 1 - 1944
While at work? ? Was there an autopsy? no

PARENTS

13 NAME OF FATHER unknown

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

15 MAIDEN NAME OF MOTHER Florence (unknown)

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

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

If so, specify M. J. Britley M.D.
(Signed) Boston Mass
(Address) Mar - 2 - 1944

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

DATE OF BURIAL March 4 1944

17 Informant U.S. Army records. (Relation, if any)
(Address) Fort Strong

23 NAME OF FUNERAL DIRECTOR Munn, Munn

ADDRESS 254 Beach St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 3/2/44
Official Designation (Date of Issue of Permit)

Received and filed MAR 6 1944

(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.

...He shall in all cases certify to the town clerk or registrar in the place where 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

MAR 8 1944 (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.....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 41 Lowell Rd.

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

2 FULL NAME

William H Bibbey

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

(a) Residence. No.

41 Lowell Rd.

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

15 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 Ellen E Duncan

(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 50 Years 10 Months 7 Days If less than 1 day
Hours Minutes

9 Usual Occupation: Wire Worker

10 Industry or Business: Wire Shop

11 Social Security No. 012-20 9656

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

13 NAME OF FATHER Thomas Bibbey

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

15 MAIDEN NAME OF MOTHER Catherine Murphy

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Ellen E Bibbey (Wife)
(Address) 41 Lowell Rd. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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. 57

{ (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 7, 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 3, 1944 to March 4, 1944
I last saw him alive on March 4, 1944, death is said to
have occurred on the date stated above, at 2 A. m.
Immediate cause of death

Crowning Thrombosis 1 day

Due to

Due to

Other conditions Dry Pleurisy 3 days
(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) Louis J. Salerno M. D.
(Address) 125 Pleasant St. Date Mar 8, 194421 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 10, 194422 NAME OF FUNERAL DIRECTOR Howard J. Reynolds
ADDRESS 180 Winthrop St.

Received and filed March 14, 1944

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION.....

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

(City or town making return)

Registered No. 58

PLACE OF DEATH

No.

St.

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

2 FULL NAME

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

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

years

months

days

In this community

yrs.

mos.

days

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

5a If married, widowed or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 28 Years 1 Months Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17 Informant

(Address)

Relationship

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

(Signature of Agent of 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

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

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

to have occurred on the date stated above, at 6.05 P.m.

Duration

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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) M. D.

(Address) Date 2-8-1944

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19.....

A TRUE COPY ATTEST: MAR 14 1944

(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

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

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

59

Registered No.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 118 Woodside Ave.

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

2 FULL NAME Mary Louise McMahon
(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. 6 Adams St., Winthrop 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

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 22 Years 9 Months 1 Days If less than 1 day
Hours Minutes

9 Occupation: Stenographer

10 Industry or Business: Metal products (Man'f)

11 Social Security No. 021-18-7543

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

PARENTS

13 NAME OF FATHER John McMahon

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

15 MAIDEN NAME OF MOTHER Mary E. Leahy

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

17 Informant John F. McMahon (Relationship if any)
(Address) 6 Adams 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) 3/13/44

18 DATE OF DEATH March 11 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 2, 1944, to March 11, 1944
I last saw him alive on March 1, 1944, death is said to
have occurred on the date stated above, at 11:30 P. M.

Immediate cause of death.

Duration

Due to 3 weeks enteritis 2 mos

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of autopsy.

What test confirmed diagnosis?

Date of

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? 15

If so, specify.

(Signed) C. D. Murphy M. D.

(Address) 41 Washington St. Date 3-12-1944

21 Holy Cross, Malden

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

DATE OF BURIAL March 14, 1944.

22 NAME OF FUNERAL DIRECTOR R. C. Kirby

ADDRESS Boston

Received and filed. 19

MAR 14 1944 (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

Suffolk

(County)

Winthrop

(City or Town)

No. 105 Washington Ave



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.

Registrar's No.

60

1

PLACE OF DEATH

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

PHYSICIAN-IMPORTANT

2 FULL NAME

Thomas F. Burke

(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. 105 Washington Ave

(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 40 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 Alicia Mann Burke

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 80 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation: Merchant Tailor

Industry

10 or Business: Tailoring

11 Social Security No.

011-12-8280

12 BIRTHPLACE (City)

New Haven

(State or country)

Conn

13 NAME OF
FATHER

John Burke

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Catherine Conlon

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

17

Informant Anna Mahoney

Relation, if any

(Address)

105 Washington Ave

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March

14

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

February 1, 1932, to March 14, 1944

I last saw him alive on March 13, 1944, death is said to

have occurred on the date stated above, at 10:30 AM.

Immediate cause of death

Duration
IMPORTANT

Coronary Thrombosis

Found dead

Due to

Chronic Endocarditis

15 yrs

Due to

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

IMPORTANT

Major findings:
Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

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

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

If so, specify

(Signed) Edward J. Frainger

M. D.

(Address) 250 Washington Ave

Date Mar 14, 1944

21 Winthrop

Winthrop

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Mar

18

1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John H. Mahoney
Winthrop

Received and filed

MAR 22 1944

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

Suffolk
(County)Winthrop
(City or Town)

No. 34 Sunnyside Ave



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.

Registrar's No.

61

2 FULL NAME Rosanna Paquette 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 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 (Specify whether) years months days. In this community 54 yrs. mos. days.
(Before death)

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 Joseph J. Cyr
(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
Usual Hours Minutes

9 Occupation: Housewife

10 Industry Own Home
or Business:

11 Social Security No.

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

13 NAME OF FATHER Cyprian Paquette

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

15 MAIDEN NAME OF MOTHER Assisian Gregoire

16 BIRTHPLACE OF MOTHER (City) Canada
(State or country)17 Informant Francis Cyr Son
(Address) 34 Sunnyside Ave WinthropI was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3/16/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 15 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

September 1, 1942, to March 14, 1944

I last saw him alive on March 14, 1944 death is said to

have occurred on the date stated above, at 12 noon.

Immediate cause of death

Cardiac Decomposition

Duration
IMPORTANT

1943

Due to Chronic Myocarditis

1925

Due to Rheumatic Heart Disease

1900

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 sta-
tistically.

Of autopsy

What test confirmed diagnosis?

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

If so, specify

(Signed) Thomas E. Wallore, M. D.

(Address) 234 Birch St. Winthrop March 15 1944

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

DATE OF BURIAL March 18 1944

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed

MAR 22 1944

(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

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

(City or town making return)

Registered No. 62

1 PLACE OF DEATH
 Suffolk (County)
 Wintthrop (City or Town)
 No. Wintthrop Community Hoop St.



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

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

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

(a) Residence. No. 235 Shore Drive, St. Wintthrop, Mass.

(If nonresidence, 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 Female
 4 COLOR OR RACE white
 5 SINGLE (write the word) Single
 MARRIED
 WIDOWED
 or DIVORCED

18 DATE OF DEATH Mar 22 1944
 (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 Mar 17 1944, to Mar 22 1944

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

I last saw h. alive on Mar 22 1944, death is said to have occurred on the date stated above, at 9:50 A.M.

6 Age of husband or wife if alive years

Immediate cause of death Mamma Duration 5 days

7 IF STILLBORN, enter that fact here.

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

Due to Ch. Hypertensive Heart Disease yrs.

Usual Occupation: Housework

Due to Anterior chamber

Industry or Business: at home

11 Social Security No. none

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

12 BIRTHPLACE (City) State or country Brooklyn Mass

Major findings:
 Of operations Date of

13 NAME OF FATHER John Halloran

Of autopsy What test confirmed diagnosis? Clinical

14 BIRTHPLACE OF FATHER (City) State or country Ireland

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

15 MAIDEN NAME OF MOTHER Mary Campbell

16 BIRTHPLACE OF MOTHER (City) State or country Ireland

17 Informant Mrs. John H. Lacy Jr. Relation, if any (Address) 110 Broadway Brooklyn

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

If so, specify (Signed) Peter J. Lacy M. D.

(Address) 110 Broadway Brooklyn Date 3/22 1944

21 Place of Burial, Cremation or Removal Holyrood Cemetery Brookline

DATE OF BURIAL March 23 1944

22 NAME OF FUNERAL DIRECTOR John H. Lacy Jr.

ADDRESS 27 Harvard St Brooklyn

Received and filed MAR 27 1944

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

W. D. Fielder (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/23/44 (Date of Issue of Permit)

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

resided in another city or town at the time of death should be made forthwith and 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 (b)-1-1-4067

OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Melrose

(City or town making return)

Registered No. 63

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

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

(a) Residence, No. Winthrop Arms
(Usual place of abode)

St. "inthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital
(Before death) (Specify whether)

10 hours
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

(or) WIFE of Henry Frederick Klagge
(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 72 Years 7 Months 6 Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: At home

10 Industry
or Business:

11 Social Security No.

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

13 NAME OF
FATHER Samuel Mallows

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

15 MAIDEN NAME
OF MOTHER Augusta Macomber

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

17 Informant Mrs. Grace Mew (niece)
(Address) 109 Mt. Vernon Ave., Melrose

A TRUE COPY.

ATTEST: Raymond H. Greenlaw
(Registrar of city or town where death occurred)

DATE FILED March 24, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH March 22, 1944
(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.)

Diabetes Mellitus (Diabetic Coma)
Sudden Death

20 Accident, suicide, or homicide (specify) Natural Causes

Date of occurrence 19

Where did
Injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in
public place? (Specify type of place)

Manner of
Injury

Nature of
Injury

While at work? Was there an autopsy? no

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

(Signed) Ira W. Richardson M. D.
(Address) Wakefield, Mass. Date 3/23/1944

22 Winthrop Winthrop, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 25, 1944 19

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

Received and filed 19

(Registrar of City or Town where deceased resided)

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

(City or town making return)

64

Registered No.

PLACE OF DEATH

Suffolk
 (County)



Winthrop
 (City or Town)

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

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

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

(a) Residence. No. 54 Lincoln Street St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution years months 10 days. In this community 2 yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years - Months - Days If less than 1 day Hours. Minutes

9 Occupation: Domestic

10 or Business: Hospital

11 Social Security No. 026 -12- 6211

12 BIRTHPLACE (City) County Meath (State or country) Ireland

13 NAME OF FATHER Cannot be learned

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 Leo Daly (Address) 10 Main St Shrewsbury (Relation, if any) Son

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

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 3/24/44 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 23 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 13, 1944, to March 23, 1944.

I last saw her alive on March 23, 1944, death is said to have occurred on the date stated above, at 3:15 a.m. Duration

Immediate cause of death, Uremia 10 days

Due to Coronary heart disease Dec 7, 1943

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 Frank J. Sandler (Signed) M. D. (Address) 56 South St Boston Date 3. 23. 1944

21 Winthrop Winthrop (Place of Burial, Cremation or Removal) (City or Town) DATE OF BURIAL Mar 26 1944

22 NAME OF FUNERAL DIRECTOR John H. Hayes ADDRESS Winthrop

Received and filed MAR 27 1944 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

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

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

Registered No. 65

PHYSICIAN—IMPORTANT

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

(a) Residence. No. 227

Saratoga St. Boston

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years

months 11

days

In this community 13 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

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Antonio L. Conte
(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

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

House work

Industry

or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF

FATHER

Michele Lombardi

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Tosqualina Genovese

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

Antonio L. Conte

Relation, if any

227 Saratoga St. S. B. husband

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

Wm. L. Cusack

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

18 DATE OF

DEATH

March - 24 - 1944

(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.)

Sudden death under the influence
of barbiturate given once there
was as a surgical anesthetic

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence

March - 24 - 1944

Where did

injury occur?

Winthrop

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

hospital

(Specify type of place)

Manner of

injury

circumstances of liver

Nature of

injury

circumstances

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)

Wm. J. Brickley M.D.

M. D.

(Address)

Boston 24-1944

22

Place of Burial, Cremation or Removal

(City or Town)

St. Michael Boston

DATE OF BURIAL

March 28 1944

23 NAME OF

FUNERAL DIRECTOR

ADDRESS

7 Cheba St. E Boston

Received and filed

19

MAR 31 1944

(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.

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 66

PLACE OF DEATH

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

PHYSICIAN - IMPORTANT

2 FULL NAME Anna Marie Stasio
(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. 105 St. Andrew Road St. East Boston
(Usual place of abode)
(If nonresident, give city or town and State)Length of stay: In hospital or institution Hospital years months days. In this community 60 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 WIDOWED or DIVORCED

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

6 Age of husband or wife if alive deceased years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: House work

Industry own home

10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF FATHER Dominic Mauro

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

15 MAIDEN NAME OF MOTHER Ellen if later if possible

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)17 Informant Helen M. Stasio (Daughter)
(Address) 105 St. Andrew Rd, E. B.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Childress
(Signature of Agent of Board of Health or other
Official Designation) 3/29/44
(Date of Issue of Permit)18 DATE OF DEATH March 28, 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 20, 1944, to March 28, 1944
I last saw h. 2 alive on March 28, 1944 death is said to
have occurred on the date stated above, at 2:30 p.m.

Immediate cause of death: Stone in Gallbladder

Due to bile duct cholelithiasis 8 days
Due to cholecystitis 8 days
Due to Wyeomerelets

Other conditions (Include pregnancy within 3 months of death)

Major findings: Stone in Gallbladder

Of operations: Bile duct cholelithiasis

Of autopsy: Jaundice

What test confirmed diagnosis? Operation

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

If so, specify (Signed) John B. Kelly M. D.
(Address) 11 Marion St., E. B. Date 3/29/194421 Place of Burial, Cremation or Removal Holy Cross Hospital
(City or Town)
DATE OF BURIAL March 30, 194422 NAME OF FUNERAL DIRECTOR John B. Kelly
ADDRESS 11 Marion St., E. B.

Received and filed MAR 31 1944

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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 or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

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

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

10/30/44

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. 67

To be filed for burial permit
with Board of Health
or its Agent.The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *no*2 FULL NAME Baby Boy Whalen
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 7 Orient Ave.
(Usual place of abode)St. East Boston, Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution *Premature* 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
WIDDED
or DIVORCED Single5a 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 *Stillborn* years7 IF STILLBORN, enter that fact here *Premature 7 mos.*8 AGE Years Months Days *7* Hours *30* Minutes
If less than 1 dayUsual
9 Occupation: *None*Industry
10 or Business: *None*11 Social Security No. *None*12 BIRTHPLACE (City) Winthrop, Mass.
(State or country)13 NAME OF
FATHER Thomas J. Whalen14 BIRTHPLACE OF
FATHER (City) East Boston, Mass.
(State or country)15 MAIDEN NAME
OF MOTHER Winifred Thompson16 BIRTHPLACE OF
MOTHER (City) East Boston, Mass.
(State or country)17 Informant Thomas J. Whalen (Father)
(Address) 7 Orient Ave., East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other
Health Officer) *W. M. D. Holdrege*(Official Designation) (Date of Issue of Permit) *4/3/44*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 30 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 30, 1944, to Mar 30, 1944.
I last saw him alive on Mar 30, 1944, death is said to
have occurred on the date stated above, at 6 P.M. m.Immediate cause of death *Prematurity (7 mo)* Duration
IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) IMPORTANTMajor findings:
Of operations PhysicianData of 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? *no*
If so, specify(Signed) *W. M. D. Holdrege* M. D.
(Address) *156 Munster St. B.* Data *4/1/44* 194421 St. Michaels Cemetery Roslindale
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 3 1944

22 NAME OF
FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston, Mass.

Received and Read 19

APP-3 1944

(Registrar)

per Hospital corrected copy sent 10/30/44

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some note in this section for every person aged 14 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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 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

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2732

68

1 PLACE OF DEATH
(County) _____
(City or Town) _____
No. Peter Bent Brigham Hosp

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

2 FULL NAME John Joseph Christopher

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

{ (If U. S. War Veteran, specify WAR) no(a) Residence. No. 152 Lincoln
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution Hosp years months 3 days. In this community 16 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
or WIDOWED Married
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Catherine H. Johnson
(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 56 Years _____ Months _____ Days _____ If less than 1 day
Hours _____ Minutes _____Usual
9 Occupation: TowermanIndustry
10 or Business: Railroad11 Social Security No. 023-10-685212 BIRTHPLACE (City)
(State or country) East Boston, Mass.13 NAME OF
FATHER John Christopher14 BIRTHPLACE OF
FATHER (City) Newfoundland
(State or country)15 MAIDEN NAME
OF MOTHER Bridget O'Connell16 BIRTHPLACE OF
MOTHER (City) Newfoundland
(State or country)17 Informant (Address) _____ (Relation, if any) Wife

A TRUE COPY.

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)DATE FILED March 22, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 19, 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
March 16, 1944, to March 19, 1944I last saw him alive on March 19, 1944, death is said to
have occurred on the date stated above, at 9:30 a.m. DurationImmediate cause of death
Lobar pneumonia, Carcinoma of rt 6 days
upper lobe & metastases to regional
lymph nodes and liver Term.
Due to
Meningioma - lt. frontal lobe
cardiac hypertrophy and dilatation
Due toOther conditions
(Include pregnancy within 3 months of death)

Physician

Major findings:
Of operationsUnderline
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 C. R. Park
(Signed) Peter B. Brigham Date 3/19/44
(Address) Winthrop, Mass.21 PLACE OF BURIAL, Winthrop, Winthrop, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)DATE OF BURIAL March 21, 1944 1922 NAME OF FUNERAL DIRECTOR J. F. O'Maley
ADDRESS Winthrop, Mass.Received and filed APR 10 1944 19

(Registrar of City or Town where deceased resided)

RECEIVED



APR 10 1944 AM

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

Danvers

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 69

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)

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

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

(a) Residence, No. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution years months 16 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
WIDOWED
or DIVORCED widowed

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 93 Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: housewife

10 Industry
or Business:

11 Social Security No. none

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

13 NAME OF FATHER --- Fish

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

15 MAIDEN NAME OF MOTHER cannot be learned

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

17 Informant M.K. McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY.

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

DATE FILED 3/4/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. 22, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Mar. 6, 1944 Mar. 22, 1944

I last saw her alive on Mar. 22, 1944 death is said to
have occurred on the date stated above, at 12.30P m. Duration

Immediate cause of death
Arteriosclerotic heart disease 20 yrs.

Due to

Due to

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

Major findings: Underline
Of operations: the cause to
which death

Date of Of autopsy clinical charged statistically.

What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased?

If so, specify Flora M. Remillard M. D.
(Signed) DSH Date 3/31 1944
(Address)

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

DATE OF BURIAL 3/24/44 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed APR 11 1944 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 2880

70

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. N.E. Deaconess Hosp

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

2 FULL NAME Winifred Seaton

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

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

(a) Residence, No. 69 Crystal Cove Ave.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp

years

months 18 days.

In this community yrs.

mos. 18 days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX
female4 COLOR OR RACE
white5 SINGLE (write the word)
MARRIED single
WIDOWED
or DIVORCED

18 DATE OF DEATH March 22 1944

(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
March 4, 1944, to March 22, 1944I last saw her alive on March 21, 1944 death is said to
have occurred on the date stated above, at 7:45 a. m.

Duration

6 Age of husband or wife if alive years

Immediate cause of death

Coronary occlusion

1 hr

7 IF STILLBORN, enter that fact here.

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

Due to Coronary arterio sclerosis

Usual
9 Occupation: at home

Due to

Industry
10 or Business: at home

Diabetes mellitus

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

Physician

11 Social Security No. none

Major findings: Osteo mylitis leg and
Of operations. foot Date of 3/6/44Underline
the cause to
which death
should be
charged sta-
tistically.12 BIRTHPLACE (City)
(State or country) Brookline, Mass.

Of autopsy Same Autopsy, blood signs

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

If so, specify

(Signed) J. Murray
Boston, Mass.

M. D.

(Address) Date 3/22/44

13 NAME OF FATHER Worthington W. Seaton

21 PLACE OF BURIAL Winthrop Cem, Winthrop, Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL March 25, 1944

19

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

15 MAIDEN NAME OF MOTHER Sarah M. Allyn

16 BIRTHPLACE OF MOTHER (City)
(State or country) Brooklyn, New York17 Informant Family records
(Address) Crystal Cove Ave. Winthrop

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED March 27, 1944

19

22 NAME OF FUNERAL DIRECTOR R. H. White

ADDRESS Winthrop, Mass.

Received and filed APR 10 1944

19

(Registrar of City or Town where deceased resided)

RECEIVED



APR 10 1944 AM

SUFFOLK
BOSTON
(County)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSBOSTON
(City or town making return)
72COPY OF
CERTIFICATE OF DEATH

Registered No. 3045

1 PLACE OF DEATH

(City or Town)

No. Mass. Gen. Hosp

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

2 FULL NAME

Angelus Papouleas

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

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

no

(a) Residence, No.

262 Shirley

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

Hosp

years

months

5

days

In this community

yrs.

mos.

5

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Christine Papavesilopolous

(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

82

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Fruit dealer

Industry

Self

10 or Business:

none

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Greece

PARENTS

13 NAME OF
FATHER

Alexander Papouleas

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Greece

15 MAIDEN NAME
OF MOTHER

Portia Unknown

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Greece

17 Informant
(Address)

Relation, if any

(Wife)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 31, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March 28, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended deceased from

3/23/44

to 3/28/44

19

I last saw him alive on 3/28/44, 19, death is said to

have occurred on the date stated above, at 8:05 a.m.

Duration

Immediate cause of death

Benign prostatic hyperplasia

6 yrs

Due to

Due to

Other conditions Bronchiectasis

unknown

(Include pregnancy within 3 months of death)

Physician

Major findings:

Perineal prostatectomy

Of operations

Date of 3/27/44

Of autopsy no autopsy

What test confirmed diagnosis? Clinical

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

If so, specify

C. L. Clay

(Signed)

Mass. Gen. Hosp

Date 3/28/44

M. D.

(Address)

21 PLACE OF BURIAL, Winthrop Cem. Winthrop, Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

March 31, 1944

19

22 NAME OF
FUNERAL DIRECTOR

R. C. Kirby

ADDRESS

Boston, Mass.

Received and filed

APR 10 1944

19

(Registrar of City or Town where deceased resided)

RECEIVED



APR 10 1944 AM

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

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 73

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 88 Brookfield Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

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

PHYSICIAN - IMPORTANT

(a) Residence, No. 88 Brookfield Rd. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community 25 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 April 2 1944
(Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
March 26, 1944 to April 1, 1944
I last saw him alive on April 1, 1944, death is said to
have occurred on the date stated above, at 9 P. m.

6 Age of husband or wife if alive years

Immediate cause of death Duration

7 IF STILLBORN, enter that fact here.

8 80 Years Months Days If less than 1 day
AGE Hours Minutes

Septic state pneumonia 2 days
1 wk

9 Usual Occupation Housewife

Due to myocarditis

Industry or Business: Own Home

Due to arteriosclerosis

11 Social Security No.
12 BIRTHPLACE (City) St. John
(State or country) N.B.

Other conditions
(Include pregnancy within 3 months of death)

13 NAME OF FATHER Walter Cody

Major findings:
Of operations Physician

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

Date of Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Elizabeth Scott

Of autopsy What test confirmed diagnosis?

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

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify M. D.
(Signed) (Address) St. John N.B. Date 4-2-1944

17 Informant Mary Sheehan Relation, if any Daughter
(Address) 88 Brookfield Rd.

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

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

DATE OF BURIAL April 4 1944

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

22 NAME OF FUNERAL DIRECTOR John J. O'Malley

Health Officer 4/3/44
(Official Designation) (Date of Issue of Permit)

ADDRESS Winthrop

Received and filed APR 3 1944

(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

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.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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; the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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.

200m-10-1'39. No. 8427-d

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



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

(City or town making return)

Registered No. *74*

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 Dwelley* { (If U. S. War Veteran, specify WAR) *No*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *652 Saratoga St.* *East Boston*
(Usual place of abode) (If nonresident, give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (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 Mass*
(State or country)

13 NAME OF FATHER *George Dwelley*

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

15 MAIDEN NAME OF MOTHER *Donatella Marzoni*

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

17 Informant *Donatella Dwelley* Relation *mother*
(Address) *652 Saratoga 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 or Board of Health or other)

Health Officer (Official Designation) *4/4/44* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 3 1944*
(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 *2:13 P.M.*

Immediate cause of death..... Duration

Still Born *9 MO*

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) *Fred P. Ryan* M. D.
(Address) *676 Saratoga St. E.B.* Date *4/3/44*

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

DATE OF BURIAL *April 4 1944*

22 NAME OF FUNERAL DIRECTOR *Charles H. Treanor*

ADDRESS *East Boston*

Received and filed *APR 4 1944* 19.....

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

PARENTS

1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 30 Perkins St.



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

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

Registered No. 15

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

2 FULL NAME Florence Coulan Erwin

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

30 Perkins

(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)

(Specify whether)

years

months

days

35

In this community

hrs.

mon.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

18 DATE OF DEATH 4 4 44
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of

William F. Erwin (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 64

Years

1

Months

7

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

At home

11 Social Security No.

None

12 BIRTHPLACE (City)

Lowell

(State or country)

Mass

13 NAME OF

FATHER

William B. Coulan

14 BIRTHPLACE OF

FATHER (City)

(State or country)

England

15 MAIDEN NAME

OF MOTHER

not known

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Canada

17

Informant

William F. Erwin

Relationship of any

(Address)

30 Perkins 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)

19 I HEREBY CERTIFY,

That I attended deceased from

Jan. 5, 1944, to April 4, 1944

I last saw her alive on Apr. 4, 1944, death is said to

have occurred on the date stated above, at 10:45 A.M.

Immediate cause of death

Hypertensive cardiac disease

Chronic arteriosclerosis

Due to

Chronic myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Physical Exam

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

If so, specify

(Signed) Samuel B. Goldburg, M. D.

(Address) 270 School St. Date 4/7/44

21 Edison Cemetery

Lowell

Place of Burial, Crenation or Removal.

(City or Town)

DATE OF BURIAL

April 8

1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Richard V. White
147 Winthrop St. Winthrop

Received and filed

APR 17 1944

19

(Registrar)

Duration

IMPORTANT

22 yrs

8 yrs

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. 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. 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.

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

50m (g)-1-41-4667

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Philomena Virginia (del Tosto)

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

(a) Residence, No. 56 Felton St. East Boston

(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 5 days

In this community 50 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of

Leo (Give maiden name of wife in full)

(Husband's name in full)

6 Age of husband or wife if alive

54

years

7 IF STILLBORN, enter that fact here.

8

AGE 55 Years Months Days

If less than 1 day

Hours Minutes

Usual

Occupation:

Housewife

Industry

10 or Business:

At Home

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Boston

Mass

13 NAME OF

FATHER

Serafine del Tosto

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Marianna Chomicelli

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

Leo Virginia

Relation if any

56 Felton 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. Quigley

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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

Registered No.

76

PHYSICIAN-IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April - 4 - 1944

(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
Diabetes mellitus

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, or in public
place?

(Specify type of place)

Manner of

Injury

Collapsed and died quickly in

Nature of

Injury

hospital bed

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)

Wm. D. Quigley M. D.

(Address)

Boston

April - 4 - 1944

22

Place of Burial, Cremation or Removal.

Holy Cross

Malden

(City or Town)

DATE OF BURIAL

April 7

1944

23 NAME OF

FUNERAL DIRECTOR

Albert Scaramelli

ADDRESS

39 Orleans St. East Boston

Received and filed

APR 10 1944

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.

... He shall in all cases certify to the town clerk or registrar in the place where 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.)"

DESCRIPTION (for unknown person)

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
OFFICE 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. 145 Hermon Street

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

2 FULL NAME James Joseph Turner

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

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

(a) Residence, No. 145 Hermon Street

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community 55 yrs. mos. days.

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 Lillie M Woodside

(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 71 Years 11 Months 22 Days If less than 1 day
Hours Minutes

9 Occupation: Usual Police Officer (Retired)

10 Industry or Business: Winthrop Police Dept.

11 Social Security No. None

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

13 NAME OF FATHER Anson Turner

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

15 MAIDEN NAME OF MOTHER Mary Larkin

16 BIRTHPLACE OF MOTHER (City) Lewiston
(State or country) Maine17 Informant Lillie M Turner Wife
(Address) 145 Hermon 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

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

I last saw h. alive on 11/15/44, death is said to

have occurred on the date stated above, at 11/15/44.

Immediate cause of death

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) M. D.

(Address) Date 4/17/44

21 Winthrop Winthrop

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

DATE OF BURIAL April 10 1944

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed APR 17 1944

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

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

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years 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.

Copies of returns of deaths occurring 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-802 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4007

**SUFFOLK
BOSTON**

(County)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

78

**COPY OF
CERTIFICATE OF DEATH**

Registered No. **3410**

1 PLACE OF DEATH

(City or Town)

No. **Mass. Gen. Hosp**

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

2 FULL NAME

Henry Hurst Bering

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

(a) Residence. No. **117 Shirley**

(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. **2** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED **Married**

5a If married, widowed, or divorced **Ann M. Donovan**

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 **29** years

7 IF STILLBORN, enter that fact here.

8 AGE **44** Years **7** Months **21** Days If less than 1 day
Hours Minutes

Usual Occupation: **Stationery Engineer**

Industry or Business: **Navy Yard**

11 Social Security No. **none**

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

13 NAME OF FATHER **Henry Hurst**

14 BIRTHPLACE OF FATHER (City)
(State or country) **Harrisburg, Pa.**

15 MAIDEN NAME OF MOTHER **Jennie A. Rodquis**

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

17 Informant (Address) (Relation, if any) **Wife**

A TRUE COPY.

ATTEST: **Francis J. G...**
(Registrar of city or town where death occurred)

DATE FILED **April 11, 1944** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 7, 1944

(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **4/5/44**, 19, to **4/7/44**, 19.

I last saw him alive on **4/7/44**, 19, death is said to have occurred on the date stated above, at **11:58 a.** m.

Immediate cause of death

Adenocarcinoma of sigmoid months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Colestomy**

Of operations Date of **4/6/44**

Of autopsy **Carcinoma of sigmoid**

What test confirmed diagnosis? **Autopsy**

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

If so, specify

(Signed) **G. F. Houser**, M. D.

(Address) **Mass. Gen. Hosp** Date **4/8/44** 19

21 PLACE OF BURIAL, **Winthrop, Winthrop, Mass.**

CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL **April 10, 1944** 19

22 NAME OF FUNERAL DIRECTOR **R. H. White**

ADDRESS **Winthrop, Mass.**

Received and filed 19

MAY 10 1944
(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.)

50m (e)-1-41-4667

**SUFFOLK
BOSTON**

(County)



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

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. **3383** **79**

1 PLACE OF DEATH

(City or Town)

No. **Peter Bent Brigham Hosp**

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

2 FULL NAME **Timothy Richard Cadigan**

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

{ (If U. S. War Veteran, specify WAR) **no**

(a) Residence. No. **230 Main St.**

(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution **Hosp**

(Before death)

(Specify whether)

years **1** months days

In this community yrs. **1** 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 **Alice G. Collins**
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 **56** years

7 IF STILLBORN, enter that fact here.

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

Usual Occupation: **Letter carrier**

Industry or Business: **U.S. Postal Service**

11 Social Security No. **none**

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

13 NAME OF FATHER **John Cadigan**

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)

17 Informant (Address) **(Wife)** Relation, if any

A TRUE COPY.

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

DATE FILED **April 11, 1944** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **April 7, 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **3/7/44**, 19 to **4/7/44**, 19
I last saw him alive on **4/7/44**, 19, death is said to have occurred on the date stated above, at **9:35 a.m.**

Immediate cause of death **Generalized peritonitis** Duration **Ter.**

Carcinoma of stomach
Due to **Recurrence with obstruction of Transverse colon and perforation** mos

Other conditions (Include pregnancy within 3 months of death)
Major findings: **Carcinoma of stomach** Underline the cause to which death should be charged statistically.
Of operations Date of **3/23/44**

Of autopsy **Above**
What test confirmed diagnosis? **Autopsy**
20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **C. R. Park** M. D.
(Signed) **Peter B. Brigham** 4/8/44 19
(Address)

21 PLACE OF BURIAL **New Calvary, Boston, Mass.**
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL **April 10, 1944** 19

22 NAME OF FUNERAL DIRECTOR **R. C. Kirby**
ADDRESS **Boston, Mass.**

Received and filed **MAY 10 1944** 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-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 (h)-1-1-41-4667

1 PLACE OF DEATH

(County)

SUFFOLK
(City or Town)

No.

BOSTON

Towboat "Mystery" Pier 18 "T" Wharf St.

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3604

30

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

2 FULL NAME Louis J. Winer

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

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

(a) Residence, No. 44 Irwin 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 42 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced

HUSBAND of _____ (Give maiden name of wife in full)

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

6 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 Occupation: Captain

10 Industry or Business: Boston Waterboat Co.

11 Social Security No. cannot be learned

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

13 NAME OF FATHER John Winer

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

15 MAIDEN NAME OF MOTHER Catherine Mead

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

17 Informant K. J. McDonald (Address) _____ (Relation, if any) Sister

A TRUE COPY.

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

DATE FILED 4/17/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 8, 1944
(Month) (Day) (Year)

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

Carbon monoxide poison and multiple burns

20 Accident, suicide, or homicide (specify) accident

Date of occurrence 4/8/44 19

Where did Injury occur? Boston
(City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in public place? Tugboat
(Specify type of place)

Manner of Injury Fire on boat

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, M. D.
(Address) _____ Date 4/12/44

22 Holy Cross, Malden, Mass.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL 4/15/44 19

23 NAME OF FUNERAL DIRECTOR F. J. Magrath
ADDRESS E. Boston, Mass.

Received and filed MAY 10 1944 19

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 19 Forrest



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

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

81

Registrar's No. _____

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

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

(a) Residence. No. 19 Forrest
(Usual place of abode)

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

Length of stay: In hospital or Institution No 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 Married WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>Harry Shafer</u> (Husband's name in full)		
6 Age of husband or wife if alive <u>65</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 Usual Occupation: <u>Housewife</u>		
10 Industry or Business: <u>none</u>		
11 Social Security No. <u>none</u>		
12 BIRTHPLACE (City) _____ (State or country) <u>Russia</u>		
13 NAME OF FATHER <u>Abner Rome</u>		
14 BIRTHPLACE OF FATHER (City) _____ (State or country) <u>Russia</u>		
15 MAIDEN NAME OF MOTHER <u>Helen (not learned)</u>		
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>Russia</u>		

PARENTS

17 Informant Harry Shafer Relation, if any (husband)
(Address) 19 Forrest St. Winthrop, Mass.

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

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

Health Officer 4/13/44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <u>April 11, 1944.</u> (Month) (Day) (Year)	
19 I HEREBY CERTIFY, That I attended deceased from <u>March 31, 1944, to April 11, 1944.</u> I last saw her alive on <u>April 11, 1944</u> death is said to have occurred on the date stated above, at <u>12:30 PM</u> Immediate cause of death <u>Carcinoma of Lung</u> Duration <u>6mo.</u>	IMPORTANT
Due to <u>Metastasis from left breast.</u>	7 yrs.
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 <u>Robert S. Gordon</u> , M. D. (Signed) <u>Winthrop, Mass.</u> Date <u>4/11 1944</u> (Address)	
21 <u>Tifereth Israel of Winthrop- Everett</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>April 12, 1944</u>	
22 NAME OF FUNERAL DIRECTOR <u>H. J. Torf</u> ADDRESS <u>151 Washington Ave. Chelsea</u>	
Received and filed _____ 19 _____ <u>APR 17 1944</u> (Registrar)	

RETURN OF CERTIFICATES OF DEATH

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

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 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).

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 an entry in this section for every 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. 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. McCarthy

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

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

(a) Residence. No. 316 Pleasant st

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

1

days

In this community

10

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 80

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Retired

Industry

or Business:

Dressmaker

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston

Mass

13 NAME OF FATHER

Timothy McCarthy

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Katherine Crowley

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Geraldine Halligan (Niece)

Relation, if any

316 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. Childress
(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/13/44

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

82

Registered No.

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

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

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Apr 12 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 1 1943, to Apr 12 1944

I last saw him alive on Apr 12 1944, death is said to have occurred on the date stated above, at 3:30 A.M.

Immediate cause of death: Emphysema

Due to Emphysema

Due to Emphysema

Due to Emphysema

Due to Emphysema

Due to Emphysema

Due to Emphysema

Other conditions: Similar to last admission

(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) [Signature]

(Address) 148 W. 1st St. Date 4/12 1944

21 Holy Cross, Malden

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

DATE OF BURIAL April 15, 1944

22 NAME OF FUNERAL DIRECTOR John J. O'Malley

ADDRESS Winthrop

Received and filed APR 17 1944

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

83

COPY OF
CERTIFICATE OF DEATH

Registered No. 3693

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)
No. Mass. Eye & Ear Infirmary



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

2 FULL NAME John L. 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 Loring Rd.

St. Winthrop

(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 2

days

In this community

yrs.

mos. 2

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of Agnes Davis
(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 72 Years 2 Months 9 Days If less than 1 day
Hours Minutes

Usual

9 Occupation: Electrical engineer

Industry

10 or Business: Mfg. Electrical Equip.

11 Social Security No. 022-12-8388

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

13 NAME OF
FATHER

John G. Gleason

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

Plymouth, Mass.

15 MAIDEN NAME
OF MOTHER

Unable to obtain

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

"

17 Informant D. Gleason (Relation, if any)
(Address) Lexington, Mass. Son

A TRUE COPY.

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

DATE FILED 4/20/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 13, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
4/12/44, 19, to 4/13/44, 19

I last saw him alive on 4/13/44, 19, death is said to
have occurred on the date stated above, at 9:45 P. m.

Duration

Immediate cause of death

Post-hemorrhagic shock

3 days

Due to Nasal hemorrhage

3 days

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? NO

If so, specify

(Signed) A. Roopenian

(Address) Mass. Eye & Ear Inf. Date 4/14/44 M. D.

21 PLACE OF BURIAL, Evergreen, Boston, Mass.

CREMATION OR REMOVAL

4/17/44

(City or Town)

DATE OF BURIAL

19

22 NAME OF
FUNERAL DIRECTOR H. S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed MAY 10 1944

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths occurring 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.)

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.

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

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

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

Registered No. **84**

1 PLACE OF DEATH
Supple
(County)
Winthrop Brookline
(City or Town)
No. **Winthrop Community Hospital**

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

(a) Residence No. **69 Coolidge St. Brookline** St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or Institution..... years **4** months days. In this community **60** 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 **7** 4 COLOR OR RACE **w** 5 SINGLE (write the word)
MARRIED
WIDOWED **widow**
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of **Winnifred Howard**
(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 **83** Years..... Months..... Days If less than 1 day
Hours..... Minutes

Usual Occupation: **at Home**

Industry **none**
10 or Business:

11 Social Security No. **none**

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

13 NAME OF FATHER **Cornelius Buckley**

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

15 MAIDEN NAME OF MOTHER **Elizabeth Immanuel**

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

17 Informant **Mrs. M. Catter** (Address) **69 Coolidge St. Brookline**

I HEREBY CERTIFY that a satisfactory standard 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) **5/19/1**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **April - 14 - 1944**
(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.)

Branch of new murine: Fractures of Rt Tibia & RT Fibula: Fract. Pelvis

20 Accident, suicide, or homicide (specify) **accidental**
Date of occurrence **Dec - 23 - 1943**

Where did Injury occur? **Brookline**
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? **Street**
(Specify type of place)

Manner of Injury **Said to have been injured by an**

Nature of Injury **auto at Brookline Dec-23-1943**

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) **M. J. Buckley**, M. D.

(Address) **Boston** Date **April - 14 - 1944**

22 **St. Joseph's Cemetery Boston**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **April 17 - 44** 19

23 NAME OF FUNERAL DIRECTOR **Mary M. Manner**

ADDRESS **54 Narrard St. Brookline**

Received and filed **APR 20 1944** 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.

...He shall in all cases certify to the town clerk or registrar in the place where 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

PLACE OF DEATH

{ SUFFOLK
(County)
BOSTONOFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3713

No. enroute to Mass. Gen. Hospital

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

2 FULL NAME Joanne E. Ford

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

(a) Residence. No. 6 Central 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 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED WIDOWED Single
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..... Years 7 Months 23 Days | If less than 1 day
Hours..... MinutesUsual
9 Occupation: --Industry
10 or Business: --

11 Social Security No. --

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

13 NAME OF FATHER Gerald R. Ford

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

15 MAIDEN NAME OF MOTHER Flora E. Dunbar

16 BIRTHPLACE OF MOTHER (City) E. Boston, Mass.
(State or country)17 Informant (Address) (Relation, if any)
Father

A TRUE COPY.

ATTEST: Francis J. Ford
(Registrar of city or town where death occurred)

DATE FILED 4/20/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 15, 1944
(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 meningitis

Recent measles

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 Died en route to hospital

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) W. J. Brickley M. D.
(Address) Boston, Mass. Date 4/16/44

22 Holy Cross, Malden, Mass. (City or Town)

DATE OF BURIAL 4/18/44 19

23 NAME OF FUNERAL DIRECTOR F. J. Magrath
ADDRESS E. Boston, Mass.

Received and filed MAY 10 1944 19

(Registrar of City or Town where deceased resided)

(Registrar)

Copies of returns or records recorded during the previous month made forthwith and transmitted on Form R-306 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 (h)-1-41-4667

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

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

(a) Residence. No. 23 Lancaster Ave.
(Usual place of abode)

St. Revere

(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

15

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of Louise Gianninio

(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 53 Years.....Months.....Days | If less than 1 day
Hours.....Minutes

Usual
9 Occupation: Carpenter

Industry
10 or Business: Outside

11 Social Security No. 026-09-5567

12 BIRTHPLACE (City)
(State or country) Italy

13 NAME OF
FATHER Antonio Spinazzola

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

15 MAIDEN NAME
OF MOTHER Schraffa Camaro

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

17 Informant, Mrs. Louise Spinazzola (Relation of any)
(Address) 23 Lancaster Ave., Revere

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

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

Registered No.

86

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 17, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Mar 2, 1944, to April 17, 1944

I last saw him alive on April 16, 1944, death is said to

have occurred on the date stated above, at 5-15 m.

Immediate cause of death Cancer of liver

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Cancer of liver

Of operations.....

.....

Of autopsy.....

What test confirmed diagnosis? Chemical exam

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

If so, specify.....

(Signed) Samuel Schraffa M. D.

(Address) 23 Bonett St., Boston Date 3/12 1944

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

DATE OF BURIAL April 19, 1944

22 NAME OF FUNERAL DIRECTOR Michael J. Porcella

ADDRESS 10 No. Bonett St., Boston

Received and filed.....

APR 20 1944

(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

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.

Statement of Occupation.—In case 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

A

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

50m-(e)-3-43-11574

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 37 Belcher St.

2

FULL NAME

David C. Gillespie
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 37 Belcher St
(Usual place of abode)
Length of stay: In hospital or Institution (Before death) _____ years _____ months _____ days. In this community 50 yrs. mos. days.
(Specify whether)

3

SEX

Male

4

COLOR OR RACE

White

5

SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

Married

6

Age of husband or wife if alive

84

years

7

IF STILLBORN, enter that fact here.

8

AGE

78

Years

Months

Days

If less than 1 day
Hours Minutes

9

Usual Occupation:

Retired

10

Industry or Business:

Plumber

11

Social Security No.

12

BIRTHPLACE (City) Boston
(State or country) Mass

13

NAME OF FATHER

Garret Gillespie

14

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

15

MAIDEN NAME OF MOTHER

Hanna Fleming

16

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

17

Informant Rachel Donahue
(Address) 37 Belcher St
Relationship (Daughter)
was filed with me BEFORE the burial, or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/24/44
(Date of Issue of Permit)

18

DATE OF DEATH

April 23 1944
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from
April 1, 1944, to April 23, 1944
I last saw him alive on April 23, 1944, death is said to
have occurred on the date stated above, at 7 P. M.
Immediate cause of death
Cerebral infarction
Due to
arteriosclerosis
Due to
myocarditis
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, signify
(Signed) F. W. Thompson, M. D.
(Address) _____ Date 4-24-44

21

Winthrop, Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 26 1944

22

NAME OF FUNERAL DIRECTOR John H. Moley
ADDRESS Winthrop
Received and filed MAY 2 1944
(Registrar)

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

87



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

Copies of records of deaths recorded during the previous month when occurred in your city or town or in another city or town at the time of death should be made forthwith and 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 (h)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3992

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Mass. Gen. Hospital

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

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

{ (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 39 Irvin St. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp years months 7 days. In this community 8 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 40 Years 3 Months 15 Days If less than 1 day Hours Minutes

Usual Occupation: None

Industry or Business: none

11 Social Security No. 014-18-2619

12 BIRTHPLACE (City) New Haven, Conn.
(State or country)

13 NAME OF FATHER Robert Henderson

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

15 MAIDEN NAME OF MOTHER Mary Haveron

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

17 Informant (Address) Francis J. Fay (Relation, if any) Mother

A TRUE COPY.

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

DATE FILED April 28, 1944

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 23, 1944
(Month) (Day) (Year)

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

Ruptured aneurism basilar Cerebral artery Subdural hemorrhage

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 Found collapsed on street at Winthrop Apr 15, 1944

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) Wm. J. Brickley, M. D. (Address) Boston, Mass. Date 4/24/44

22 Fairview, Boston, Mass. Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL April 27, 1944 19

23 NAME OF FUNERAL DIRECTOR H S. Reynolds ADDRESS Winthrop, Mass.

Received and filed MAY 10 1944 19

(Registrar of City or Town where deceased resided)

terms, so 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. 151 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. 89

2 FULL NAME Adelaide Augusta (Woltsch) Murray
(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. 26 Billows
(Usual place of abode)

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

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

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of William H. Murray
(Give full 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 77 Years 7 Months 18 Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Housewife

Industry
or Business: Own home

11 Social Security No. None

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

13 NAME OF
FATHER Henry T. Woltsch

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

15 MAIDEN NAME
OF MOTHER Caroline A. Stevens

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

17 Informant Mrs. Herman Smart (Relation if any)
(Address) 27 Kenbyth Rd., Arlington, Mass

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

W. S. D. Chidley
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/26/44 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 25 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 15, 1942, to April 25, 1944.

I last saw her alive on April 25, 1944, death is said to
have occurred on the date stated above, at 1:32 P. m.

Immediate cause of death

Rheumatic Heart Disease
(Endocarditis) (Chronic)

Duration

IMPORTANT

5 years

Due to

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? 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 K. Brian M. D.
(Address) Winthrop, Mass Date April 25, 1944

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

DATE OF BURIAL Apr. 28 1944

22 NAME OF
FUNERAL DIRECTOR Saville Kiplall
ADDRESS 418 Mass Ave., Brighton, Mass

Received and filed MAY 2 1944 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 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 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

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.

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

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. **90**

1 PLACE OF DEATH
Suffolk
(County)
Wentworth
(City or Town)
No. **71 Buchanan St.**



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

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

(a) Residence. No. **71 Buchanan St. Wentworth** 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 **5** yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran, **None**
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 **Edward E. Bisner**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **63** Years..... Months..... Days | If less than 1 day
Hours..... Minutes

Usual
9 Occupation: **Supervisor**

Industry
10 or Business: **Boston & Maine R.R.**

11 Social Security No. **Cannot be determined**

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

13 NAME OF
FATHER **Frank W. Barker**

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

15 MAIDEN NAME
OF MOTHER **Minnie Hayes**

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

17 Informant **Joseph Galipern** (Relation to deceased)
(Address) **163 Margate St. Lawrence**

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) **5/1/44** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **April - 29 - 1944**
(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)
**Thromboses of left Carotid Artery
General Arteriosclerosis
Plane laceration of right femoral artery**

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, or in public
place?

(Specify type of place)

Manner of Injury **For Investigation**

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) **Wm. D. Childress** M. D.

(Address) **Wentworth** Date **April 29 - 1944**

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

DATE OF BURIAL **May 2** 1944

23 NAME OF FUNERAL DIRECTOR **Theodore J. McGrath**

ADDRESS **East Boston**

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

MAY 2 1944

(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.

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person).....
.....
.....
.....
.....
.....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 51

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Winthrop
 No. 109 Pleasant

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

2 FULL NAME Daniel Gallagher
 (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. 109 Pleasant
 (Usual place of abode)

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

Length of stay: In hospital or institution years months days. In this community 11 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
 or DIVORCED Widowed

18 DATE OF DEATH April 30 1944.
 (Month) (Day) (Year)

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

19 I HEREBY CERTIFY, That I attended deceased from
June 1, 1943, to April 20, 1944
 I last saw him alive on April 29, 1944, death is said to
 have occurred on the date stated above, at 5:15 P.m.

6 Age of husband or wife if alive years

Immediate cause of death. Myocardial Infarction Duration 1 yr

7 IF STILLBORN, enter that fact here.

8 AGE 94 Years Months Days | If less than 1 day
 Hours Minutes

Due to Arteriosclerosis 1 yr

9 Usual Occupation: Laborer - Retired

Due to
 Other conditions
 (Include pregnancy within 3 months of death)

10 Industry or Business: City of Boston

11 Social Security No. None

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

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.

13 NAME OF FATHER Daniel Gallagher

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

15 MAIDEN NAME OF MOTHER Anne Smith

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

20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) G. J. [Signature] M. D.
 (Address) Winthrop Date 5-10-1944

21 Holy Cross Malden Mass.
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL May 2 1944.

22 NAME OF FUNERAL DIRECTOR Frank H Carr
 ADDRESS 82 Bunker Hill St Charlestown.

Received and filed May 2 1944 19

(Registrar)

17 Informant John Gallagher (Relation, if any) Son
 (Address) 109 Pleasant St Winthrop

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

Wm. S. Childress
 (Signature of Agent of Board of Health or other)
Health Officer 5/2/44
 (Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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, 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

WRITE RETURNS, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
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)-1-1-4067

Essex		Danvers		Danvers	
(County)		(City or Town)		(City or town making return)	
1 PLACE OF DEATH		Danvers		Registered No. 92	
No. Danvers State Hospital		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME		Frederick Grant		{ (If U. S. War Veteran, specify WAR)	
(If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 43 Locust		St. Winthrop		(If nonresident, give city or town and State)	
(Usual place of abode)					
Length of stay: In hospital or institution		years 1 months 1 days		In this community yrs. mos. days.	
(Before death)		(Specify whether)			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	13 DATE OF DEATH		
male	white	MARRIED WIDOWED or DIVORCED widowed	April 4, 1944		
5a If married, widowed, or divorced HUSBAND of Alice Clent			(Month) (Day) (Year)		
(or) WIFE of (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from		
(Husband's name in full)			Mar. 3, 1944 to Apr. 4, 1944		
6 Age of husband or wife if alive			I last saw him alive on Apr. 4, 1944 death is said to		
7 IF STILLBORN, enter that fact here.			have occurred on the date stated above, at 3 P. Duration		
8 AGE 82 Years Months Days If less than 1 day Hours Minutes			Immediate cause of death.		
9 Occupation: Usual Retired painter			Arteriosclerotic heart disease 1 yr.		
10 Industry or Business:			Due to		
11 Social Security No. cannot be learned			Due to		
12 BIRTHPLACE (City) (State or country) England			Other conditions (Include pregnancy within 3 months of death)		
13 NAME OF FATHER John Grant			Major findings: Of operations		
14 BIRTHPLACE OF FATHER (City) (State or country) England			Date of		
15 MAIDEN NAME OF MOTHER Lydia			Of autopsy		
16 BIRTHPLACE OF MOTHER (City) (State or country) England			What test confirmed diagnosis Clinical		
17 Informant M.K. McPhillips (Relation, if any)			20 Was disease or injury in any way related to occupation of deceased?		
(Address) DSH			If so, specify		
A TRUE COPY. [Signature]			(Signed) Abraham Gardner		
ATTEST: (Registrar of city or town where death occurred)			(Address) DSH Date 4/6/44		
DATE FILED 4/10/44 19			21 PLACE OF BURIAL, Winthrop Winthrop		
			CREMATION OR REMOVAL (Cemetery) 4/8/44 (City or Town)		
			DATE OF BURIAL 19		
			22 NAME OF FUNERAL DIRECTOR Kirby Brothers		
			ADDRESS Winthrop		
			Received and filed MAY 11 1944		
			(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-802 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

Chelsea

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 229

93

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

(a) Residence No. 127 Bowdoin 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 10 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Mary Sullivan
(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 64 years 6 Months 22 Days If less than 1 day Hours Minutes

Usual Occupation: Supervisor of Attendance

Industry or Business:

11 Social Security No. none

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

13 NAME OF FATHER William

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

15 MAIDEN NAME OF MOTHER Anastasia Welch

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

17 Informant Hospital Records Soldiers' Home Hospital Relation, if any (Address)

A TRUE COPY.

ATTEST: Joseph A. Quinn
(Registrar of city or town where death occurred)

DATE FILED 4/9/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 8, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/29 19 44 to 4/8 19 44

I last saw him on 4/8 19 44 death is said to have occurred on the date stated above, at 10:50p Duration

Immediate cause of death Coronary heart disease 3mos.

Due to Generalized arterio sclerosis and hypertension 210yrs

Other conditions Passive congestion 3wks.
(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 clinical

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

(Signed) Paul Weinsaft M. D.
(Address) Soldiers' Home Date 4/9 19 44

21 PLACE OF BURIAL Non Cem. Winthrop, Mass.
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL Apr. 11, 1944 19

22 NAME OF FUNERAL DIRECTOR Chas. H. Treanor
ADDRESS 359 Saratoga St. E. Boston

Received and filed MAY 13 1944 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.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

94 246

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)

2 FULL NAME Frederick J. Jenney

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

(a) Residence, No. 127 Quincy Ave.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital months 4 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 Widowed

5a If married, widowed, or divorced HUSBAND of Mary E. 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 68 Years 0 Months 25 Days If less than 1 day Hours Minutes

Usual Occupation: Police Officer

Industry or Business: Metropolitan Dist. Comm.

11 Social Security No. none

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

13 NAME OF FATHER Frederick J.

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

15 MAIDEN NAME OF MOTHER Sofia K. Kroger

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

17 Informant Hospital Record (Address) (Relation, if any)

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 4/18/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 18, 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1944, to Apr. 18, 1944

I last saw him on Apr. 18, 1944, death is said to have occurred on the date stated above, at 1:45 p.m. Duration

Immediate cause of death: Heart failure 24 hrs

Due to Myocarditis 2

Due to Cerebral vascular accident 5 das.

Other conditions: Coronary heart disease, Arterio-sclerosis Physician

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

Date of

Of autopsy

What test confirmed diagnosis? clinical

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

If so, specify

(Signed) Alexander Roubley, M. D. (Address) Soldiers' Home Date 4/18/44

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

DATE OF BURIAL Apr. 21, 1944 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS 79 Atlantic St. Winthrop

Received and filed MAY 13 1944 19

(Registrar of City or Town where deceased resided)

1 PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

No. 152 Somerset Ave

2 FULL NAME

Frank L. Ratto

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

(a) Residence, No. 152 Somerset Ave

(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) 1st world War

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 15 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male White

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a (If married, widowed, or divorced

HUSBAND of

Emily Sagamasino

(or) WIFE of

(Give maiden name of wife in full)

(Husband's name in full)

6 Age of husband or wife if alive

41

years

7 IF STILLBORN, enter that fact here.

8

AGE 52 Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

Retired

10 Industry or Business:

Restaurant Owner

11 Social Security No.

None

12 BIRTHPLACE (City (State or country)

East Boston Mass

13 NAME OF FATHER

John Ratto

14 BIRTHPLACE OF FATHER (City (State or country)

Genoa Italy

15 MAIDEN NAME OF MOTHER

Anna Lanessa

16 BIRTHPLACE OF MOTHER (City (State or country)

Genoa Italy

17

Informant (Address)

Emily Ratto
152 Somerset Ave Winthrop

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

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

(Official Designation)

(Date of Issue of Permit) May 3/44

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

Registered No.

95

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

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) 1st world War

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

(If nonresident, give city or town and State)

In this community 15 yrs. - mos. - days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 13 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, that I attended deceased from

Jan 1 1944 to May 3 1944

Last saw him alive on May 3 1944 death is said to

have occurred on the date stated above at 8:30 P.M.

Immediate cause of death

Acute Pulmonary Edema

Duration 1 hr.

Due to Coronary Thrombosis 1 hr.

Due to Chronic Hypertension 1 yr.

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? No

If so, specify

(Signed) Gross H. S. Ratto

(Address) 19 Quincy St. E. S. Date 5/3 1944

21 Holy Cross Malden

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

DATE OF BURIAL May 6 1944

22 NAME OF FUNERAL DIRECTOR Charles H. Trepner

ADDRESS East Boston

Received and filed MAY 1944

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 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

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.

(8) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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. Ask some entry in this section for any 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.—*General Laws, Chap. 46, Sec. 10.*

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. 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.*

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 hurried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION.....

terms, so 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-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE 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. **97**

1 PLACE OF DEATH
Suffolk
Winthrop
(County)
(City or Town)
No. **10 Nevada XXX Ave** Nevada



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

PHYSICIAN - IMPORTANT

2 FULL NAME **Oscar ITZKOWITZ**
(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. **10 Nevada XXX Ave** Nevada St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community **60** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of (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 **47** Years Months Days If less than 1 day
Hours Minutes

9 Occupation: **Coal Miner**

Industry **Coal Selling**
or Business:

11 Social Security No. **none**

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

13 NAME OF FATHER **Bernard Itzkowitz**

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

15 MAIDEN NAME OF MOTHER **Burth Haratz**

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

PARENTS

17 Informant **Benjie Lang** Relation, to my
(Address) **10 Nevada Ave** **Sister**

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

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

H.O. (Official Designation) **May 5/44** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 5 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan. 4, 1943 19 **44**, to **May 5**, 19 **44**

I last saw him alive on **May 4**, 19 **44**, death is said to
have occurred on the date stated above, at **10:30 A.M.**

Immediate cause of death.....

Carcinoma of left lung **6 mos**

Due to.....

Due to.....

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

Major findings: **Biopsy = Carcinoma**
Of operations Date of.....

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) **Edward J. Langley** M. D.
(Address) **321 N. Main St.** Date **May 5 1944**

21 Place of Burial, Cremation or Removal **Hebrew Cemetery** (City or Town)
DATE OF BURIAL **5/7** 19 **44**

22 NAME OF FUNERAL DIRECTOR **M. Schwartz**
ADDRESS **478 Bejng St. Malden**

Received and filed **MAY 6 1944** 19 **44**

(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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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

terms, so 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-2-42-BB55

The Commonwealth of Massachusetts
OFFICE 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. 98

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 59 Summit Ave

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

PHYSICIAN - IMPORTANT

2 FULL NAME Alice Maud Watkeys

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

(a) Residence, No. 59 Summit Ave

(Usual place of abode)

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

Length of stay: In hospital or institution None years months days. In this community 10 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 74 Years 11 Months 3 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: None

11 Social Security No. None

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

13 NAME OF FATHER William Watkeys

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

15 MAIDEN NAME OF MOTHER Elizabeth C. Jordan

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

17 Informant Dr. Fred. J. Watkeys (Address) 11 Lakeville Rd. Jan. Pl.
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. O'Leary
(Signature of Agent of Board of Health or other)

agent 5/7/44
(Official designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 6 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 4 1944, to May 6 1944

I last saw her alive on May 5 1944 death is said to
have occurred on the date stated above, at 3 A. M.

Immediate cause of death Coronary Thrombosis Duration
IMPORTANT 2 days

Due to Hypertensive Heart Disease 5 years

Due to

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

Major findings: none Physician

Of operations Date of Underline the cause to which death should be charged statistically.
Of autopsy none
What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? none
If so, specify

(Signed) J. D. B. M. D.
(Address) Winthrop Mass Date May 7 1944

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

DATE OF BURIAL May 9 1944 19

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons
ADDRESS Boston Mass

Received and filed MAY 11 1944 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

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

SPACE FOR ADDITIONAL INFORMATION

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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. **99**

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)

PHYSICIAN - IMPORTANT

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

(Was deceased a U. S. War Veteran, if so specify WAR) **No**

(a) Residence. No. **441 Bennington** St. **East Boston**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months **6** 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) **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 **55** Years Months Days | If less than 1 day
Hours Minutes

9 Occupation: **Housework**

10 Industry or Business: **Own Home**

11 Social Security No. **None**

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

13 NAME OF FATHER **Jeremiah Twomey**

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

15 MAIDEN NAME OF MOTHER **Catherine Kelly**

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

17 Informant **Joseph Twomey** (Relationship) **Brother**
(Address) **441 Bennington St. E.B.**

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

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

Health Officer **5/13/44**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 11 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **June 1, 1943**, to **May 11, 1944**
I last saw him alive on **5/11, 1944**, death is said to have occurred on the date stated above, at **6 P** m.

Immediate cause of death

Chronic Endocarditis **1 yr.**

Due to **Chronic Nephritis** **1 yr.**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration
IMPORTANT

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) **Frank O. Regan** M. D.
(Address) **670 Cambridge St.** Date **5/12 1944**

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

DATE OF BURIAL **May 15 1944**

22 NAME OF FUNERAL DIRECTOR **Charles W. Treanor**
ADDRESS **East Boston**

Received and filed **MAY 15 1944** 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. 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).

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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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. 100

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 421 PleasantSt. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Cora D. Reed

(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. 421 Pleasant
(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 1 yrs. 9 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 Married

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of alter i. Reed
(Husband's name in full)6 Age of husband or wife if alive 39 years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years 9 Months 0 Days | If less than 1 day
Hours Minutes9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. None12 BIRTHPLACE (City) Lebanon Springs,
(State or country) N.Y.

PARENTS

13 NAME OF FATHER John F. Foley14 BIRTHPLACE OF FATHER (City) Berlin,
(State or country) N.Y.15 MAIDEN NAME OF MOTHER Cora Bligh16 BIRTHPLACE OF MOTHER (City) Stephentown,
(State or country) N.Y.17 Informant Walter R. Reed (Relation, if any)
(Address) 421 Pleasant 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)

Health Officer W. S. Childers
(Official Designation) (Date of Issue of Permit) 5/12/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 12 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on..... death is said to
have occurred on the date stated above, at 2:30 P. m.Immediate cause of death..... Duration
no E. received pneumonia IMPORTANTDue to Carcinoma retinasDue to Carcinoma intestinesDue to (metastases)
in Bowel of RectumOther conditions.
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations..... PhysicianDate 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) C. J. Washington M. D.
(Address) Washington Date 5-12-4421 Pittsfield Cemetery Pittsfield
Place of Burial, Cremation or Removal. (City or Town) Mass.
DATE OF BURIAL May 15, 1944 19.....22 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons
ADDRESS Boston, Mass.Received and filed MAY 15 1944 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.

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

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

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

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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 of occupation for every 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 decedent had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned aa at school or at home. For a woman whose only occupation 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-6-2-42-8855

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

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

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

Registered No. 101

2 FULL NAME Female, Forte
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 88 Putnam St., East Boston
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or institution hospital - 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) no

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here. Stillborn		
8 AGE - Years - Months - Days If less than 1 day Hours - Minutes		
9 Usual Occupation: None		
10 Industry or Business: None		
11 Social Security No. None		
12 BIRTHPLACE (City) Winthrop, Mass. (State or country)		
13 NAME OF FATHER Arthur Forte		
14 BIRTHPLACE OF FATHER (City) Hartford (State or country) Conn.		
15 MAIDEN NAME OF MOTHER Filomena Longo		
16 BIRTHPLACE OF MOTHER (City) Roxbury (State or country) Mass.		
17 Informant Mrs. B. Longo (Address) 88 Putnam St., E. B. (Relation, if any) Grandmother		

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH May 13, 1948 (Month) (Day) (Year)	
19 I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on 19, death is said to have occurred on the date stated above, at 1:29 P. m. Immediate cause of death: Stillborn Due to death in utero 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) S. S. Schaefer M. D. (Address) 150 Bennington St., E. B. Date May 13, 1948	
21 St. Michaels Cemetery, Boston Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL May 17, 1948	
22 NAME OF FUNERAL DIRECTOR Richard C. Kirby ADDRESS 17 Bennington St., E. B.	
Received and filed MAY 22 1948 (Registrar)	

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

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

(Signature of Agent of Board of Health or other)
 Health Officer 3/17/48
 (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 countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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. **102**

1 PLACE OF DEATH
Suffolk
(County)
Wentworth
(City or Town)
No. **1058** **Shirley**



2 FULL NAME **Hattie Anna Williams (Dairison)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. **1058 Shirley St.** St. **Wentworth 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 **10** yrs. — mos. — days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
Widowed
5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife if full)
(or) WIFE of **Frank Herbert Williams**
(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 **13** Days | If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: **none at home**

10 Industry or Business: **none**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Durham, New Hampshire**
(State or country)

13 NAME OF FATHER **William Dairison**

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

15 MAIDEN NAME OF MOTHER **"**

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

17 Informant **Eva L. Pilsdifer** Relation, if any
(Address) **1058 Shirley St.** (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 or Board of Health or other)
Wm. H. Bilechildress

(Official Designation) **Ho. at 3/19/44**
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 18 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Jan 10 1944 to **May 18 1944**
I last saw her alive on **May 18 1944** death is said to
have occurred on the date stated above, at **8:15 A.M.** Duration

Immediate cause of death: **Carcinoma of Rectum** **1 year**

Due to **General Carcinomatosis** **6 mos**

Due to _____

Other conditions **Arteriosclerosis** **1 year**
(Include pregnancy within 3 months of death)

Major findings: **none** **IMPORTANT**

Of operations _____

Of autopsy **none** **Physician**

What test confirmed diagnosis? **clinical & X-Ray** **IMPORTANT**

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

(Signed) **Jacob Charles M.D.** M. D.

(Address) **562 Shirley St. Weymouth, Mass.**

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

DATE OF BURIAL **May 21 1944**

22 NAME OF FUNERAL DIRECTOR **Charles R. Benjamin**

ADDRESS **Wentworth Mass**

Received and filed _____ 19 _____

MAY 23 1944

(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

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

103

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 12 Pleasant St. Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Kearney (Ponsonby)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 12 Pleasant St. Winthrop
(Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years — months — days. In this community 50 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 Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Kearney
(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 81 Years 7 Months 17 Days | If less than 1 day Hours Minutes

9 Usual Occupation: at Home

10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Richard Ponsonby

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

15 MAIDEN NAME OF MOTHER " " "

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

17 Informant Miss Mary E. Rogers Relation, if any (Address) 157 Felton St. - Walham Mass

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from NOV 15, 1943, to May 22, 1944
I last saw h. alive on May 20, 1944, death is said to have occurred on the date stated above, at 7:30 P.M.

Immediate cause of death: Myocarditis

Due to Rheumatic Heart Disease 20 years
PNEUMATIC

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? No
If so, specify (Signed) David J. O'Brien, M. D. (Address) Winthrop Mass Date May 23 1944

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

DATE OF BURIAL May 25 1944

Duration
IMPORTANT
1 year

IMPORTANT

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

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

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/24/44
(Official Designation) (Date of Issue of Permit)

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

Received and filed MAY 26 1944 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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by 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(County)
Winthrop
(City or Town)
No. 45 Highland Ave.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. 104

2 FULL NAME Rose Krulfeld

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

(a) Residence. No. 45 Highland Ave.
(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)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days In this community 13 yrs. mos. days
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX f 4 COLOR OR RACE W 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 Aaron Krulfeld
(Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: House wifeIndustry
10 or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Russia13 NAME OF
FATHER Max Lezar14 BIRTHPLACE OF
FATHER (City)
(State or country) Russia15 MAIDEN NAME
OF MOTHER Mollie (unknown)16 BIRTHPLACE OF
MOTHER (City)
(State or country) Russia17 Informant Aaron Krulfeld (husband)
(Address) 45 Highland Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5-19-44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 23 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
May 3, 1944, to May 23, 1944I last saw him alive on May 23, 1944, death is said to
have occurred on the date stated above, at 10 P. M.

Immediate cause of death heart failure Duration

IMPORTANT

Due to Rheumaty heart disease
arterial sclerosisDue to Cardiac Enlargement
Congestive heart failure

6-12 months

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

IMPORTANT

Major findings:
Of operations

Physician

Date of

Of autopsy none

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? to
If so, specify David Duggan
(Signed) M. D.
(Address) 416 Marlboro St. Date May 24 1944

21 Pride of Jacob Cem. Dendham Mass.

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

DATE OF BURIAL May 24 1944

22 NAME OF FUNERAL DIRECTOR B. Schlossberg & Sons
ADDRESS 1272 Blue Hill Ave. Matt.

Received and filed MAY 26 1944 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 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).

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.

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

terms, so 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-E-2-4-2-BB55

1 PLACE OF DEATH

Suffolk
(County)
Wentthrop
(City or Town)

No. Wentthrop Community Hospital

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

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

(a) Residence. No. 24 Trident Ave.
(Usual place of abode)

St. Wentthrop
(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)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) no

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 James Goldberg
(Give maiden name of wife in full)
(or) WIFE of James Goldberg
(Husband's name in full)

6 Age of husband or wife if alive 40 years

7 IF STILLBORN, enter that fact here.

8 AGE 38 Years 11 Months 22 Days | If less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry or Business:

11 Social Security No. none

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

13 NAME OF FATHER Louis Pearlmutter

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

15 MAIDEN NAME OF MOTHER Marion Rosenberg

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

17 Informant Abraham Fichter Relation, if any (husband)
(Address) 23 Wave Way Ave. (Wentthrop)

I HEREBY CERTIFY that a satisfactory standard 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) 5/19/44

The Commonwealth of Massachusetts
OFFICE 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. 195

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 25 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 7 1944 to May 25 1944
I last saw her alive on May 25 1944, death is said to have occurred on the date stated above, at 3:30 P.M.

Immediate cause of death Carcinoma of left breast

Due to General carcinomatosis

Due to

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

Major findings: Carcinoma left breast
Of operations Date of 1941

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 no
(Signed) James M. D. M. D.
(Address) 562 Hurley St. Date May 25 1944

21 Wentthrop Community Hospital
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 26 1944

22 NAME OF FUNERAL DIRECTOR Manuel Stoytchey
ADDRESS 10 W. Ashmont St. Dor.

Received and filed 19

MAY 28 1944
(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

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

100m(h)-1-41-4695

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
1 Suffolk Winthrop (County) (City or Town)				STANDARD CERTIFICATE OF DEATH	
No. 1010 Shirley St Winthrop St.				Registered No. 106	
2 FULL NAME Elizabeth Hib (Wife) (Baker)		(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) PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)	
(a) Residence. No. 1010 Shirley St		St.		(If nonresident, give city or town and State)	
Length of stay: In hospital or institution (Before death)		years months days		In this community 22 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX Female		4 COLOR OR RACE White		8 SINGLE (write the word) MARRIED Widowed	
5a If married, widowed, or divorced HUSBAND of		(Give maiden name of wife in full)		18 DATE OF DEATH May - 24 1944 (Month) (Day) (Year)	
(or) WIFE of Joseph B. Baker		(Husband's name in full)		19 I HEREBY CERTIFY, That I attended deceased from 12:00 P.M., 1943, to May 23, 1944 I last saw her alive on May 24, 1944 death is said to have occurred on the date stated above, at 10-8 m. Immediate cause of death General Corcinomatosis Due to Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy What test confirmed diagnosis? X-ray	
6 Age of husband or wife if alive		years		Duration Important 3 yrs.	
7 IF STILLBORN, enter that fact here.				Important	
8 AGE 81 Years Months Days If less than 1 day Hours Minutes				PHYSICIAN Underline the cause to which death should be charged statistically.	
Usual Occupation: at Home					
10 Industry or Business:					
11 Social Security No.					
12 BIRTHPLACE (City) Boston		(State or country)			
13 NAME OF FATHER unknown					
14 BIRTHPLACE OF FATHER (City) also Grace		(State or country)			
15 MAIDEN NAME OF MOTHER Elizabeth Finke					
16 BIRTHPLACE OF MOTHER (City) Germany		(State or country)			
17 Informant Mrs. Joseph Finke (Daughter)		Relation, if any		20 Was disease or injury in any way related to occupation of deceased? N2	
(Address) 1010 Shirley St				If so, specify Edward J. Finke, M. D. (Signed) (Address) 1010 Shirley St Date May 25, 1944	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:				21 St. Joseph's Cemetery Boston Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL May 27 1944	
(Signature of Agent of Board of Health or other)				22 NAME OF FUNERAL DIRECTOR Wm. B. M. King ADDRESS 210 Winthrop St.	
Hx (Official Designation)		Date of Issue of Permit 6/26/44		Received and filed MAY 31 1944 19	
A TRUE COPY ATTEST:				(Registrar)	

RETURN OF CERTIFICATES OF DEATH

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

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

Correction made by Hospital

PLACE OF DEATH

Suffolk
Winthrop
(City or Town)



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

(City or town making return)

Registered No. 107

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

(a) Residence. No. 59 106 GREST Avenue 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 (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 Usual Occupation:
10 Industry or Business:

11 Social Security No.

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

13 NAME OF FATHER Allan J. Browne

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

15 MAIDEN NAME OF MOTHER Lucy M. Dinan

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

17 Informant Hannah M. Dinan (Address) 106 Grest Ave. (Relationship, if any) Grandmother

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

(Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 5/29/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 26 1944
(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 2:10 P.M.

Immediate cause of death.....

Due to Complicated Septicemia - (24 hrs)
Pneumonia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Date of.....

Of autopsy What test confirmed diagnosis? Phy. Examination

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

If so, specify: (Signed) M. D.

(Address) 453 Beacon - Boston Date 5/28/1944

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

DATE OF BURIAL May 27 1944

22 NAME OF FUNERAL DIRECTOR John E. Kelly

ADDRESS 11 Mendham St., E.B.

Received and filed 19.....

A TRUE COPY ATTEST: MAY 31 1944 (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

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

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

(a) Residence. No. **7 Atlantic 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)

Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community **20** yrs. mos. days.
 (Before death) (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.

108

Registrar's No. _____

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 E. Quigley**
 (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: **Shipfitter**

10 Industry or Business: **Shipbuilding**

11 Social Security No. _____

12 BIRTHPLACE (City) **Greenock**
 (State or country) **Scotland**

13 NAME OF FATHER **John Whyte**

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

15 MAIDEN NAME OF MOTHER **Margaret Gibb**

16 BIRTHPLACE OF MOTHER (City) **Port Glasgow**
 (State or country) **Scotland**

17 Informant **Mary E. Whyte** Relation, if any **Wife**
 (Address) **7 Atlantic St Winthrop**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 27 1944**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 1, 19**44**, to **May 26**, 19**44**
 I last saw him alive on **May 26**, 19**44**, death is said to
 have occurred on the date stated above, at **6:4** M.
 Immediate cause of death **Cirrhosis of Liver**
 Duration **IMPORTANT** **3.4 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 Signs**

20 Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify _____
 (Signed) **W. D. Childress**, M. D.
 (Address) **Winthrop** Date **May 27**, 19**44**

21 **Winthrop** Place of Burial, Cremation or Removal **Winthrop**
 (City or Town)
May 29 DATE OF BURIAL 19**44**

22 NAME OF FUNERAL DIRECTOR **John H. Moley**
 ADDRESS **Winthrop Mass.**

Received and filed _____ 19____
MAY 31 1944 (Registrar)

was filed with me BEFORE the burial or transit permit was issued:
 I HEREBY CERTIFY that a satisfactory standard certificate of death
William D. Childress
 (Signature of Agent of Board of Health or other)
agent **May 28/44**
 (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 countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 112

Herron

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. 169

2 FULL NAME

James D. Kelly

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

(a) Residence, No. 112

Herron

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

no

years

months

days

In this community 18 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

5a If married, widowed, or divorced

Mary C. Whiteley

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 72

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Master Mariner

10 Industry or Business:

P.W. Ferry Dir. C. & B.

11 Social Security No.

none

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF

FATHER

John Kelly

14 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME

OF MOTHER

Ann Brophy

16 BIRTHPLACE OF

MOTHER (City)

St. John

(State or country)

New Brunswick

17 Informant

(Address)

Mary C. Kelly

Relation to any

deceased

112 Herron 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

(Date of Issue of Permit)

5/29/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

May

28

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 16,

1944 to

May 28,

1944

I last saw him alive on

May 28,

1944

death is said to

have occurred on the date stated above, at

2:40 P.M.

Duration

Immediate cause of death

Coronary Thrombosis

10 days

Due to

Coronary Sclerosis

1 year

Due to

Hypertension Arteriosclerosis
Heart Disease

5 years

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Myocardium Exam.

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)

Samuel P. Childers

M. D.

(Address)

270 Shirley St.

Date

5/29/44

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

May 31

1944

22 NAME OF

FUNERAL DIRECTOR

John C. Kelly

11 Meridian St. E. & B.

Received and filed

19

MAY 31 1944

(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).

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.

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

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

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m (b)-1-41-4695

DEATH

(County)

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

110

(City or town making return)

State Board of Health
Bureau of Vital Statistics

NON-RESIDENT OF DEATH
FLORIDA

State File No. **24**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pinellas District No. 3901
(b) Precinct _____ Precinct No. _____
(c) City or Town St. Petersburg City or Town No. 39-511-
(d) Name of hospital or institution enroute to Round Park Hosp
(e) Length of stay: In hospital or institution 4 months
At place of death _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County _____
(c) City or Town Winthrop (If outside city or town limits, write RURAL)
Street No. _____ (If rural, give location)
(e) Citizen of Foreign country? No yes or no
10
If yes, name country _____

3. FULL NAME OF DECEASED

Howard Augustus Gilson

3 (a) If veteran, name war Spanish Amer. 3 (b) Social Security No. 025-05-7956

4. Sex Male 5. Color or race White

6. Single, married, widowed or divorced Widowed
6 (a) If married, widowed or divorced, husband of (or) wife of Bertha Letourneau Gilson
6 (b) Age of husband or wife, if alive _____ years

7. Birth date of deceased Sept. 23, 1873
(month) (day) (year)

8. Age: Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>21</u>	hrs. _____ min. _____

9. Birthplace Radfield, Iowa
(City, town or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business Gen. Mgr. F.S. Payne Elevator Co

12. Name Henry E. Gilson

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant's Signature Mae C. Gray

16 (a) Address _____

17. Burial, cremation or removal? Removal

17 (a) Date Jan. 15, 1944 17 (b) Place Cambridge, Mass.

18. Funeral Director's Signature John S. Stoppard

18 (a) Address St. Petersburg, Florida

19. Filed 1-13 1944 Wm. Davis
Local Registrar

MEDICAL CERTIFICATION

20. Date of Death: Month January Day 13
Year 1944 hour 3 Minute 30 a. m.

21. I hereby certify that I attended the deceased from Jan 8 1944 To Jan 13 1944:
that I last saw him alive on Jan 13 1944:

and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Coronary Occlusion

Due to _____

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: of operations _____

(Give date of operation) _____

of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature John S. Stoppard M. D.

(a) Address East Belmont St. Date Signed 1/19/44

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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

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

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

(City or town making return)

111

Registered No.

2 FULL NAME

(a) Reside (Usual)
length of stay: 1

PE

3 SEX 4

5a If married, w HUSBAND of

(or) WIFE of

6 Age of husband

7 IF STILLBORN,

8 AGE Ye

Usual Occupation: 9

Industry 10 or Business: 93

11 Social Security

12 BIRTHPLACE (State or coun

13 NAME OF FATHER

14 BIRTHPLA FATHER (State or cou

15 MAIDEN M OF MOTH

16 BIRTHPLA MOTHER (State or c

PARENTS

17 Informant (Address)

Relation, if any

(Address)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

DO NOT WRITE IN SPACES BELOW

764

PLACE

29

RESIDENCE

DATE

CAUSE

CONT. CAUSE

PLACE OF ACCIDENT

PLACE OF DEATH NEW JERSEY DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

Registrar's No. 286

County HUDSON COUNTY

Township NORTH BERGEN

City or Borough Name of Hospital or Institution 911-92 St

(If not in hospital or institution write street number or location)

Length of Stay in this Community yrs. mos. 5 days hrs.

Kindly Type or Print FULL NAME EDWIN FRANCIS ANDERSON

(Surname last, first name here)

IF VETERAN NAME WAR SOCIAL SECURITY NO. COLOR OR RACE Male white Single, Married, Widowed or Divorced (write the word) widowed

Age, if living

IF married, widowed or divorced HUSBAND OF (Give full maiden name) RACHAEL MARINE

AGE Years Months Days 68 11 9 If less Than One Day Min.

BIRTH DATE OF DECEASED APRIL 26, 1875

AGE Years Months Days 68 11 9 If less Than One Day Min.

BIRTHPLACE (City or town) EAST BOSTON

(State or country) MASS.

USUAL OCCUPATION 1800 MARINE

Industry or business RETIRED.

NAME William B. Anderson

BIRTHPLACE (City or town) SWEDEN

(State or country)

MAIDEN NAME LAURA LUNDEN

BIRTHPLACE (City or town) Sweden

(State or country)

SIGNATURE OF Informant Charles F. Anderson

(Address) 911-92 St. North Bergen, N. J.

PLACE OF BURIAL Cremation or Removal Myer's Cemetery

DATE April 17, 1944 Release. Mass.

FUNERAL DIRECTOR Harry Lober N. J. License No. 208

(Address) 208 Hudson Blvd. Union, N. J.

RECEIVED 4/16, 1944 Local Registrar.

FORMER OR USUAL RESIDENCE

State MASSACHUSETTS County Middlesex

City or Borough WINTHROP

(If outside city or borough limits, name township)

Street No. 35 COURT ROAD

(If rural give location)

Citizen of foreign country? If so, name country

DATE OF DEATH 4-16 1944

I HEREBY CERTIFY, That I attended the deceased from 4-13 1944 to 4-16 1944

that I last saw him alive on 4-15 1944 and that death occurred on the date stated above, at 7:20 m.

Immediate cause of death Chronic Myocardia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy

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

If death were due to external causes, fill in the following:

Accident, suicide, or homicide (specify)

Date of occurrence

Where did injury occur? (City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury

Signature A. Sklar (M. D. or other)

Address 601-80 St. North Bergen

Date signed 4-16-44

(Address)

Date 19

on. (AR)

y or town and state)

Yrs. mos. days.

TH

(Year)

tended deceased from

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

19....., death is said

.....m. Duration

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

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COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

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

PLACE OF DEATH

Middlesex

(County)

Cambridge, Mass.

(City or Town)



No. Holy Ghost Hospital, 1570 Cambridge St.

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

Registered No. 6412

2 FULL NAME

Timothy Crowley

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

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

no

(a) Residence. No.

19 George Street, Winthrop, Mass. St. Winthrop

(Usual place of abode)

Length of stay: In hospital or institution years months 27 days.

(Specify whether)

(If nonresident, give city or town and state)
In this community yrs. 5 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 74 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Retired Blacksmith

Industry

10 or Business:

B. & A. R. R.

11 Social Security No.

714 - 09 - 2662

12 BIRTHPLACE (City)

Boston

(State or country)

Mass

13 NAME OF
FATHER

Patrick Crowley

14 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME
OF MOTHER

Mary Connor

16 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

17

Informant

(Address)

Mrs. Margaret R. Crowley - Sister

59 St. Andrew Rd. E.B. in law.

Relation, if any

A TRUE COPY.

ATTEST:

John D. Crowley - Clerk

(Registrar of city or town where death occurred)

DATE FILED

May 8

19 44

Frederick H. Burke

18 DATE OF
DEATH

May

6

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

May

1

1944

to

May

6

1944

I last saw h..... alive on..... May 6, 1944, death is said

to have occurred on the date stated above, at..... 9.10P.m.

Immediate cause of death.....

Duration

6 mos

Carcinoma of Stomach

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? no

If so, specify

(Signed)

Daniel MacNeil op

(Address)

Cambridge

Date

5-7

19

44

21 PLACE OF BURIAL.

CREMATION OR REMOVAL

Holy Cross

Walden

(Cemetery)

(City or Town)

DATE OF BURIAL

May

9

19

44

22 NAME OF

FUNERAL DIRECTOR

John C. Kelly

ADDRESS

11 Meridian St. E.B.

Received and filed

JUN 12 1944

19

44

(Registrar of City or Town where deceased resided)

Copies of returns or 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)-1-41-4667

BOSTON



The Commonwealth of Massachusetts

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

(City or town making return)

Registered No. 4467

111

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

Edna Irene Leary

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

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

(a) Residence, No.

88 Main St.

St.

Winthrop

(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 1 days.

In this community 17 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8

AGE 17 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation: Student

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Cambridge, Mass.

13 NAME OF

FATHER

Francis J. Leary

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Saybrook, Conn.

15 MAIDEN NAME

OF MOTHER

Edna F. McCarthy

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Shanghai, China

17 Informant

(Address)

(Relation, if any)

Father

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 15, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 10/44

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 10/44

19

May 10/44

19

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

have occurred on the date stated above, at 5:10 p.m.

Duration

Immediate cause of death

Status epilepticus

8 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

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

If so, specify

M. W. O'Connell

(Signed)

(Address)

Boston City Hosp

Date 5/11/44

M. D.

21 PLACE OF BURIAL, Winthrop, Winthrop, Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

May 13, 1944

19

22 NAME OF

FUNERAL DIRECTOR

J. F. O'Maley

ADDRESS

Winthrop, Mass.

Received and filed

JUN 12 1944

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.)

50m (e)-1-41-4607

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

The Commonwealth of Massachusetts

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

Chelsea

(City or town making return)

Registered No.

303

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

2 FULL NAME Bernard J. Flaherty { (If U. S. War Veteran, specify WAR) **WW 1**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
573 Pleasant
(a) Residence, No. Home & Hospital St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution 7 years 15 months 15 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years 9 Months 9 Days | If less than 1 day
Hours _____ Minutes _____

Usual Occupation: Production Checker

Industry or Business: unknown

11 Social Security No. unknown12 BIRTHPLACE (City) Boston, Mass.
(State or country)13 NAME OF FATHER John14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)15 MAIDEN NAME OF MOTHER Mary McDonough16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Hospital Records Soldiers' Home Hosp. Chelsea (Relation if any)
(Address)

A TRUE COPY.

ATTEST: Joseph A. Gurnea
(Registrar of city or town where death occurred)

DATE FILED 5/23/44 19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH May 23, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct. 8, 1943 to May 23, 1944
I last saw him alive on May 23, 1944 death is said to
have occurred on the date stated above, at 12:35A Duration

Immediate cause of death: Hypertensive heart disease ? yrs.
Essential hypertension ? yrs.
Due to Mitral regurgitation ? yrs.
Due to _____

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

Major findings: _____
Of operations: _____
Date of _____
Of autopsy: _____

What test confirmed diagnosis? clinical

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

If so, specify _____
(Signed) Louis I. Rudiger M. D.
(Address) Soldiers' Home Date 5/23/44

21 PLACE OF BURIAL St. Charles, Malden, Mass.
CREMATION OR REMOVAL May 26, 1944 (City or Town)

DATE OF BURIAL Frank V. McArdle 19

22 NAME OF FUNERAL Chelsea St. Charlestown
ADDRESS

Received and filed JUN 13 1944 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUN 13 1944 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

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



Arlington

(City or town making return)

Registered No. 210117

PLACE OF DEATH

Middlesex
(County)Arlington
(City or Town)

No. 12 Florence Avenue

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

2 FULL NAME

Alice Sawyer (Coggeshall)

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

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

None

(a) Residence. No.

258 Court Road

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.

(Specify whether)

In this community yrs. mos. 21 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

Female

white

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles A. Sawyer
(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 0 Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. None

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

13 NAME OF FATHER

Charles Coggeshall

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

15 MAIDEN NAME OF MOTHER

Phoebe Mitchell Swain

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

17 Edith Sawyer Newton

Informant (Address)

Relation, if any (Daughter)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June

2

1944

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

31

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from March 5, 1944 to May 31, 1944

I last saw her alive on May 31, 1944, death is said to have occurred on the date stated above, at 4 P. m.

Immediate cause of death: Cerebral Thrombosis

Due to Broncho Pneumonia

Due to Senility

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) Richard Metcalf

(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill-Sterling, Mass

(Cemetery)

(City or Town)

DATE OF BURIAL

June

2

1944

22 NAME OF FUNERAL DIRECTOR W. E. King & Watson

ADDRESS Main St., Clinton

Received and filed

JUN 9 1944

19

(Registrar of City or Town where deceased resided)

RECEIVED



JUN-9 1964 AM

terms, so 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-E-2-4-2-8855

1 PLACE OF DEATH
 {
 Suffolk
 (County)
 Wintrop
 (City or Town)
 No. 101 Summit 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. 113

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

2 FULL NAME Josephine Sherman Hale
 (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. 101 Summit 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 20 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 Married

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of Charles Hale
 (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 11 Months 19 Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: Housewife

Industry
 10 or Business: At Home

11 Social Security No. Providence

12 BIRTHPLACE (City) Providence
 (State or country) R. I.

PARENTS

13 NAME OF
 FATHER Nehemiah Sherman

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

15 MAIDEN NAME
 OF MOTHER not known

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

17 Informant Charles Hale (husband)
 (Address) 101 Summit Ave., Wintrop

I HEREBY CERTIFY that a satisfactory standard 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) 6/3/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 2 1944
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 June 1, 1944, to June 2, 1944
 I last saw her alive on June 1, 1944, death is said to
 have occurred on the date stated above, at 10-30 A. m.
 Immediate cause of death. Duration

Due to Hemorrhage 1 day

Due to Carelessness of blood 2 hrs

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?

(Signed) M. D.
 (Address) 101 Summit Ave. Date 6/2 1944

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

DATE OF BURIAL June 6, 1944 19

22 NAME OF FUNERAL DIRECTOR Richard B. White
 ADDRESS Wintrop Mass

Received and filed 19

JUN 5 1944 (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

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.

Statement of Occupation.—Precise statement of occupation is very important, 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

SUFFOLK
BOSTON

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 5248

119



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)

John Frances Larkin

2 FULL NAME

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

(If U. S.

War Veteran,
specify WAR)

no

(a) Residence. No.

(Usual place of abode)

249 Pleasant

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Hosp

years

months 1

days.

In this community

yrs.

mos. 1

days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 30 Years 11 Months 14 Days | If less than 1 day
Hours Minutes

Usual

9 Occupation: Clerk

Industry

10 or Business: Sub. Gas & Electric Co.

11 Social Security No. 023-09-4285

12 BIRTHPLACE (City)
(State or country)

Lynn, Mass.

PARENTS

13 NAME OF
FATHER

John F. Larkin

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

Lynn, Mass.

15 MAIDEN NAME
OF MOTHER

Ruth Andersen

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

Sweden

17 Informant
(Address)

E. Taylor

Relation, if any

(Aunt)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 8, 1944

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June 4, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 4/44, 19, to June 5/44, 19I last saw him alive on June 5/44, 19, death is said to
have occurred on the date stated above, at June 5/44 m.

Duration

Immediate cause of death

Addisons disease

Ter.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy Above

What test confirmed diagnosis? Autopsy

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

If so, specify

(Signed) W. R. Duden

M. D.

(Address) Peter B. Brigham Hosp. 6/5/44

21 PLACE OF BURIAL Winthrop, Winthrop, Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL June 7, 1944

19

22 NAME OF
FUNERAL DIRECTOR

R. White

ADDRESS

Winthrop, Mass.

Received and filed

JUN 12 1944

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.)

CAUSE OF DEATH in plain terms, so 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. 14 Fremont Street

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

Registered No. 120

2 FULL NAME Manuilla (Colledge) Nicol

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

(a) Residence. No. 14 Fremont Street

(Usual place of abode)

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

years

months

days.

In this community 16 yrs. mos. days.

St. { (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 Widow

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James Nicol
(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 3 Months 6 Days If less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry or Business: Own Home

11 Social Security No. None

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

13 NAME OF FATHER Lames Colledge

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

15 MAIDEN NAME OF MOTHER Elizabeth Dudgeon

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

17 Informant William Nicol (Son)

(Address) 14 Fremont Street 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 June 4 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
1944 to June 4 1944
I last saw him alive on June 4 1944 death is said to
have occurred on the date stated above, at 5:30 P.M.
Immediate cause of death myocarditisDuration
IMPORTANT

Due to arterial relations

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) C. D. M. D. (Address) 14 Fremont Street Winthrop Date 6-5-1944

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

DATE OF BURIAL June 6 1944

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 14 Fremont Street Winthrop

Received and filed JUN 7 1944

(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

SUFFOLK
BOSTON



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5230 **121**

PLACE OF DEATH

1

(County)

(City or Town)

No. **Mass. Memorial Hosp**St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)**Joan Atocherley**2 FULL NAME
(If deceased is a married, widowed or divorced woman, give also maiden name.)**164 Woodside Ave.****Winthrop**(If U. S.
War Veteran,
specify WAR)(a) Residence. No.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months **2** days. In this community yrs. mos. **2** days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Single**

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE.....Years.....Months **3** 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, Mass.**

PARENTS

13 NAME OF
FATHER **Robert Vincent Atocherley**

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

15 MAIDEN NAME
OF MOTHER **Grace Leitch**

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

17 Informant..... Relation, if any
(Address) **Father**

A TRUE COPY. *Francis J. Fay*

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

DATE FILED **June 8, 1944** 19

18 DATE OF
DEATH **June 5, 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 3/44, 19 to **June 5/44**, 19
I last saw h.....er.....allve on **June 5/44**, 19, death is said to
have occurred on the date stated above, at **9:50 a.m.** m.

Immediate cause of death.....
Pulmonary hemorrhage **1 day**

Due to **Erythroblastosis fetalis** **4 days**

Due to.....

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

Major findings:
Of operations.....

Date of.....

Of autopsy **Above**What test confirmed diagnosis? **Autopsy**

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

If so, specify.....

(Signed) **C. A. Powell** M. D.
(Address) **Mass. Mem. Hosp** Date **6/5/44**

21 PLACE OF BURIAL **Winthrop Cem. Winthrop, Mass.**
CREMATION OR REMOVAL.....

DATE OF BURIAL **June 7, 1944** (Cemetery) (City or Town)
19

22 NAME OF
FUNERAL DIRECTOR **C.R. Bennison**
ADDRESS **Winthrop, Mass.**

Received and filed **JUN 12 1944** 19

(Registrar of City or Town where deceased resided)

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. **122**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **595 Shirley St.**



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

(a) Residence. No. **595 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 **neither** years months days. In this community **3** 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**
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of **Mary Jane Suratt**
(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 **60** Years **9** Months **15** Days If less than 1 day
Hours Minutes

9 Usual Occupation: **Iron Worker**

10 Industry or Business: **Bethlehem Steel Co.**

11 Social Security No. **023-14-6204**

12 BIRTHPLACE (City) **Berkshire**
(State or country) **MA.**

PARENTS

13 NAME OF FATHER **George Hakey**

14 BIRTHPLACE OF FATHER (City) **Albany**
(State or country) **NY**

15 MAIDEN NAME OF MOTHER **Margaret Kennedy**

16 BIRTHPLACE OF MOTHER (City) **Windsor**
(State or country) **Canada**

17 Informant **Mary J. Hakey** Relation **Wife**
(Address) **595 Shirley St. Winthrop**

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

Wm. D. Childers
(Signature of Agent of Board of Health or)

Ho. June 10/44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **JUNE 9 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
JUNE 3 1944 to **JUNE 8 1944**
I last saw him alive on **JUNE 8 1944**, death is said to
have occurred on the date stated above, at **2:30 A.M.**

Immediate cause of death
Broncho-pneumonia

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) **Joseph B. McMahon** M. D.
(Address) **176 Middlesex Ave. Wilmington** Date **June 11 1944**

21 **Wildwood** **Wilmington**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **June 12 1944**

22 NAME OF FUNERAL DIRECTOR **Joseph B. McMahon**
ADDRESS **176 Middlesex Ave. Wilmington**

Received and filed **June 13 1944**

JUN 13 1944 (Registrar)

Duration
IMPORTANT
5 days

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 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

PLACE OF DEATH

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

Registrar's No.

122

No.

Winthrop Community Hosp

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

PHYSICIAN-IMPORTANT

2 FULL NAME

Natale Igro

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

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) none

(a) Residence. No.

236 Paris St

St.

East Boston, Mass.

(Usual place of abode)

(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 40 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 Antonuccio

(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 56 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Plater

Industry

10 or Business

United East Hatteries Co

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF

FATHER

Antonio Igro

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Antonina Cautanese

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

Mary Igro

Relationship if any

236 Paris St E. Boston

was filed with me BEFORE the burial or transit permit was issued:

I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)

Wm. J. Quilley

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June 13, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 8, 1944 to June 13, 1944

I last saw him alive on June 13, 1944, death is said to

have occurred on the date stated above, at 6:50 P. M.

Duration

IMPORTANT

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Hypertension

1941

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

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)

J. Cautanese

M. D.

(Address)

235 Market St

Date

6/13/44

21

St. Michaels

Place of Burial, Cremation or Removal.

(City or Town)

Boston

DATE OF BURIAL

June 16

1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Frederick J. Magrath

East Boston

Received and filed

JUN 23 1944

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).

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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

terms, so 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-C-2-42-8855

The Commonwealth of Massachusetts

OFFICE 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. 124

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 37 Dolphin Ave.



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

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

(a) Residence. No. 37 Dolphin Ave., Winthrop
(Usual place of abode)

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

Length of stay: In hospital or institution years months days. In this community 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 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 86 Years Months Days | If less than 1 day
Hours Minutes

9 Occupation:

Industry
or Business:

11 Social Security No.

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

13 NAME OF
FATHER Michael Rourke

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

15 MAIDEN NAME
OF MOTHER Julia Murphy

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

17 Informant John Jessop (Relation, if any)
(Address) 37 Dolphin Ave., Winthrop (Nephew)

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

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

Health Officer (Date of Issue of Permit) 6/19/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH June 17, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Apr 1, 1944, to June 17, 1944.

I last saw him alive on June 17, 1944, death is said to
have occurred on the date stated above, at 12.15 A.M.

Immediate cause of death Uremia

Duration
10 days
IMPORTANT

Due to Myocarditis yes

Due to Art. Sclerosis yes

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

Major findings:
Of operations

Date of

Of autopsy

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?
If so, specify

(Signed) Richard M. White, M. D.
(Address) 147 Winthrop St. Date 6/17, 1944

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

DATE OF BURIAL June 20, 1944 19

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

Received and filed JUN 23 1944 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

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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)

125

Registered No.

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

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

(a) Residence. No. 94 Bay View Ave. Winthrop 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 m 4 COLOR OR RACE w 5 SINGLE (write the word)
MARRIED WIDOWED SINGLE or DIVORCED

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here. ☒

8 AGE 80 Years 6 Months — Days If less than 1 day Hours _____ Minutes

9 Usual Occupation: Retired Salesman
Industry: Clothing Store
10 or Business: none

11 Social Security No. none

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

13 NAME OF FATHER Clas

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

15 MAIDEN NAME OF MOTHER Clara Russell

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

17 Informant Bessie L. Sleeper Relation, if any daughter
(Address) 94 Bay View 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) 6/18/44 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 17, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 17, 1944, to June 17, 1944.
I last saw him alive on June 17, 1944, death is said to have occurred on the date stated above, at 8:40 A.M. Duration 4 days

Immediate cause of death: Cerebral Hemorrhage

Due to Chronic Hypertension 6 mos
degeneration 2 days

Due to Uremia

Other conditions Senility 13 years
(Include pregnancy within 3 months of death)

Major findings: none Underline the cause to which death should be charged statistically.

Of operations none

Of autopsy none

What test confirmed diagnosis? clinical & lab.

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

If so, specify _____

(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Hurly St. Winthrop Date June 17, 1944

21 Wm. D. Childress Cumbridge
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 19, 1944

22 NAME OF FUNERAL DIRECTOR David Fudge & Son, Inc.
ADDRESS 100 Highland Ave. Somerville

Received and filed June 23, 1944 19
A TRUE COPY ATTEST: (Registrar) X

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

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community HospitalThe 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.

126

Registered No.

2 FULL NAME

Mary Agnes Emerson Gillespie
(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.

(Usual place of abode)

#61 Sea View ave Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years ~~X~~ months 8 days

In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Daniel C. Emerson

(Husband's name in full)

6 Age of husband or wife if alive

22 years

7 IF STILLBORN, enter that fact here.

8

AGE 78 Years 11 Months 26 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Paternal Saleswoman

Industry

10 or Business:

Jordan Marsh Co Boston

11 Social Security No.

022-01-2516

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF
FATHER

John P. Gillespie

14 BIRTHPLACE OF
FATHER (City)

(State or country)

England

15 MAIDEN NAME
OF MOTHER

(Mary) unable to obtain

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Flat Bush

New York

17

Informant

Elizabeth F. Marsden

(Address)

220 Winthrop Court 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. C. Gillespie

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

6/30/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June

17

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1, 1944, to June 17, 1944

I last saw him alive on June 17, 1944, death is said to

have occurred on the date stated above, at 4:35 A.M.

Immediate cause of death

Broncho pneumonia

Duration

IMPORTANT

5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Fracture of humerus
? or Fractured femur

3 days

IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis? + T-20

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)

(Address)

Edward J. Brennan

M. D.

202 Winthrop Court

Date, June 19, 1944

21 Burial or removal

Place of Burial, Cremation or Removal

Boston

(City or Town)

DATE OF BURIAL

June 18

1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Chas. R. Brennan

Winthrop Mass

Received and filed

JUN 23 1944

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

100M-t-2-42-8855
 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 on back of certificate.

PLACE OF DEATH

Suffolk County
 Winthrop
 Winthrop Community Hoag



The Commonwealth of Massachusetts
 OFFICE 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

No. 1
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 St. {
 2 FULL NAME Male Child of Hyman & Vera Somers
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 72 Blossom St. Lynn 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.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so 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 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 age years
 7 IF STILLBORN, enter that fact here. Stillborn
 8 AGE Years Months Days If less than 1 day Hours 29 Minutes
 9 Occupation: Usual
 10 Industry or Business:
 11 Social Security No.
 12 BIRTHPLACE (City) Winthrop (State or country) Mass.
 13 NAME OF FATHER Hyman Somers
 14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.
 15 MAIDEN NAME OF MOTHER Vera Pollack.
 16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.
 17 Informant Hyman Somers (Address) 72 Blossom St. Lynn

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20, 1944
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from June 20, 1944, to June 20, 1944
 I last saw him alive on June 20, 1944, death is said to have occurred on the date stated above, at 3:00 A. M.
 Immediate cause of death Prematurity - 6 months
 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? Clinical findings
 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) M. D. 6/20/44
 (Address) 115 Commercial St. Boston
 Date 6/20/44
 21 Beth Israel Everett
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL June 21 1944
 22 NAME OF FUNERAL DIRECTOR Philip Hymanson
 ADDRESS Lynn Mass.
 Received and filed JUN 23 1944 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. Chickadee
 (Signature of Agent of Board of Health or other)
 Health Officer 6/23/44
 (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, defunct as required by section one, where same was contracted, the duration of 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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 a very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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-10-1'39. No. 8427-d

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return)
1	Suffolk County Winthrop (City or Town) No. Winthrop Community Hospital	128		Registered No.
2 FULL NAME Female Carney (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
(a) Residence. No. 73 Summer St. Hyde Park Mass. (Usual place of abode)		(If nonresident, give city or town and state)		
Length of stay: In hospital or institution 140 days (Specify whether)		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	(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 Occupation: Usual Industry or Business:				
11 Social Security No.				
12 BIRTHPLACE (City) (State or country) Winthrop Mass.				
13 NAME OF FATHER Francis Carney				
14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass				
15 MAIDEN NAME OF MOTHER Angie Spolsino				
16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston Mass				
17 Informant Francis Carney (Address) 73 Summer St. Hyde Park (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. L. Childress (Signature of Agent of Board of Health or other Health Officer) 6/26/44 (Official Designation) (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH June 24 1944 (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from 19....., 19....., to....., 19.....				
I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at 7:21 P.M.				
Immediate cause of death. Prematurity 5 mo.				
Due to Prematurity				
Due to				
Other conditions (Include pregnancy within 3 months of death)				
Major findings: Of operations Date of				
Of autopsy Date of				
What test confirmed diagnosis? Francis Carney				
20 Was disease or injury in any way related to occupation of deceased?				
If so, specify				
(Signed) Maurice J. Sleson M. D. (Address) 711 Commonwealth Ave. Boston 6 24 19 44				
21 Place of Burial, Cremation or Removal St. Michaels Boston DATE OF BURIAL June 29 19 44				
22 NAME OF FUNERAL DIRECTOR Frederick J. Murphy ADDRESS East Boston Mass				
Received and filed JUN 28 1944 19				
A TRUE COPY ATTEST: (Registrar)				

PARENTS

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 82 Putnam Street

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

Registrar's No. 129

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH2 FULL NAME Charles E Ford
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 82 Putnam Street
(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 51 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

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

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years 5 Months 29 Days If less than 1 day
Hours Minutes

Usual Occupation: None

Industry or Business: None

11 Social Security No. None

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

13 NAME OF FATHER

Charles O Ford

14 BIRTHPLACE OF FATHER (City)

Pennbrook

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Ethelda Newall

16 BIRTHPLACE OF MOTHER (City)

Nova Scotia

(State or country)

17 Informant Mrs Lewis Souza Sister
(Address) 4 Baldwin St. Cambridge Mass.was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 24 1944
(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 6:27 PM Duration

Immediate cause of death

IMPORTANT

Due to

Due to

Other conditions Epilepsy (Sunstroke)
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Physician

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?

If so, specify

(Signed) M. D.
(Address) Winthrop June 26 194421 Place of Burial, Cremation or Removal. Winthrop
(City or Town)

DATE OF BURIAL June 27 1944

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed JUN 28 1944 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.

200m-10-139, No. 8427-d

1	PLACE OF DEATH	<i>Malden</i> <i>Winthrop</i> (City or Town) <i>Winthrop Com. Hosp.</i> No. St. {	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH	<i>Winthrop</i> (City or town making return) Registered No. 130
		2 FULL NAME <i>Bryan Miller</i> (If deceased is a married, widowed or divorced woman, give also maiden name) (a) Residence. No. <i>640 Main (Malden)</i> (Usual place of abode) Length of stay: In hospital or institution years months days. In this community <i>25</i> yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>		4 COLOR OR RACE <i>White</i>		
5 SINGLE <i>Widowed</i> MARRIED WIDOWED OR DIVORCED		18 DATE OF DEATH <i>June 28 1944</i> (Month) (Day) (Year)		
5a If married, widowed, divorced or HUSBAND of <i>Ida Taffachansky</i> (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		19 I HEREBY CERTIFY, That I attended deceased from <i>Dec. 14 1943</i> to <i>June 28 1944</i> I last saw him alive on <i>June 28 1944</i>, death is said to have occurred on the date stated above, at <i>630P.M.</i>		
6 Age of husband or wife if alive years		Immediate cause of death <i>Acute Pulmonary Edema</i> <i>Chronic Hypertension and Nephritis</i> <i>Hypertension</i>		
7 IF STILLBORN, enter that fact here.		Duration <i>1 Day</i>		
8 AGE <i>63</i> Years Months Days If less than 1 day Hours Minutes		Due to <i>Chronic Hypertension and Nephritis</i> Due to <i>Hypertension</i>		
9 Occupation: <i>Wheat Butler</i>		Duration <i>6 months 1 yr.</i>		
10 Industry or Business:		Other conditions (Include pregnancy within 3 months of death)		
11 Social Security No. <i>028-09-7267</i>		Major findings: Of operations Of autopsy What test confirmed diagnosis?		
12 BIRTHPLACE (City) (State or country) <i>Russia</i>		PHYSICIAN Underline the cause to which death should be charged statistically.		
13 NAME OF FATHER <i>Harris Miller</i>				
14 BIRTHPLACE OF FATHER (City) (State or country) <i>Russia</i>				
15 MAIDEN NAME OF MOTHER <i>Annie Levitan</i>				
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Russia</i>				
17 Informant <i>Evelyn Miller</i> (Address) <i>640 Main St Malden</i>		20 Was disease or injury in any way related to occupation of deceased?		
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) Agent <i>June 28/44</i> (Official Designation) (Date of Issue of Permit)		If so, specify <i>George H. Schwartz</i> M. D. (Signed) <i>19 Pine Street E.B.</i> Date <i>6/28 1944</i> (Address) 21 Place of Burial, Cremation or Removal <i>Harvard St. Brooklyn</i> (City or Town) DATE OF BURIAL <i>June 29 1944</i>		
22 NAME OF FUNERAL DIRECTOR <i>Henry Lerne</i> ADDRESS <i>470 Harvard St. Brooklyn</i>		Received and filed 19..... A TRUE COPY ATTEST: <i>Jul 5 1944</i> (Registrar)		

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 STATISTICS

Chelsoa

(City or town making return)

Suffolk

(County)

Chelsoa

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No. 344

No. U.S. Naval Hospital

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

2 FULL NAME Wm. Francis O'Connor, Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

WW 1
& 2(a) Residence. No. 38 Madison Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or Institution hospital years 1 months 32 days In this community yrs. mos. 4 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED
WIDOWED or DIVORCED Married5a If married, widowed, or divorced HUSBAND of Margaret T. Dorgan
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife If alive 34 years

7 IF STILLBORN, enter that fact here.

8 AGE 44 Years 10 Months 24 Days If less than 1 day Hours Minutes

9 Usual Occupation: Electrician

10 Industry or Business: Navy Yard, Boston, Mass.

11 Social Security No.

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

13 NAME OF FATHER William Francis O'Connor

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

15 MAIDEN NAME OF MOTHER Isabelle Anktell

16 BIRTHPLACE OF MOTHER (City) Peabody, Mass.
(State or country)17 Informant Margaret O'Connor Relation wife
(Address) 38 Madison Ave. Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)
6/13/44

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

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

19 I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1944 to June 11, 1944

I last saw him on June 11, 1944 Death is said to have occurred on the date stated above, at 10:55 Duration

Immediate cause of death.

Malnutrition

Due to Pyloric obstruction

Due to Carcinoma stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ant. gastro-ent. obstruction Date of 4/27/44
Of operations obstruction Date of 4/27/44
Of autopsy Ca of distal third of stomach

What test confirmed diagnosis?

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

If so, specify.

(Signed) Perrin B. Snyder, M. D.
(Address) 1111 1st St. Winthrop Date 6/11/4421 PLACE OF BURIAL Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL June 14, 1944

22 NAME OF FUNERAL DIRECTOR Kirby Funeral Parlor
ADDRESS 17 Connington St. E. BostonReceived and filed Joseph A. Turner
(Registrar of City or town where deceased resided)
JUL 17 1944

RECEIVED



JUL 17 1944 AM

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)-1-41-1667

SUFFOLK
BOSTON



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

BOSTON

(City or town making return)

Registered No. 5536

1 PLACE OF DEATH

(County)

(City or Town)

No. Peter Bent Brigham Hospital

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

2 FULL NAME Hugh T Trainor

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

(a) Residence, No.

44 Dolphin Ave

St.

Winthrop Mass.

(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 5

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

5a If married, widowed, or divorced HUSBAND of Annie Murphy

(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 68

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Laborer

Industry

10 or Business:

Town

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

E Boston Mass.

13 NAME OF

FATHER

Thomas Trainor

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Bridget Unknown

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

17 Informant

Thomas Trainor

(Address)

(Signature, if any)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 20, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June 15, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 10/44, 19, to June 15/44, 19

I last saw him alive on June 15/44, 19, death is said to

have occurred on the date stated above, at 10:45p m.

Immediate cause of death

Acute purulent bronchitis

Bronchopneumonia bilateral

Duration

Term.

Due to

Generalized arteriosclerosis

yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy above

What test confirmed diagnosis? Autopsy

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

If so, specify no

(Signed)

W R Duden

(Address)

Boston

Date

6/16/44

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

June 19, 1944

19

22 NAME OF

FUNERAL DIRECTOR

Kirby Bros

ADDRESS

210 Winthrop St

Received and filed

JUL 12 1944

19

(Registrar of City or Town where deceased resided)

SUFFOLK
BOSTON

(County)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 5679

1 PLACE OF DEATH

No. Carney Hospital

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

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

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 31 Villa Ave
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution years 1 months 18 days.
(Before death) (Specify whether)

In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED 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 65 Years 1 Months 8 Days If less than 1 day Hours Minutes

Usual Occupation: School teacher

Industry or Business: Public school

11 Social Security No.

12 BIRTHPLACE (City) Walpole Mass.
(State or country)

PARENTS 13 NAME OF FATHER Porter S Boyden

14 BIRTHPLACE OF FATHER (City) Walpole Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Julia E Hale

16 BIRTHPLACE OF MOTHER (City) Lowell Mass.
(State or country)17 Informant Mrs. G. Poor Sister Relation, if any
(Address)A TRUE COPY. Francis J. Gay
ATTEST: (Registrar of city or town where death occurred)
June 26, 1944 19

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 22, 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 5/13/44, 19 to 6/22/44, 19
I last saw her alive on 6/22/44, 19, death is said to have occurred on the date stated above, at 6:15a m. Duration

Immediate cause of death Cardiac failure 1 dy

Due to Ca of rectum 1 yr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca of rectum
Of operations Date of 6/17/44

Of autopsy Same 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 no
(Signed) F. V. Creedon, M. D.

(Address) Boston Mass. Date 6/22/19 44

21 PLACE OF BURIAL, CREMATION OR REMOVAL Terrace Hill Walpole
(Cemetery) (City or Town)

DATE OF BURIAL June 24/44 19

22 NAME OF FUNERAL DIRECTOR W T Gove & Son
ADDRESS Walpole Mass.

Received and filed JUL 12 1944 19

(Registrar of City or Town where deceased resided)

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.

PLACE OF DEATH

Suffolk
(County)
Wenithrop
(City or Town)

No. 69 Birch Road, Wenithrop St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary Elizabeth Brown (O'Brien)
(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.

(Usual place of abode)

69 Birch Road

St.

Wenithrop

(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.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Herbert H. Brown
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 80 Years

5 Months

13 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Nova Scotia

(State or country)

13 NAME OF
FATHER

John P. O'Brien

14 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME
OF MOTHER

Ann Mark

16 BIRTHPLACE OF
MOTHER (City)

Scotland

(State or country)

PARENTS

17

Informant
(Address)Mrs. Marion M. Johnson
69 Birch Road, Wenithrop

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

July

4

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw him..... alive on....., 19....., death is said to

have occurred on the date stated above, at 4:30 P.M.

Duration

Immediate cause of death:

Cerebral embolism
(M.E. Grandjean)

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 sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed)

(Address)

G. D. Johnson, Jr.

M. D.
Date 7-6-194421 Wenithrop Cemetery, Wenithrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL

July 7,

1944

22 NAME OF
FUNERAL DIRECTOR

Charles P. Benson

ADDRESS

Wenithrop Mass

Received and filed

JUL 10 1944

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

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. 1235

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 129 Cliff Avenue

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary E. Regan
(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. 129 Cliff Ave.
(Usual place of abode)

St. (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.
(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 (Give maiden name of wife in full)
(or) WIFE of Thomas J. Regan
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: At home

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER Michael Scannell

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Welton

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Mabel C. Regan (daughter)
(Address) 129 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:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/7/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 5 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from
July 2, 1944 to July 5, 1944

I last saw him alive on July 2, 1944 death is said to
have occurred on the date stated above, at 8:30 P.M.

Immediate cause of death Central Embolism

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? No

If so, specify (Signed) C. J. [Signature] M. D.

(Address) 129 Cliff Ave., Winthrop Date 7-6-44

21 Immaculate Conception, Lawrence

Place of Burial, Cremation or Removal (City or Town) Mass.

DATE OF BURIAL July 8, 1944

22 NAME OF FUNERAL DIRECTOR R. C. Kirby

ADDRESS Boston

Received and filed JUL 10 1944

(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

from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(e)-3-43-11574

PLACE OF DEATH		1	
Suffolk (County)		Winthrop (City or Town)	
No. 34 Bartlett Road		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Edward Cohen		(If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence. No. 34 Bartlett Road		St. (If nonresident, give city or town and State)	
Length of stay: In hospital or Institution (Before death)		years months days In this community yrs. mts. days.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED married	18 DATE OF DEATH July 6, 1944 (Month) (Day) (Year)
5a If married, widowed or divorced HUSBAND of Miriam Goldsmid (Give maiden name of wife in full)		19 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1944, to July 6, 1944	
(or) WIFE of (Husband's name in full)		I last saw him alive on July 5, 1944, death is said to have occurred on the date stated above, at 8:30 A.M.	
6 Age of husband or wife if alive years		Immediate cause of death Carcinomatosis Primary in Stomach	
7 IF STILLBORN, enter that fact here.		Due to	
8 AGE 42 Years Months Days If less than 1 day Hours Minutes		Due to	
9 Occupation: Artist		Other conditions (Include pregnancy within 3 months of death)	
10 Industry or Business:		Major findings: Of operations	
11 Social Security No. none		Date of	
12 BIRTHPLACE (City) Boston, (State or country) Mass.		Of autopsy	
13 NAME OF FATHER Morris Cohen		What test confirmed diagnosis?	
14 BIRTHPLACE OF FATHER (City) Russia (State or country)		20 Was disease or injury in any way related to occupation of deceased? No	
15 MAIDEN NAME OF MOTHER Rachel Lowen		If so, specify	
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)		(Signed) M. Caplan, M. D. (Address) 156 Princeton Ave Date 7-6-1944	
17 Informant Miriam Cohen, wife (Address) 34 Bartlett Rd. Winthrop		21 Place of Burial, Cremation or Removal. David Vicun Choulis, U. R. (City or Town) DATE OF BURIAL July 7, 1944	
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 7/6/44		22 NAME OF FUNERAL DIRECTOR Benjamin F. Solosman ADDRESS 770 Howard St. Brooklyn Received and filed JUL 10 1944 (Registrar)	

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registrar's No. 135

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Duration
IMPORTANT

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. 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)		Winthrop (City or Town)		No. 212 River Rd.		St. { (If death occurred in a hospital or institution, instead of street and number) give its NAME instead of street and number)	
1 PLACE OF DEATH		2 FULL NAME William Henry Brogan (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 212 River Rd. (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.		(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 Josephine Corcoran (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 48 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____							
9 Occupation State Inspector							
10 Industry or Business: Fish							
11 Social Security No. _____							
12 BIRTHPLACE (City) East Boston (State or country) Mass							
13 NAME OF FATHER Bernard A. Brogan							
14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass							
15 MAIDEN NAME OF MOTHER Catherine McLoughlin							
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass							
17 Informant Josephine Brogan (Address) 212 River Rd (Signature of Agent of Board of Health or other) John T. O'Malley (Official Designation) Health Officer (Date of Issue of Permit) 7/7/44							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH July 7 1944 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from Dec. 15 1943 to July 7 1944 I last saw him alive on July 6, 1944 death is said to have occurred on the date stated above, at 2 A.M.							
Immediate cause of death Coronary Thrombosis							
Duration 6 Mos.							
Due to _____							
Due to _____							
Other conditions _____ (Include pregnancy within 3 months of death)							
Major findings: Of operations _____							
Date of _____							
Of autopsy _____							
What test confirmed diagnosis? Clinical Signs							
20 Was disease or injury in any way related to occupation of deceased? No If so, specify _____							
(Signed) Daniel H. Brieg M. D. (Address) Winthrop Date July 7 1944							
21 Holy Cross Malden Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL July 10 1944							
22 NAME OF FUNERAL DIRECTOR John T. O'Malley ADDRESS Winthrop							
Received and filed _____ 19 _____ JUL 10 1944 (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

N. B. - WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

PLACE OF DEATH

Suffolk
(County)
Wendover
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

138

STANDARD
CERTIFICATE OF DEATH

Registered No.....

No. *Wendover Corp. Rank* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John J. Russell*
(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. *16 Ocean View* St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months *4* days.
(Before death) (Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Widowed*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced HUSBAND of.....
(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 *49* Years..... Months..... Days..... Hours..... Minutes

Usual Occupation: *Electric Eng.*

Industry or Business: *Retired 110 yrs.*

11 Social Security No.....

12 BIRTHPLACE (City) *Mass*
(State or country)

13 NAME OF FATHER *(Unknown) Russell*

14 BIRTHPLACE OF FATHER (City) *Mass*
(State or country)

15 MAIDEN NAME OF MOTHER *Donovan*

16 BIRTHPLACE OF MOTHER (City) *Mass*
(State or country)

PARENTS

17 Informant *Wendover Welfare* Relation, if any (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *7/11/44* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 8 1944*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Jan 15*, 19*43* to *July 7*, 19*44*

I last saw him alive on..... 19....., death is said to have occurred on the date stated above, at *6:20 A.* m.

Immediate cause of death: *Coronary Thrombosis* Duration Important *6 mos.*

Due to.....

Due to.....

Other conditions..... Important
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Date of.....

Of autopsy.....

What test confirmed diagnosis? *Clinical Signs*

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) *Daniel J. Ryan M. D.*
(Address) *Wendover, Mass.* Date *July 10 1944*

21 Place of Burial, Cremation or Removal *Wendover* (City or Town)

DATE OF BURIAL *July 11* 19*44*

22 NAME OF FUNERAL DIRECTOR *Wendover*
ADDRESS.....

Received and filed *JUL 11 1944* 19.....

A TRUE COPY ATTEST:

(Registrar)

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, this certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

Statement of Occupation.—Praise 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.....

terms, so 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-E-2-42-8855

1 PLACE OF DEATH
 {
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 19 George 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 **1039**

Registered No.

St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Charles Herbert Bennett
 (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. 19 George St., St. Winthrop
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution year months days. In this community 16 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
 WIDDED
 or DIVORCED Married

5a If married, widowed or divorced
 HUSBAND of Mildred Evans Bennett
 (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 65 Years — Months 15 Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: Stationary Attendant

Industry
 10 or Business: Insurance

11 Social Security No. 021-05-9129

12 BIRTHPLACE (City) New Bedford
 (State or country) Mass.

13 NAME OF
 FATHER Samuel Bennett

14 BIRTHPLACE OF
 FATHER (City) New Bedford
 (State or country) Mass.

15 MAIDEN NAME
 OF MOTHER Hannah Ryder

16 BIRTHPLACE OF
 MOTHER (City) Rochester
 (State or country) Mass.

17 Informant Mildred Evans Bennett (Relation, if any)
 (Address) 19 George St., Winthrop 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) 7/13/44 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
 DEATH July 11, 1944
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 7, 1943, to July 11, 1944
 last saw him alive on July 11, 1944, death is said to
 have occurred on the date stated above, at 6:25 P.M.

Immediate cause of death Cerebral Hemorrhage Duration 1 hour

Due to Arteriosclerosis 2 years

Due to Angina Pectoris 1 year

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none

Date of none

Of autopsy none

What test confirmed diagnosis? clinical & lab

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify no

(Signed) Joseph Albino M.D. M. D.
 (Address) 362 Tenth St., Winthrop, July 19, 44

21 Woodlawn Everett
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 14, 1944 19

22 NAME OF
 FUNERAL DIRECTOR Richard B. White
 ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

JUL 17 1944 (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

from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(c)-3-43-11574

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.

140

Registrar's No.

No. 125 Cliff Ave.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Rebecca (Hasselbrack) Fisher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 263 Winthrop Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Inst. 2 years months days.
(Before death) (Specify whether)

In this community 16 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED	18 DATE OF DEATH	
Female	White	Widow	July 15 1944 (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 May 15, 1944, to July 14, 1944	
(or) WIFE of William Fisher (Husband's name in full)			I last saw her alive on July 14, 1944 death is said to have occurred on the date stated above, at 3:40 A.M.	
6 Age of husband or wife if alive. years			Immediate cause of death	
7 IF STILLBORN, enter that fact here.			Myocarditis	
8 AGE 81 Years 6 Months 5 Days	If less than 1 day Hours Minutes		Duration IMPORTANT 6 mos	
9 Occupation: Housewife			Due to	
10 Industry or Business: At Home			Due to	
11 Social Security No. None			Other conditions	
12 BIRTHPLACE (City) Egg Harbor (State or country) New Jersey			(Include pregnancy within 3 months of death)	
13 NAME OF FATHER Conrad Hasselbrack			Major findings: Of operations.	
14 BIRTHPLACE OF FATHER (City) Germany (State or country)			Date of	
15 MAIDEN NAME OF MOTHER Adelade Bolton			Of autopsy	
16 BIRTHPLACE OF MOTHER (City) Germany (State or country)			What test confirmed diagnosis? Clinical Signs	
17 Informant Florence Edwards (Address) 263 Winthrop St. Winthrop			20 Was disease or injury in any way related to occupation of deceased? If so, specify	
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death was issued by me on July 17, 1944 (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit)			(Signed) J. O. Brown, Jr., M. D. (Address) Winthrop Date July 15, 1944	
			21 Fairview Boston Place of Burial, Cremation or Removal. (City or Town)	
			DATE OF BURIAL July 17 1944	
			22 NAME OF FUNERAL DIRECTOR Edward S. Brown ADDRESS Winthrop Mass.	
			Received and filed 19 JUL 17 1944 (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.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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from the laws on back of certificate.

50m-(c)-3-43-11574

1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 426 Revere Street

2

FULL NAME

James Alfred Latter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 426 Revere Street

(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 28 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 Annie S Brodrick

(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 6 Months 9 Days

If less than 1 day Hours Minutes

9 Occupation: Police Officer (Retired)

Industry or Business: Revere Police Dept.

11 Social Security No. None

12 BIRTHPLACE (City) Halifax

(State or country) Nova Scotia

13 NAME OF FATHER William Latter

14 BIRTHPLACE OF FATHER (City) Nova Scotia

(State or country)

15 MAIDEN NAME OF MOTHER Unable To Obtain

16 BIRTHPLACE OF MOTHER (City) Unable To Obtain

(State or country)

17 Informant Annie S Latter

(Address) 426 Revere St. Winthrop

was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death

(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 21 1944

(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 16 1944, to July 21 1944

I last saw him alive on July 20 1944, death is said to have occurred on the date stated above, at 8 A.M.

Duration IMPORTANT 6 hrs

Immediate cause of death Pulmonary Edema

Due to Hypertensive Heart Disease yes

Due to Coronary Arteriosclerosis yes

Other conditions Semility

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Richard M. Smith

(Address) 148 Winthrop St. Date 7/21 1944

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 23 1944

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Maine

Received and filed JUL 26 1944

(Registrar)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent. 141

Registrar's No.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every 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

If deceased was a U. S. War Veteran, G. L., Chap. 45, Sec. 10, requires physicians to insert a recital to that effect.

50m-(c)-3-43-11574

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 2 Maple 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

Registrar's No. 142

2 FULL NAME Patrick John Broderick

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 2 Maple Rd.

(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)

(Specify whether)

years

months

days.

In this community 45rs. 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 Alvina Chambers
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 5 Months 3 Days

If less than 1 day

Hours Minutes

9 Occupation: Conductor (Retired)

10 Industry or Business: Railroad

11 Social Security No. 023-07-1635

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER

Mathew Broderick

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Bridget Sheehan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17 Informant Alvina Broderick (Wife)
(Address) 2 Maple Rd. Winthrop

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

(Date of Issue of Permit) 7/28/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July 26 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

June 10, 1939 to July 26, 1944

Last saw him alive on July 26, 1944. Death is said to

have occurred on the date stated above, at 4 A. M.

Immediate cause of death

Angina Pectoris

Due to Arteriosclerosis

Due to

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: none

Date of

Of autopsy: none

What test confirmed diagnosis: clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased?

If so, specify: Jacob Abrams M. E., M. D.

(Signed) 52nd Street, N. Y. C. Date 7/26/44

21 Winthrop Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 28 1944

22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds

ADDRESS: Winthrop, Mass.

Received and filed JUL 28 1944

(Registrar)

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GOVERNING THE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **50 Adams 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.

Registrar's No.

143

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)
PHYSICIAN-IMPORTANT

2 FULL NAME **Emely Marie Fontaine (Migneault)**

(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. **50 Adams St.**
(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 **3** 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**

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of **Edward J. Fontaine**
(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
Usual Hours _____ Minutes

9 Occupation: **Housewife**

Industry **Own Home**
10 or Business:

11 Social Security No. _____

12 BIRTHPLACE (City) **Edmonston**
(State or country) **New Brunswick**

13 NAME OF FATHER **Pierre Migneault**

14 BIRTHPLACE OF FATHER (City) **New Brunswick**
(State or country)

15 MAIDEN NAME OF MOTHER **Marguerite Plouide**

16 BIRTHPLACE OF MOTHER (City) **New Brunswick**
(State or country)

17 Informant **Martha L. Wheeler** (Daughter)
(Address) **50 Adams St., Winthrop**

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) **7/28/44**

18 DATE OF DEATH **July 26 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 4, 19**44**, to **July 26**, 19**44**
I last saw him alive on **July 26**, 19**44**, death is said to

have occurred on the date stated above, at **11:45 P. M.**

Immediate cause of death

Duration
IMPORTANT

Carcinoma of Liver **6 mos**

Due to **Carcinoma of Colon** **2 yrs**

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations **Carcinoma of Liver**
Date of **May 24/44**

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy

What test confirmed diagnosis? **Pathological Lab.**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Edward J. Fontaine**, M. D.
(Signed) **200 Washington St.** Date **July 27 1944**

21 **Calvary** **Newmarket N. H.**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **July 29 1944**

22 NAME OF FUNERAL DIRECTOR **John F. O'Malley**
ADDRESS **Winthrop Mass.**

Received and filed **JUL 28 1944** 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 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).

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

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

A

50m-(c)-3-43-11574

1

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

2

FULL NAME

Gardner C Wendell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 620 Shirley Street
(Usual place of abode)

Length of stay: In hospital or Institution Hospital
(Before death) (Specify whether)

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 Edith Parker
(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 6 Months 14 Days

If less than 1 day

Hours Minutes

9

Occupation:

Freight Handler

10

Industry or Business:

Express Co.

11

Social Security No.

None

12

BIRTHPLACE (City)
(State or country)

East Boston
Mass.

13

NAME OF FATHER

Abraham Wendell

14

BIRTHPLACE OF FATHER (City)
(State or country)

Portsmouth
New Hampshire

15

MAIDEN NAME OF MOTHER

Ella F Bradford

16

BIRTHPLACE OF MOTHER (City)
(State or country)

East Boston
Mass.

17

Informant. George Wendell Brother
(Address) 16 Hermon St. Winthrop

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Waltham Office
(Official Designation)

Relation, if any

7/28/44
(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registrar's No. 154

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
Winthrop Community Hospital

{ PHYSICIAN-IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

In this community 20 yrs. mos. days.

years months 17 days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

18

DATE OF DEATH

July 26 1944
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from

July 1, 1944, to July 26, 1944

I last saw him alive on July 26, 1944, death is said to have occurred on the date stated above, at 2 P. M.

Duration

IMPORTANT

2 weeks.

Immediate cause of death

Broncho Pneumonia

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? Clinical Sign

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) Daniel J. Brigin, M. D.

(Address) Winthrop Date 7/9/44 1944

21

Woodlawn Cemetery Everett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 29, 1944

22

NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop Mass.

Received and filed JUL 28 1944 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

from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(c)-3-43-11574

1 A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 60 Floyd Street



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registrar's No. 145

2 FULL NAME Edwin Alfred Holmes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 60 Floyd Street
(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 World
U. S. War Veteran, War 1
if so specify WAR)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 18 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 Edith Douglas (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 53 Years 1 Months 0 Days If less than 1 day Hours Minutes

9 Usual Occupation: Agent

10 Industry or Business: Insurance

11 Social Security No. 024-01-1012

12 BIRTHPLACE (City) Brockton (State or country) Mass.

13 NAME OF FATHER Alfred Holmes

14 BIRTHPLACE OF FATHER (City) Mass. (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Gay

16 BIRTHPLACE OF MOTHER (City) Stoughton (State or country) Mass.

17 Informant Edith Holmes (Address) 60 Floyd St. Winthrop (Relationship) Wife

was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other) Health Officer 8/1/44 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 30 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 26, 1944, to July 30, 1944. I last saw him alive on July 30, 1944, death is said to have occurred on the date stated above, at 10 A. M.

Immediate cause of death

Coronary Thrombosis

Duration

IMPORTANT

4 days

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? No If so, specify

(Signed) Louis F. Salerno, M. D. (Address) 75 Pleasant St. Date July 31, 1944

21 Evergreen Cemetery Stoughton Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL August 2, 1944

22 NAME OF FUNERAL DIRECTOR Douglas S. Reynolds ADDRESS Winthrop, Mass.

Received and filed AUG 2, 1944

(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

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-10-139, No. 8427-f

PLACE OF DEATH

Essex

(County)

Saugus

410 Lincoln Ave.

No.

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 87

2 FULL NAME Walter Alward Sharkey, Jr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

18 Cliff Ave.

(a) Residence. No.

(Usual place of abode)

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 Male 4 COLOR OR RACE white 5 SINGLE MARRIED (write the word) WIDOWED DIVORCED married

5a If married, widowed, or divorced HUSBAND of Agnes (Hurley) Sharkey (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 55 Years 0 Months 6 Days If less than 1 day Hours Minutes

9 Usual Occupation: Plumber

10 Industry or Business: 032-05-1992

11 Social Security No. 032-05-1992

12 BIRTHPLACE (City) Boston, Mass. (State or country)

13 NAME OF FATHER Walter Alward Sharkey

14 BIRTHPLACE OF FATHER (City) St. Martin (State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Elizabeth (McDermott)

16 BIRTHPLACE OF MOTHER (City) Boston, Mass. (State or country)

17 Informant Mary A. Sharkey Relation, if any (Address) Winthrop, Mass. (wife)

A TRUE COPY of the death of Edward M. Furlong

ATTEST: (Registrar of city or town where death occurred) Bd. of Health July 14, 1944

DATE FILED 19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



(City or town making return)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 87

(If U. S. War Veteran, specify WAR)

St.

Winthrop, Mass.

(If nonresident, give city or town and state)
In this community yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 12, 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 22, 1944, to July 12, 1944.

I last saw him alive on July 11, 1944, death is said to have occurred on the date stated above, at 3:30 p.m. Duration

Immediate cause of death: carcinomatosis 6 mos.

Due to Primary annular carcinoma of transverse colon with metastasis

Due to

Other conditions Annular carcinoma of transverse colon. PHYSICIAN

Major findings: Of operations

Date of 3/17/44

Of autopsy What test confirmed diagnosis? Clinical Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Leroy C. Furbush M. D.

(Address) Saugus, Mass. Date 7/13/1944

21 PLACE OF BURIAL Cemetery, Melrose, Mass. CREMATION OR REMOVAL

(Cemetery) (City or Town)

DATE OF BURIAL July 19, 1944 19

22 NAME OF FUNERAL DIRECTOR George E. Meany, Jr.

ADDRESS 410 Lincoln Ave., Saugus, Mass.

Received and filed July 14, 1944 19

(Registrar of City or Town where deceased resided)

RECEIVED



AUG 12 1944 AM

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 (c)-1-41-4007

SUFFOLK
BOSTON

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 6291

1 PLACE OF DEATH

(County)

(City or Town)

No. Mass. Eye & Ear Infirmary

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William McMullen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

102 Loring Rd

St. Winthrop

(If U. S. War Veteran, specify WAR) no

(a) Residence. No.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp
(Before death) (Specify whether)

years months 2 days. In this community yrs. mos. 2 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Married5a If married, widowed, or divorced Josephine McDonald
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: Gateman

10 Industry or Business: City of Boston

11 Social Security No. none

12 BIRTHPLACE (City) East Boston, Mass.
(State or country)

13 NAME OF FATHER Hugh McMullen

14 BIRTHPLACE OF FATHER (City) New Brunswick, N. S.
(State or country)

15 MAIDEN NAME OF MOTHER Mary Good

16 BIRTHPLACE OF MOTHER (City) unknown
(State or country)

17 Informant (Address) Francis J. Fay (Relation, if any) Wife

A TRUE COPY. Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)
DATE FILED July 13, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 14, 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from July 12/44 to July 14/44, 19
I last saw him alive on July 14/44, 19, death is said to have occurred on the date stated above, at 5:25 a.m.

Immediate cause of death Chronic myocarditis with pulmonary edema 2 days

Due to Bilateral polypoid Ethmoid and antra with asthma 5 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Polypoid bilateral ethmoid and antra Date of

Of autopsy

What test confirmed diagnosis? X-Rays

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) G.H. Poirier M. D.
(Address) 60 Bay State Rd. Date 7/14/4421 PLACE OF BURIAL, Winthrop Cem. Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 17, 1944 19

22 NAME OF FUNERAL DIRECTOR J. T. White
ADDRESS E. Boston, Mass.

Received and filed AUG 11 1944 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-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 (h)-1-41-4667

PLACE OF DEATH

SUFFOLK
COUNTY



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 6366

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lorena Johnson
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence, No. 22 Washington 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. 1 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William Caleb Johnson (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 7 Months 13 Days | If less than 1 day Hours Minutes

Usual Occupation: Treas. Melrose News Co. and Hild Co. Melrose Mass.

Industry or Business: Treas. of above companies

11 Social Security No. 017-05-0679

12 BIRTHPLACE (City) Westchester, Penn.
(State or country)

13 NAME OF FATHER James S. Elliott

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Jones

16 BIRTHPLACE OF MOTHER (City) Willistown, Penn.
(State or country)

17 Informant Mrs. H. E. Meyer (Address) Winthrop (Relation, if any) Sister

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)
July 20, 1944

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 17, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Multiple injuries including crushed chest and fractured skull
Zygoma and lower jaw XX

20 Accident, suicide, or homicide (specify) Date of occurrence 19

Where did Injury occur? Under investigation
(City or town and State)

Did Injury occur In or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Struck by train in Subway station

Nature of Injury While at work? Was there an autopsy? NO

21 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. Leary (Address) Date 7/18/44 M. D.

22 Winthrop Cem. Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 20, 1944 19

23 NAME OF FUNERAL DIRECTOR C. R. Bennison
ADDRESS Winthrop, Mass.

Received and filed AUG 11 1944 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-10-139, No. 8427-e

2-301 A

1 PLACE OF DEATH *Suffolk* (County)
Dorchester (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 E. (nee Sloan) Coranna* (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. *152 Leyden* St. *East Boston* (If nonresident, give city or town and state)

Length of stay: In hospital or institution. _____ years _____ months *7* 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*

5a If married, widowed, or divorced HUSBAND of *Frank Coranna* (Give maiden name of wife in full)
(or) WIFE of *Frank Coranna* (Husband's name in full)

6 Age of husband or wife if alive *53* years

7 IF STILLBORN, enter that fact here.

8 AGE *54* Years _____ Months _____ Days _____ Hours _____ Minutes
If less than 1 day

9 Usual Occupation: *Housewife*

10 Industry or Business: *At Home*

11 Social Security No. *1-2*

12 BIRTHPLACE (City) *East Boston, Mass.*
(State or country)

13 NAME OF FATHER *Charles W. Sloan*

14 BIRTHPLACE OF FATHER (City) *Philadelphia*
(State or country) *Penn.*

15 MAIDEN NAME OF MOTHER *Marion Anderson*

16 BIRTHPLACE OF MOTHER (City) *Denmark*
(State or country)

17 Informant *Frank Coranna (Husband)* Relation, if any
(Address) *152 Leyden St. East Boston*

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *8/8/44* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 5, 1944*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *July 20, 1944*, to *Aug 5, 1944*
I last saw her alive on *Aug 5, 1944*, death is said to have occurred on the date stated above, at *7:30 p.m.* Duration *IMPORTANT*
Immediate cause of death *Pulmonary Embolism* *Aug 5, 1944*
Due to *Incisional hernia opened* *July 24/44*
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: *Large Incisional hernia*
Of operations *Large Incisional hernia* Date of _____
Of autopsy _____
What test confirmed diagnosis? *B. Exam*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Joseph Schreffa* M. D.
(Address) *130 St. Louis St. Boston, Mass.* Date *Aug 5, 1944*

21 Place of Burial, Cremation or Removal. *St. John's Church, East Boston, Mass.*
DATE OF BURIAL *Aug. 9, 1944*

22 NAME OF FUNERAL DIRECTOR *Michael J. Casanova*
ADDRESS *788 Santapa St. East Boston*

Received and filed *AUG 8 1944* 19 _____
(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 250

1 PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)

No. *Community Hosp* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary L Dawd* (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. *15 Myrtle St* St. (If nonresident, give city or town and State)

Length of stay: in hospital or institution (Before death) (Specify whether) years months *5* days. In this community *25* yrs. mo. *2* days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *He* 4 COLOR OR RACE *W* 5 SINGLE (write the word) *married*
MARRIED
WIDOWED
OR DIVORCED

18 DATE OF DEATH *August 7, 1944*
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of *Frank A Dawd* (Give maiden name if wife in full)
(or) WIFE of *Frank A Dawd* (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from *Aug. 2, 1944*, to *Aug. 7, 1944*.
I last saw her alive on *Aug. 7, 1944*, death is said to have occurred on the date stated above, at *8:00 P* m.

6 Age of husband or wife if alive *72* years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

Hypertensive Cardio-Vascular Disease

8 AGE *70* Years Months Days If less than 1 day Hours Minutes

Due to

9 Occupation: *at home*

Due to

10 Industry or Business:

Other conditions *Pulmonary Asthma* (Include pregnancy within 3 months of death)

11 Social Security No. *none*

Major findings: *None*
Of operations

12 BIRTHPLACE (City) *C. Boston*
(State or country)

Date of

Of autopsy *Not done*

What test confirmed diagnosis? *Clinical*

20 Was disease or injury in any way related to occupation of deceased?

If so, specify *no*

(Signed) *Sydney S. Robinson* M. D.
(Address) *Winthrop, Mass.* Date *Aug. 9 1944*

21 *Winthrop Cem Winthrop*
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *Aug 10* 19*44*

22 NAME OF FUNERAL DIRECTOR *Paul P. Ross*

ADDRESS *Winthrop St Winthrop*

Received and filed *19*

AUG 10 1944 Registrar

PARENTS

13 NAME OF FATHER *Dennis Mahoney*

14 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

15 MAIDEN NAME OF MOTHER *Mary Sweeney*

16 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

17 Informant *H. S. Dawd* (Address) *15 Myrtle Ave* Relation, if any *husband*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm L. O'Dell
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *8/9/44* (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 countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. 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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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-10-39, No. 8427-d

REVERSE REQUIRED

9/9/44

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

951

Registered No.

1 PLACE OF DEATH

Sutton

(County)

Winthrop

(City or Town)

No. Community Hospital

St. {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eileen K. Jones nee Lavery

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) _____

(a) Residence. No. 188 Bellingham Ave

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)

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Albert Jones

(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

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

housewife

Industry

10 or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Winthrop Mass

13 NAME OF FATHER

Albert Lavery

14 BIRTHPLACE OF FATHER (City)

(State or country)

Boston Mass

15 MAIDEN NAME OF MOTHER

Ellen McGee

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Peabody Mass

17

Informant

(Address)

Albert Jones

Relation, if any

(husband)

188 Bellingham Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

8/8/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

August

7

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 6, 1944, to Aug 7, 1944

I last saw him alive on Aug 7, 1944, death is said

to have occurred on the date stated above, at 3:15 P.M.

Immediate cause of death

Streptococcus Septicemia 1 Day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Petri-plates, etc. Date of July 26, 44

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Fred O. Pegan

M. D.

(Address)

670 Saratoga St. E.B.

Date 8/7

1944

21

Place of Burial, Cremation or Removal.

DATE OF BURIAL

Aug 10

(City or Town)

1944

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Murray Murray
Beverly Mass

Received and filed

19

A TRUE COPY ATTEST:

AUG 10 1944

(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 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

9/9/44

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

Registrar's No. _____

No. _____

Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

2 FULL NAME

Baby Boy Siraco

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. _____

320 Princeton

St. _____

El Boston

(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

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED18 DATE OF
DEATH

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of _____

(Give maiden name of wife in full)

(or) WIFE of _____

(Husband's name in full)

6 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

13 NAME OF
FATHER

Joseph Siraco

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Italy

15 MAIDEN NAME
OF MOTHER

Mary De Vito

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Italy

17 Informant
(Address)Joseph Siraco
320 Princeton St. El Boston

Relation if any

Father

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Wm L. Childers

(Signature of Agent of Board of Health or other)

Death Office

8/9/44

(Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 8, 1944, to Aug 8, 1944

I last saw him alive on _____, 19____, death is said to

have occurred on the date stated above, at 11:40 A.M.

Duration

Immediate cause of death

IMPORTANT

Stillborn

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)

(Address)

P. Costanza
238 Maverick St. El Boston

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

August 10, 1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 9 Chelsea St. El Boston

Received and filed

AUG 10 1944

(Registrar)

per hospital

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

The Commonwealth of Massachusetts
OFFICE 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. 150

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 19 Bellevue Ave., Winthrop

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Louis M. Donovan
(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. 19 Bellevue Ave., Winthrop 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 35 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
or DIVORCED married

18 DATE OF DEATH August 9, 1944
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of Alice Maud Nelson
(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 15, 1943 to Aug 9, 1944
I last saw h. in alive on Aug 8, 1944, death is said to
have occurred on the date stated above, at 9:20 P. m.

6 Age of husband or wife if alive 56 years

Immediate cause of death Coronary Thrombosis IMPORTANT
Sudden

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years 9 Months 29 Days | If less than 1 day
Hours _____ Minutes _____

Due to Chronic Hypertension 8 years
Due to heart disease

9 Usual Occupation: Lieutenant, Police

Other conditions none
(Include pregnancy within 3 months of death)

10 Industry or Business: Winthrop Police Department

Major findings: none Physician
Of operations _____ Date of _____
Of autopsy none
What test confirmed diagnosis? Clinical Signs
Underline the cause to which death should be charged statistically.

11 Social Security No. none
12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Timothy Donovan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Annie O'Donnell

16 BIRTHPLACE OF MOTHER (City) _____
(State or country) Scotland

17 Informant Mrs. Alice M. Donovan Relation, if any wife
(Address) 19 Bellevue Ave., Winthrop

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) James J. O'Brien M. D.
(Address) Winthrop Date Aug 10, 1944

21 Winthrop, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 12, 1944 19__

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS East Boston

Received and filed AUG 15 1944 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. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/11/44 (Date of Issue of Permit)

(Registrar)

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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

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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

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(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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

BOSTON NOTIFIED

9/9/44

PLACE OF DEATH

(County)

(City or Town)

No.

Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registrar's No.

To be filed for burial permit
with Board of Health
or its Agent.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH2 FULL NAME Stillborn Molea Molea

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 43 Fleet

(Usual place of abode)

St. Boston

(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

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 Community13 NAME OF
FATHERStephen Molea14 BIRTHPLACE OF
FATHER (City)

(State or country)

New York City, N.Y.15 MAIDEN NAME
OF MOTHERMarie Scalafani16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston Mass

17

Informant

(Address)

Stephen Molea

Relation, if any

43 Fleet St BostonFather

was filed with me BEFORE the burial or transit permit was issued:

I HEREBY CERTIFY that a satisfactory standard certificate of death

Wm. D. Cullen

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHAugust 9

(Month)

(Day)

1944

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 9, 1944, to August 9, 1944

I last saw him alive on _____, 19____, death is said to

have occurred on the date stated above, at 5:55 A.M.

Immediate cause of death

Stillborn

Duration

IMPORTANT

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 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) Jennie S. Portman, M. D.(Address) 47 Washington St Date 8-9 194421 St. Michael's Hospital Place of Burial, Cremation or RemovalDATE OF BURIAL Aug 10 1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 215 North St Boston

Received and filed

AUG 11 1944

19

(Registrar)

PARENTS
per Hospital

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, which 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

The Commonwealth of Massachusetts
OFFICE 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. 15062

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. 79 Cliff ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Jennie Cohen
(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. 79 Cliff 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 23 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 Married
or DIVORCED

18 DATE OF DEATH August 10 1944
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Jacob Cohen
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
June 3 1944 to August 10 1944
last saw her alive on August 10 1944 death is said to
have occurred on the date stated above, at 12:20 P. m.

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

Carcinoma of uterus **IMPORTANT**

8 AGE 55 Years Months Days | If less than 1 day
Hours Minutes

Several Carcinomata **1 year**

Usual Occupation: Housewife

Due to

Industry or Business: at home

Due to

11 Social Security No. none

Other conditions none

12 BIRTHPLACE (City) Russia
(State or country)

(Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus **Physician**

13 NAME OF FATHER Louis Abrams

Of operations

Date of October 1942 Underline the cause to which death should be charged statistically.

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

Of autopsy none

What test confirmed diagnosis? clinical & laboratory

15 MAIDEN NAME OF MOTHER Annie Unknown

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

(Signed) Jacob H. Abrams M.D. M. D.

(Address) 362 Ash St. Date Aug 10 1944

17 Informant Jacob Cohen Relation, if any
(Address) 79 Cliff ave. Winthrop

21 Annie Cohen Proctor
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 11 1944

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 Jacob H. Lerner

ADDRESS 398 Wash. St. Concord

(Signature of Agent of Board of Health or other)

Received and filed AUG 11 1944 **19**

(Official Designation) Health Officer (Date of Issue of Permit) 8/10/44

(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).

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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

collection per hospital

Suffolk (County) **Winthrop** (City or town)

Winthrop Community Hospital

Baby Girl Benoit

(a) Residence, No. **2212-78th Street** (Usual place of abode)

Length of stay: In hospital or institution (Define death) years months days. In this community yrs. mon. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Single** ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days Hours Minutes **7 28**

9 Occupation: Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) **Winthrop MASS.**

PARENTS

13 NAME OF FATHER **BENJAMIN L. Benoit Jr.**

14 BIRTHPLACE OF FATHER (City) (State or country) **Lowell MASS.**

15 MAIDEN NAME OF MOTHER **Natalie Ann Blanchard**

16 BIRTHPLACE OF MOTHER (City) (State or country) **Concord MASS.**

17 Informant (Address) **Benjamin Benoit Jr. Father 2212-78th St. Jackson Heights, New York**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other Agent) **Aug. 12/44** (Date of Issue of Permit)

OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

18 DATE OF DEATH **August 11 1944** (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **August 11, 1944** to **Aug 11, 1944**

I last saw him alive on **August 11, 1944** death is said to have occurred on the date stated above, at **8:00 P.M.** Immediate cause of death **7:15** Duration **8 hours**

Premature 7 1/2 months

Due to **Placenta Previa**

Other conditions (Include pregnancy within 8 months of death)

Major findings: **Placenta Previa** Date of **Aug 11, 1944**

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Edward J. Franigan** M. D. (Address) **200 Washington Ave** Date **Aug 11, 1944**

21 **St. Patricks Cemetery - Lowell, MASS.** Place of Burial, (City or Town)

DATE OF BURIAL **August 14 1944**

22 NAME OF FUNERAL DIRECTOR **Rothwell MacRae** ADDRESS **Concord, MASS.**

Received and filed **AUG 15 1944** 19 (Registrar)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) **Jackson Heights, New York** (If nonresident, give city or town and State)

IMPORTANT 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

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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.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. 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.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(e)-3-43-11574

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 70 Sagamore Ave.		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registrar's No.			
2 FULL NAME Lucy O (Smith) McKinnon (If deceased is a married, widowed or divorced woman, give also maiden name.)													
(a) Residence. No. 70 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 10 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		18 DATE OF DEATH Aug. 11 1944 (Month) (Day) (Year)		19 I HEREBY CERTIFY, That I attended deceased from Aug 28 1941 , to Aug 11 1944		Duration IMPORTANT 13 hrs			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)						I last saw her alive on Aug 11 1944 , death is said to have occurred on the date stated above, at 1:15 P. M.						Immediate cause of death Pulmonary Embolism	
(or) WIFE Daniell J McKinnon (Husband's name in full)						Due to myocarditis						yes 10?	
6 Age of husband or wife if alive 56 years						Other conditions (Include pregnancy within 3 months of death)						Major findings: Of operations _____ Date of _____	
7 IF STILLBORN, enter that fact here.						Of autopsy _____						What test confirmed diagnosis? Clinical	
8 AGE 47 Years 0 Months 14 Days If less than 1 day Hours _____ Minutes _____						20 Was disease or injury in any way related to occupation of deceased? No						If so, specify _____	
9 Usual Occupation: Housewife						21 (Signed) Richard M. Treadwell , M. D. (Address) 148 Winthrop St Date Aug 12 1944						22 NAME OF FUNERAL DIRECTOR George S. Reynolds ADDRESS Winthrop Mass.	
10 Industry or Business: Own Home						23 Received and filed AUG 15 1944						(Registrar)	
11 Social Security No. None						24 DATE OF BURIAL August 14 1944							
12 BIRTHPLACE (City) Ayer (State or country) Mass.						25 Place of Burial, Cremation or Removal. (City or Town) Woodlawn Cemetery Ayer Mass.							
13 NAME OF FATHER Douglas Smith						26 NAME OF FATHER (City) Westford (State or country) Mass.							
14 BIRTHPLACE OF FATHER (City) Novia Scotia (State or country)						27 Maiden Name of Mother Abbie Hutchinson							
15 MAIDEN NAME OF MOTHER Abbie Hutchinson						28 BIRTHPLACE OF MOTHER (City) Westford (State or country) Mass.							
16 BIRTHPLACE OF MOTHER (City) Westford (State or country) Mass.						29 Relationship Husband							
17 Informant Daniell J McKinnon (Address) 70 Sagamore Ave. Winthrop						30 was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death was issued by William D. Childress (Signature of Agent of Board of Health or other Agent) Aug 14 1944 (Official Designation) (Date of Issue of Permit)							

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. _____

(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)

Duration **IMPORTANT 13 hrs**

yes 10?

IMPORTANT

Physician Underline the cause to which death should be charged statistically.

(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-6-2-42-8855

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. *15 Wilshire*



The Commonwealth of Massachusetts
OFFICE 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. *158*

2 FULL NAME *Mary E. Regan*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. *15 Wilshire* 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.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *No*

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 *Peter Regan*
(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
Usual
9 Occupation: *None*
Industry
or Business: *None*
11 Social Security No. *None*
12 BIRTHPLACE (City)
(State or country) *Ireland*
13 NAME OF
FATHER *James M. Donoghue*
14 BIRTHPLACE OF
FATHER (City)
(State or country) *Ireland*
15 MAIDEN NAME
OF MOTHER *Unknown*
16 BIRTHPLACE OF
MOTHER (City)
(State or country) *Ireland*

PARENTS

17 Informant *Elizabeth Conway* Relation, if any
(Address) *15 Wilshire St.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)
Agent *Aug 16/44*
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *August 12, 1944*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb 1, 19*44*, to *Aug 12*, 19*44*
I last saw him or alive on *Aug 12*, 19*44*, death is said to
have occurred on the date stated above, at *11 A.M.*

Immediate cause of death _____ Duration

Bronchi-Pneumonia *2 days*
Due to *Chronic myocarditis* *1 yr*

Due to *Chronic tubercular hepatitis* *1 yr*
intermittent

Other conditions _____
(Include pregnancy within 3 months of death) IMPORTANT

Major findings:
Of operations _____ Physician

Date of _____ Underline

Of autopsy _____ the cause to

What test confirmed diagnosis? _____ should be

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____ charged sta-

(Signed) *George H. Schuertz* M. D.
(Address) *19 Beacon St. 2nd Fl.* Date *8/5* 19*44*

21 *Winthrop* *Winthrop*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Aug 16* 19*44*

22 NAME OF
FUNERAL DIRECTOR *Charles H. Treanor*
ADDRESS *East Boston*

Received and filed *AUG 18 1944* 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

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.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 64 Enfield Road, Winthrop

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Percy A. Carter
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)

(a) Residence, No. 64 Enfield Rd., 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 18 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
or DIVORCED married

5a If married, widowed, or divorced HUSBAND of Ellen E. Foley
(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 58 Years 4 Months 17 Days If less than 1 day
Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Brokerage House

11 Social Security No.

12 BIRTHPLACE (City) Gloucester
(State or country) Mass.

13 NAME OF FATHER Levy Carter

14 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)

15 MAIDEN NAME OF MOTHER Anne Coolin

16 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)

17 Informant Mrs. Ellen E. Carter Relation If any
(Address) 64 Enfield Rd., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childers
(Signature of Agent of Board of Health or other)

Agent 8/18/44
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH Aug 16, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jul 16, 1944, to Aug 16, 1944

I last saw him alive on Aug 15, 1944, death is said to
have occurred on the date stated above, at 10 pm m.

Immediate cause of death..... Duration

Venaemia 8/12/44
Due to Chronic Nephritis 1943

Due to Hypertension & Hypertension 1943
Heart disease

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Physician
Of operations

Date of Underline
Of autopsy the cause to
What test confirmed diagnosis Chronic Col. ca. 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) Benjamin S. Elchoff M. D.
(Address) 1916 St. Paul St. Winthrop, Mass. 1944

21 Winthrop Winthrop
Place of Burial, Crenation or Removal. (City or Town)

DATE OF BURIAL August 19, 1944

22 NAME OF FUNERAL DIRECTOR R.C. Kirby
ADDRESS Boston

Received and filed AUG 22 1944 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.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been 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).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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

per Dr. McIntyre
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m(1)-1-44-13634

1 PLACE OF DEATH
Suffolk
Winthrop
(City or Town)
No. 15 Myrtle St Winthrop
St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME
John B. Fleming
(If deceased to a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 15 Myrtle St
(Usual place of abode) Delphian Ave.
St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED 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 79 Years Months Days If less than 1 day Hours Minutes
9 Occupation: Broker
10 or Business: retired
11 Social Security No. None
12 BIRTHPLACE (City) Chelsea Mass
(State or country)

PARENTS

13 NAME OF FATHER Bartholomew Fleming
14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)
15 MAIDEN NAME OF MOTHER Margaret (unknown)
16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

17 Informant (Address) William D. Children
Relation, if any (Address) Aug. 18/44
(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. _____

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR.) no

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 16 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Apr. 1 1943, to Aug 16 1944
I last saw h. in alive on Aug 16 1944, death is said to
have occurred on the date stated above, at 8:30 P. m.

Immediate cause of death Coronary Thrombosis
Duration 3 days
IMPORTANT

Due to Coronary Disease 3 yrs
Ch. Myocarditis yrs
Due to Arterio Sclerosis yrs

Other conditions Scurvy
(Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations: _____
Date of _____
Of autopsy _____
What test confirmed diagnosis? clinical
Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify: _____
(Signed) Dr. J. McIntyre M. D.
(Address) 14 Elm St Winthrop Date Aug 18 1944

21 Winthrop Town Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 19 1944

22 NAME OF FUNERAL DIRECTOR Kelly Bros
ADDRESS Winthrop St. Winthrop

Received and filed AUG 22 1944
(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 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).

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be reported as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

None

2 FULL NAME.....

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

49 Morris St

St.

Everett Mass

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.....

Hospital

years

months

6 days.

In this community

3 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

3 Years

Months

6 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)

Chelsea
Mass

PARENTS

13 NAME OF FATHER

William Mason

14 BIRTHPLACE OF FATHER (City)

(State or country)

Chelsea
Mass

15 MAIDEN NAME OF MOTHER

Loris White

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Sanford
Maine

17

Informant

(Address)

William Mason (Father)

49 Morris St Everett Mass

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

W. L. Childers

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

8/17/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

Aug 18 1944

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved state fully.)

Fractured Skull

20 Accident, suicide, or homicide (specify)

Date of occurrence

August 15 1944

Where did

Injury occur?

Fort Warren Mass

(City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?

Manner of

Injury

Nature of

Injury

While at work?

Was there an autopsy?

Fall from Parapet of fort

No

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

M.

19

22

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

August 19 1944

23 NAME OF

FUNERAL DIRECTOR

ADDRESS

Frank A. Welsh

721 Broadway Chelsea Mass

Received and filed

AUG 18 1944

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 supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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)."

9/9/44

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

162

Registered No.

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME, Filomena Scopa (Vuollo)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 32 Monmouth St. East Boston
(Usual place of abode)
Length of stay: In hospital or institution Hospital years months 3 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 Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Giuseppe Scopa (Husband's name in full)		
6 Age of husband or wife if alive. 65 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 64 Years. Months. Days If less than 1 day Hours. Minutes		
9 Usual Occupation: Housewife		
10 Industry or Business: At Home		
11 Social Security No.		
12 BIRTHPLACE (City) (State or country) Italy		
13 NAME OF FATHER Antonio Vuollo		
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 (Address) 32 Monmouth St. East Boston Relation, if any (husband)		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 16 1944 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1944, to Aug. 16, 1944 I last saw h. E. alive on Aug. 16, 1944, death is said to have occurred on the date stated above, at 11:30 a.m. Immediate cause of death Ruptured appendix c peritonitis Due to = delayed surgical shock Due to Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) Major findings: Ruptured appendix c free pus Of operations Date of Aug 18, 1944 Of autopsy What test confirmed diagnosis?	Duration 4 days 28 hrs ?
20 Was disease or injury in any way related to occupation of deceased? no		PHYSICIAN Underline the cause to which death should be charged statistically.
21 If so, specify (Signed) Dr. Thomas Claffier M. D. (Address) 36 Orient Ave. Date Aug 16, 1944		
22 NAME OF FUNERAL DIRECTOR Robert Scaramella ADDRESS 39 Orleans St. East Boston		
Received and filed AUG 18 1944		

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) 8/18/44

A TRUE COPY ATTEST:

(Registrar)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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 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.

163

Registered No.

1 PLACE OF DEATH

(County) *Worcester*

(City or Town) *Worcester*

No. *222 Providence Ave.*

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *William H. Harvey*
(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. *222 Providence 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 *60* 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
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE *44* Years *7* Months *6* Days | If less than 1 day
Hours Minutes

9 Usual Occupation: *Insurance Salesman*

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) *Philadelphia, Pa.*
(State or country)

13 NAME OF FATHER *William H. Harvey*

14 BIRTHPLACE OF FATHER (City) *Essex, Mass.*
(State or country)

15 MAIDEN NAME OF MOTHER *Fannie H. Harvey*

16 BIRTHPLACE OF MOTHER (City) *Essex, Mass.*
(State or country)

17 Informant *Ernest Rozell* Relation, if any *Brother*
(Address) *222 Providence Ave.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chulavsky
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *8/19/44* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 17 1944*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at *4:00 P.* m.

Immediate cause of death *Heart by medical Examiner*
Coronary Thrombosis Duration *6 days*

Due to *Coronary Disease* *5-10-40*

Due to *Art. sclerosis +*
Myocardial Infarction *4-10-40*

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... Physician

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) *Ernest Rozell* *9/18* M. D.
Address *222 Providence Ave.* *1944*

21 Place of Burial, Cremation or Removal. *Wentworth Burial of Health* (City or Town)

DATE OF BURIAL *Aug 20 1944*

22 NAME OF FUNERAL DIRECTOR *Wm. D. Chulavsky*
ADDRESS *222 Providence Ave.*

Received and filed *AUG 22 1944* 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

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. 164

1 PLACE OF DEATH
Suffolk
(County)
Winchester
(City or Town)
No. Winchester Community Hospital2 FULL NAME Edwda. (Hunter) Eskrigge
(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. 573 Shirley St. Winchester Mass
(Usual place of abode)Length of stay: In hospital or institution X years X months 2 days. (If nonresident, give city or town and State)
(Before death) (Specify whether) In this community 35 yrs. X mos. X days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Edwda. (Hunter) Eskrigge
(Give maiden name of wife in full)
(Husband's name in full)6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years X Months X Days | If less than 1 day
Hours Minutes9 Usual Occupation: House wife10 Industry or Business: at home11 Social Security No. 12 BIRTHPLACE (City) Boston
(State or country) Mass13 NAME OF FATHER Henry Hunter14 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country) " " "

15 MAIDEN NAME OF MOTHER " " "

16 BIRTHPLACE OF MOTHER (City) " " "
(State or country) " " "17 Informant: Charles E. Eskrigge (Relation, if any)
(Address) 573 Shirley St. WinchesterI HEREBY CERTIFY that a satisfactory standard 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 Aug. 24 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug. 22, 1944, to Aug 24, 1944
I last saw him alive on Aug 24, 1944 death is said to
have occurred on the date stated above, at 1.10 p.m.

Immediate cause of death

Chronic Nephritis

Duration

IMPORTANT
2 years

Due to

Due to

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)IMPORTANT
PhysicianMajor findings:
Of operationsNone

Date of

Of autopsy

NoneWhat test confirmed diagnosis? clinicalUnderline
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 By auto accident(Signed) Wm. H. Benson M. D.
(Address) Winthrop, Mass Date Aug 31 194421 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal (City or Town)DATE OF BURIAL August 28 194422 NAME OF FUNERAL DIRECTOR Chas. R. Benson
ADDRESS Winthrop MassReceived and filed 19

AUG 28 1944

(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.—Cchap. 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. . . . Cchap. 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. AGES should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

BOSTON NOTIFIED

9/19/44

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 105

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Com. Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Girl Mute
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

165 Putnam

St.

(If nonresident, give city or town and state)

E. Boston

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
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)

Winthrop

13 NAME OF
FATHER

George Mute

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Brockton

15 MAIDEN NAME
OF MOTHER

Chiara Venuti

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

Marcella Fagone, Relation, if any
165 Putnam St. S.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. Childers

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

8/29/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug

25

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 25

1944

to Aug 25

1944

I last saw him alive on Aug 25, 1944, death is said

to have occurred on the date stated above, at 9:30 P.M.

Duration

Immediate cause of death

Stillborn

Due to

prolapse of cord

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) Dr. Wm. D. Childers, M. D.

(Address) 56 Court St. E. Boston, Mass. 1944

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Aug 30

1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Patricia Perkins

9 Chelsea St. E. Boston

Received and filed

AUG 30 1944

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.)*

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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SPACE FOR ADDITIONAL INFORMATION

BOSTON NOTIFIED

9/9/44



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent

106

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH

(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

Jessie H. Melling

(If deceased is a married, widowed or divorced woman, give her maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence, No.

76 West Newton St

St.

Boston

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

Home

years 1 months 14 days.

In this community

yrs. 1 mos. 14 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

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

1

Months

24

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

At Home

Industry

10 or Business:

None

11 Social Security No.

None

12 BIRTHPLACE (City)

England

(State or country)

13 NAME OF
FATHER

William Melling

14 BIRTHPLACE OF
FATHER (City)

England

(State or country)

15 MAIDEN NAME
OF MOTHER

Mary A. Crowther

16 BIRTHPLACE OF
MOTHER (City)

England

(State or country)

17

Informant

Ernest H. Melling (Bro.)

(Address)

109 Willow St Box

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

(Date of Issue of Permit) 8/28/44

18 DATE OF
DEATH

Aug 26 1944

(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 8:50 P. M.

Duration

Immediate cause of death

Warrant by Medical Examiner

IMPORTANT

Due to

Coronary Thrombosis

3 mos

Due to

Coronary Disease

6 mos

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

(Signed)

Richard M. Hall

(Address)

148 W. 1st St. Boston

M. D.

21 Forest Hills Cem. Boston

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 29 1944

19

22 NAME OF

FUNERAL DIRECTOR

J. S. Waterman & Sons

ADDRESS

Boston Mass

Received and filed

AUG 28 1944

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 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).

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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

BOSTON NOTIFIED

1/19/44

The Commonwealth of Massachusetts
OFFICE 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.

167

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)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME Matthew K Simpson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 335 Meridian
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months 21 days. In this community 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 Married
WIDOWED
or DIVORCED

5a If married, widowed or divorced HUSBAND of Congeta Echodilupo
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife If alive 78 yrs years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years 11 Months 23 Days If less than 1 day Hours Minutes

9 Occupation: Machinist

10 Industry or Business: Lather Hand

11 Social Security No. 021-10-2528

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER John Simpson

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Annie Larkin

16 BIRTHPLACE OF MOTHER (City) Portland
(State or country) Maine

17 Informant Mrs. Howard Laithe (Address) 130 Underbank Ave. Relation, if any Sister

I HEREBY CERTIFY that a satisfactory standard 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) 8/30/44

18 DATE OF DEATH Aug. 28, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 15 1944 to Aug 28 1944
I last saw him alive on Aug 28 1944, death is said to have occurred on the date stated above, at 6 A. m.

Immediate cause of death

Acute Pulmonary edema
Due to Chronic Myocarditis 6 weeks

Chronic Nephritis 6 weeks

Other conditions. Chronic Pneumonia 10 Days
(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) George A. Schmitt, M. D.
(Address) 190 Beacon St. S.B. Date 8/29 1944

21 Place of Burial, Cremation or Removal 8/30/44
(City or Town)

DATE OF BURIAL Woodlawn, Everett 1944

22 NAME OF FUNERAL DIRECTOR Frank B. Brown

ADDRESS East Boston

Received and filed AUG 30 1944 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 108

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BRENTON FENWICK BEST

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 10 Locust Winthrop

(Usual place of abode)

length of stay: In hospital or institution Hosp - years - months 10 days.

(Specify whether)

(If nonresident, give city or town and state)

In this community 3 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Divorced (write the word) WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of John M. Locke (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 76 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Spinster

10 or Business: Mill - Cotton

11 Social Security No. none

12 BIRTHPLACE (City) Kings County (State or country) Nova Scotia

13 NAME OF FATHER John Best

14 BIRTHPLACE OF FATHER (City) Kings County (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Isabella (unknown)

16 BIRTHPLACE OF MOTHER (City) Kings County (State or country) Nova Scotia

17 Informant Mrs. Joseph J. Bementel, Jr. Relation, if any (Address) 10 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. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer 8/30/44 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 29 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1944, to Aug 29, 1944

I last saw him alive on Aug 29, 1944, death is said to have occurred on the date stated above, at 9:25 P.M.

Immediate cause of death

Broncho-pneumonia Terminal 5 days

Due to Coronary Thrombosis 3 weeks

Due to Coronary Disease + 2 wks +

Porto-caval Thrombosis 2 wks

Other conditions Scurvy (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Bementel, Jr. M. D.

(Address) 148 Main St. Winthrop Date 8/29/44

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 8/30/44

22 NAME OF FUNERAL DIRECTOR O. Kirby

ADDRESS Boston

Received and filed SEP 6 1944

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

BOSTON NO. 9/9/44

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 109

PLACE OF DEATH

(County)

(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 *Baby Girl Cianci* (If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S. War Veteran, specify WAR) *no*(a) Residence. No. *19 Wabeno* St. *Bolton*

(If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*
MARRIED
WIDOWED
or 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 Years Months Days *13* If less than 1 day
Hours Minutes

9 Occupation: Usual

10 Industry or Business: Usual

11 Social Security No. *None*12 BIRTHPLACE (City) *Winthrop Mass*
(State or country)13 NAME OF FATHER *Santo Cianci*14 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)15 MAIDEN NAME OF MOTHER *Michela Ferro*16 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)17 Informant *Santo Cianci* Relation, if any *Father*
(Address) *19 Wabeno St Bolton*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 30, 1944*
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from *Aug 29*, 19*44*, to *Aug 30*, 19*44*I last saw her alive on *Aug 30*, 19*44*, death is said to have occurred on the date stated above, at *8:15* a.m.

Immediate cause of death.....

The mature Birth

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 *J. Cortez* M. D.
(Signed) *235 Main St* (Address) Date *8-30* 19*44*21 *St Michael's Cemetery, Boston*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *Sept 3* 19*44*22 NAME OF FUNERAL DIRECTOR *John Pinotti & Sons*
ADDRESS *7 Cooper St Boston*Received and filed *SEP 8 1944* 19.....

A TRUE COPY ATTEST:

(Registrar)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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

SUFFOLK
BOSTON

(County)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

170
69131
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 Michael Ward
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 76 Sunnyside Ave St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution 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 Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Clerk

10 Industry or Business: Printing Office

11 Social Security No.

12 BIRTHPLACE (City) St John N B
(State or country)

13 NAME OF FATHER John Ward

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Madden

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Ella Ward Sister Relation, if any
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Aug. 9, 1944 19

18 DATE OF DEATH Aug 5/44
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 29/44 19, to Aug 5/44 19

I last saw him alive on Aug 5/44 19, death is said to have occurred on the date stated above, at 1:50p m.

Immediate cause of death

Intestinal obstruction due to
valvular of sigmoid colon

Duration

2 wks

Due to

Due to

Other conditions Broncho pneumonia
(Include pregnancy within 3 months of death)12 dys
PhysicianMajor findings: Of operations Cecostomy
Date of 7/29/44

Of autopsy

What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify F Haase M. D.
(Signed) Boston Date 8/5/44
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Bston
(Cemetery) (City or Town)

DATE OF BURIAL Aug 8/44 19

22 NAME OF FUNERAL DIRECTOR W J Cassidy
ADDRESS Boston Mass.

Received and filed SEP 12 1944 19

(Registrar of City or Town where deceased resided)

SUFFOLK
BOSTON

(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7391

171

1 PLACE OF DEATH

No. Infants Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Patrick J Coyne
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 21 Summit Ave St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution years months 9 days. In this community yrs. mos. 9 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 Single5a 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 1 Months 14 Days If less than 1 day
Hours MinutesUsual
9 Occupation:Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Somerville Mass.13 NAME OF
FATHER Patrick J Coyne14 BIRTHPLACE OF
FATHER (City)
(State or country) Salem Mass.15 MAIDEN NAME
OF MOTHER Laura Kelly16 BIRTHPLACE OF
MOTHER (City)
(State or country) Waltham Mass.

17 Informant (Address) Father (Relation, if any)

A TRUE COPY.

ATTEST: (Registrar of City or town where death occurred)

DATE FILED Aug 23, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Aug 19, 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug 10/44, 19, to Aug 19/44, 19
I last saw him alive on Aug 19/44, 19, death is said to
have occurred on the date stated above, at 10:50 p. m.

Immediate cause of death.

Bronchopneumonia

10 dys

Due to.

Due to.

Other conditions Prematurity
(Include pregnancy within 3 months of death)Major findings:
Of operations.

Date of.

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) G Hutchins, M. D.
(Address) Boston Mass Date 8/20/19 4421 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

OATE OF BURIAL Aug 22/44 19

22 NAME OF
FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass.

Received and filed SEP 12 1944 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.)

resided in another city or town at the time of death should be made forthwith and 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 (h)-1-41-4667

SUFFOLK
BOSTON

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 724 172

PLACE OF DEATH

(County)

(City or Town)

No. en route to E B Relief Station St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Churchill Gerry
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 75 Upland Rd St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State) Mass.Length of stay: In hospital or Institution years months days. In this community 8 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 Lois Markley
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 48 Years 5 Months 6 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Engineer

10 Industry or Business: N E Tel & Tel Co

11 Social Security No. 011-07-6012

12 BIRTHPLACE (City) Lowell Mass.
(State or country)

13 NAME OF FATHER George Gerry

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER Ella Churchill

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant Wife (Relation, if any)
(Address)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Aug 25/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 21, 1944
(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 sclerosis20 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 Collapsed and 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? If so, specify

(Signed) W J Brickley, M. D.
(Address) Boston Mass Date 8/21/4422 Lowell Cem Lowell Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 24/44 1923 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass.

Received and filed SEP 12 1944 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHWrentham
(City or town making return)

Registered No. 63-173

1 PLACE OF DEATH
{
1 Norfolk (County)
Wrentham (City or Town)
No. Wrentham State School

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Saul Cohen
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 5 Wave Way Ave. Wrentham, Mass.
(Usual place of abode) Wrentham State School
Length of stay: In hospital or institution. 11 years 3 months 25 days. In this community yrs. mos. days.
(Before death) (Specify whether)

{ (If U. S. War Veteran, specify WAR) no

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 Single5a 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 9 Months 26 Days | If less than 1 day Hours Minutes

9 Occupation: none

10 Industry or Business: Patient at Wrentham State School

11 Social Security No. none

12 BIRTHPLACE (City) Worcester
(State or country) Massachusetts

13 NAME OF FATHER William Cohen

14 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Russia

15 MAIDEN NAME OF MOTHER Lida Lefkowitz

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Russia17 Informant: Records of Wrentham State School (Address) Wrentham, Massachusetts
Relation, if any (none)

A TRUE COPY.

ATTEST: Bertha D. Startz
(Registrar of city or town where death occurred)

DATE FILED August 28, 1944

18 DATE OF DEATH August 24, 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from March, 1942, to August 24, 1944.
I last saw him alive on August 24, 1944, death is said to have occurred on the date stated above, at 5:50 P. m.

Immediate cause of death

Pulmonary Tuberculosis 2 yrs + 9 mos.

Due to

Due to

Other conditions: Tuberculosis Life Physician
(Include pregnancy within 3 months of death)

Major findings: Of operations: none performed Date of

Of autopsy: none performed

What test confirmed diagnosis? Clin. Diag.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles L. Trickey, M. D.
(Address) Wrentham Date 8-25-194421 PLACE OF BURIAL, CREMATION OR REMOVAL Wrentham Cemetery, Wrentham, Mass.
(Cemetery) (City or Town)

DATE OF BURIAL August 25, 1944

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky
ADDRESS 10 Wash. St. Southwester, Mass.

Received and filed SEP 15 1944 19

(Registrar of City or Town where deceased resided)

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 James A. Wallace
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 36 Banks St. Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution hospital - years - months 7 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) No

Registered No. 174

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filled for burial permit
with Board of Health
or its Agent.

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 Christine A. Ryan
(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 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 1 Months 9 Days If less than 1 day Hours Minutes

Usual Occupation: Police watchman

Industry 10 or Business: B & A Railroad

11 Social Security No. none

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER James A. Wallace

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Russell

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Christine A. Wallace Wife
(Address) 36 Banks 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 Sept - 6 - 1944
(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.)

Left Coronary Occlusion
Bilateral Coronary Sclerosis
Old Cardiac Infarct20 Accident, suicide, or homicide (specify) 19
Date of occurrenceWhere did Injury occur?
(City or town and State)Did Injury occur in or about home, on farm, in industrial place, or in public place?
(Specify type of place)

Manner of Injury Collapsed and fell to

Nature of Injury ground
While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Winthrop, Mass.
(Signed) M. D.
(Address) Boston Sept - 7 - 194422 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 9 1944 19

23 NAME OF FUNERAL DIRECTOR R.C. Kirby
ADDRESS Boston

Received and filed 19

SEP 13 1944

(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.

... He shall in all cases certify to the town clerk or registrar in the place where 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

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)
PHYSICIAN-IMPORTANT

Registrar's No. 175

2 FULL NAME. Manuel Veira Corinha

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Plummer Ave

(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

2 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
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of Mary E. Gillis

(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 Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Brush Maker

Industry

10 or Business:

Brush

11 Social Security No. 028 -01-5758

12 BIRTHPLACE (City) Boston

(State or country)

Mass

13 NAME OF FATHER

Antone

14 BIRTHPLACE OF FATHER (City)

(State or country)

Azores

15 MAIDEN NAME OF MOTHER

Rosa Rebello

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Azores

17

Informant (Address)

Mary E. Corinha

Relation, if any

36 Plummer Ave

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

William D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL 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

Sept 15, 1944, to Sept 16, 1944

I last saw him alive on Sept 15, 1944

death is said to have occurred on the date stated above, at 9 A. M.

Immediate cause of death

EMPHYSEMA

Duration

IMPORTANT

3 days

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
staged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Winthrop

Winthrop

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Sept 11, 1944

19

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Winthrop

Received and filed

SEP 11 1944

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.

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 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).

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

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 281 Court rd		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registar's No. 176	
2 FULL NAME Walter Whitmore (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. 281 Court 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 33 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 Barbara Eaton (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 63 Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____											
9 Usual Occupation Electrical Engineer											
10 Industry or Business New Eng. Tel & Tel Co											
11 Social Security No. 011-07-4932											
12 BIRTHPLACE (City) (State or country) Newburyport Massachusetts											
13 NAME OF FATHER William R. Whitmore											
14 BIRTHPLACE OF FATHER (City) (State or country) Newburyport Massachusetts											
15 MAIDEN NAME OF MOTHER Abby A. Foote											
16 BIRTHPLACE OF MOTHER (City) (State or country) Newburyport Massachusetts											
17 Informant Barbara Whitmore Relation, if any Wife (Address) 281 Court Road Winthrop											
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death (Signature of Agent of Board of Health or other) Wm. D. Childers H.O. att 9/14/44 (Official Designation) (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH Sept 13 1944 (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 9 A M.											
Immediate cause of death atrophically Corronary Infarct											
Due to my E. waived											
Due to prescription											
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 AD maloney , M. D.											
(Signed) Wm. D. Childers Date 9/13 1944											
(Address) Winthrop Winthrop											
21 Place of Burial, Cremation or Removal. (City or Town) Winthrop											
DATE OF BURIAL September 15 1944											
22 NAME OF FUNERAL DIRECTOR John F. O'Malley											
ADDRESS Winthrop Massachusetts											
Received and filed. SEP 14 1944											
(Registrar)											

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

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, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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-D-729-a

1 PLACE OF DEATH
 (County) Sunderland
 (City or Town) 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. 178

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 L. Conte { (If U. S.
 War Veteran,
 specify WAR) no
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 116 White St. E. B.
 (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 single
 or DIVORCED

5a If married, widowed, or divorced
 HUSBAND of _____
 (Give maiden name of wife in full)

(or) WIFE of _____
 (Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here 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) Winthrop Mass
 (State or country)

13 NAME OF FATHER Anthony L. Conte

14 BIRTHPLACE OF FATHER (City) Boston
 (State or country) Mass

15 MAIDEN NAME OF MOTHER Elen Nuttoli

16 BIRTHPLACE OF MOTHER (City) Boston
 (State or country) Mass

17 Information (Address) Anthony L. Conte (Father)
116 White St. E. B.
 Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Guldkepp
 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/25/44 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 17 1944
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 17, 1944, to Sept 17, 1944
 I last saw him alive on _____, 19____, death is said to
 have occurred on the date stated above, at 3:45 P. m.
 Immediate cause of death _____

Duration
 IMPORTANT

Due to Stillborn

Due to Respiratory Distress

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Caesarian
 Of operations: Stillborn with 1st stage
 Date of 9/17/44

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. D. Guldkepp, M. D.

(Address) 338 Main St. E. B. Date 9/23, 1944

21 H. Michael
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept 23, 1944

22 NAME OF FUNERAL DIRECTOR James J. Patis

ADDRESS 324 Main St. E. B.

Received and filed _____, 19____

SEP 25 1944 (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, whence the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

OFFICE 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. 179

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 Benjamin F. Stewart
(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. 70 Moore St., St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 7 days. In this community 43 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 Lilla D. Johnstone
(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 9 Months 10 Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Salesman

Industry
10 or Business: Butter & Eggs

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Prince Edward Isle

13 NAME OF
FATHER Peter Stewart

14 BIRTHPLACE OF
FATHER (City)
(State or country) Prince Edward Isle

15 MAIDEN NAME
OF MOTHER Margaret Coffin

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Prince Edward Isle

17 Informant Herbert S. Stewart (son, if any)
(Address) 69 Taylor St., Wollaston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Chidress
(Signature of Agent of Health or other)
Agent
(Official Designation) Sept 20/44
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 17, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 30, 1944, to September 17, 1944
I last saw him alive on September 16, 1944, death is said to
have occurred on the date stated above, at 6:00 p.m.

Immediate cause of death: Coronary Thrombosis Duration 19 days-
IMPORTANT

Due to Chronic Endocarditis 10 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: Edward J. Gaudin, M. D.
(Signed) 200 Washington St. Date: Sep 19, 1944
(Address)

21 Mt. Auburn Crematory, Cambridge
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept. 20, 1944 19

22 NAME OF FUNERAL DIRECTOR Richard B. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed SEP 20 1944 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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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

PHYSICIANS should state cause of death. Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified. 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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

180

Registered No.

1 PLACE OF DEATH
Suffolk (County)
Dorchester (City or Town)
No. ... Hospital St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Emily R. McYoungle
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 870 Prospect Ave St.
(Usual place of abode)

Length of stay: In hospital or Institution Hospital years months 01 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 Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George McYoungle
(Husband's name in full)

6 Age of husband or wife if alive 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. 012-01-2529

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

13 NAME OF FATHER John P. Howell

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Mary E. Brown

16 BIRTHPLACE OF MOTHER (City) St. John
(State or country) New Brunswick

17 Informant George P. McYoungle Relation if any
(Address) 870 Prospect Ave, Dorchester, 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 19, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb 23, 1944, to Sept 19, 1944.
I last saw h. alive on Sept 19, 1944 death is said to
have occurred on the date stated above, at 6:10 A. m.

Immediate cause of death Generalized
Carcinomatosis

Duration
IMPORTANT
5 mos.

Due to Adeno carcinoma of ovary 2 yrs.

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Cystadenocarcinoma
of ovary metastatic to uterus.
Date of Oct 1, 1944
Of autopsy METASTATIC TO UTERUS
What test confirmed diagnosis? Ch + Lab.

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: Malignant tumor of ovary.
(Signed) M. D. M. D.
(Address) 562 Broadway St. Date Sept 19, 1944

21 Holy Cross Church, Malden, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept 21, 1944

22 NAME OF FUNERAL DIRECTOR John F. Ward
ADDRESS 270 Broadway, Malden, Mass.

Received and filed SEP 23 1944 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 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

Suffolk (County) Winthrop (City or Town)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent. 181	
STANDARD CERTIFICATE OF DEATH		Registrar's No. _____			
No. <u>99 Main Street</u>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Warren Daniel MacLaren</u> (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. <u>99 Main Street</u> (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 <u>23</u> 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> WIDOWED or DIVORCED <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of <u>Florence Titus</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>56</u> years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>62</u> Years <u>2</u> Months <u>2</u> Days If less than 1 day Hours _____ Minutes _____					
9 Occupation: <u>Insurance Agent</u>					
10 Industry or Business: <u>Life Insurance</u>					
11 Social Security No. <u>010-09-9146</u>					
12 BIRTHPLACE (City) <u>Prince Edward Island</u> (State or country)					
13 NAME OF FATHER <u>Archibald MacLaren</u>					
14 BIRTHPLACE OF FATHER (City) <u>Prince Edward Island</u> (State or country)					
15 MAIDEN NAME OF MOTHER <u>Matilda Dewara</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Prince Edward Island</u> (State or country)					
17 Informant <u>Florence MacLaren</u> (Relation, if any) (Address) <u>99 Main St. Winthrop</u>					
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death <u>William D. Childers</u> (Signature of Agent of Board of Health or other) <u>Agent</u> (Official Designation) <u>Sept-23/44</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>Sept. 22. 1944</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from <u>Sept 18, 1944</u> to <u>Sept. 22, 1944</u> I last saw him alive on <u>Sept 22, 1944</u>, death is said to have occurred on the date stated above, at <u>54</u> M.					
Immediate cause of death <u>Acute Pulmonary edema</u>					
Due to <u>Chronic Pulmonary edema</u>					
Due to <u>Chronic hyponatremia and Chronic Bifurcates.</u>					
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? <u>no</u> If so, specify <u>George H. Se Quartz</u>, M. D. (Signed) <u>19 Prince Edward St. E.B. Date 9/22 1944</u> (Address) <u>Winthrop</u> (City or Town)					
21 Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>September 24</u> 19 <u>44</u>					
22 NAME OF FUNERAL DIRECTOR <u>Howard S. Reynolds</u> ADDRESS <u>Winthrop Mass.</u>					
Received and filed. <u>SEP 25 1944</u> 19 _____ (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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

term, so 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-E -2-42-BB55

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

182

Registered No.

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Anne Kiley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 30 Beal St., Winthrop
(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.
(Before death) (Specify whether)

In this community - yrs. - mos. 1 days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE - Years - Months 1 Days | If less than 1 day
Hours Minutes

Usual Occupation: None

Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

13 NAME OF FATHER Joseph P. Kiley

14 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Anna M. Hamilton

16 BIRTHPLACE OF MOTHER (City) Dorchester, Boston
(State or country) Mass.

17 Informant Anna M. Kiley (mother)
(Address) 30 Beal 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 Sept 23, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 22, 1944, to Sept 23, 1944

I last saw him alive on Sept 23, 1944, death is said to
have occurred on the date stated above, at 12:40 p.m.

Immediate cause of death

Pneumonia - 720.

Duration

Duration

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) Anne Kiley M. D.
(Address) 30 Beal St., Winthrop Data 9/23/44

21 Holy Cross, Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 25, 1944. 19

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston

Received and filed SEP 25 1944 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

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.

(8) Medical Examiners will Investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from 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 heaviness of various pursuits can be known. Mark some entry in this section for every person aged 15 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 183

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 (Male) Larkin
(if deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 66 Wyman
(Usual place of abode)

St. (Roslindale) Boston, Mass.
(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

MEDICAL CERTIFICATE OF DEATH

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

18 DATE OF DEATH Sept 23 1944
(Month) (Day) (Year)

5a If married, widowed, or divorced —
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE — Years — Months — Days | If less than 1 day
Hours — Minutes

Usual Occupation: —

Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

13 NAME OF FATHER John P. Larkin

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Helen O'Holleran

16 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass.

17 Informant John P. Larkin (Relation, if any)
(Address) 66 Wyman St. (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 9/25/44
(Official Designation) (Date of issue of Permit)

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 9:09 a. m.

Immediate cause of death

still born

Due to

Due to

Other conditions

(Include pregnancy within 8 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) (Address) Date 9/25/44 M. D.

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 25 1944

22 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS 11 Meridian St. E. B.

Received and filed SEP 25 1944

(Registrar)

IMPORTANT

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 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).

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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 835 Shirley Street



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registrar's No.

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 Laura (Francis) Rogers

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 835 Shirley Street
(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 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William A Rogers
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Prince Edward Island

13 NAME OF FATHER George Francis

14 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island

15 MAIDEN NAME OF MOTHER Jane Macdonald

16 BIRTHPLACE OF MOTHER (City) (State or country) Prince Edward Island

17 Informant William Rogers (Address) 835 Shirley St Winthrop (Relation if any) Husband

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Monday Sept. 25/1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 16, 1930, to Sept. 25, 1944
I last saw her alive on Sept. 24, 1944, death is said to have occurred on the date stated above, at 2:05 A.M.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to Arteriosclerosis 2 years

Due to Generalized osteo-arthritis 10 years

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none Physician

Date of Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob J. Briggs M.D. (Address) 562 Shirley St. Date Sept. 26, 1944

21 Winthrop (City or Town) DATE OF BURIAL September 27, 1944

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop Mass.

Received and filed SEP 29 1944

(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

1 PLACE OF DEATH

Sua 11/16
(County)Wrentham
(City or Town)

No. Wrentham Community Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 185

2 FULL NAME Cora M. Metcalf
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence No. 189 Verndale Ave Providence R.I.
(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.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed
or DIVORCED5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph M. Metcalf
(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 Occupation: at home

Industry or Business: at home

11 Social Security No. Don't know

12 BIRTHPLACE (City) Dover N.H.
(State or country)

13 NAME OF FATHER — Cornell

14 BIRTHPLACE OF FATHER (City) Dover N.H.
(State or country)

15 MAIDEN NAME OF MOTHER Isabell

16 BIRTHPLACE OF MOTHER (City) unknown
(State or country)17 Dr. Richard Metcalf (Relation, if any)
Informant (Address) Wrentham MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) H DEPT.

(Date of Issue of Permit) 10-54-2

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept - 26 - 1944
(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
fractured left femur
Senility20 Accident, suicide, or homicide (specify) accidental
Date of occurrence Sept 18 - 1944Where did Injury occur? Briston
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? (Specify type of place)

Manner of Injury Fell accidentally at a revolving door

Nature of Injury in Briston on Sept 18 - 1944

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Mr. J. Brickley M.D.

(Signed) (Address) Briston Date 27 1944

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct - 1 - 1944

23 NAME OF FUNERAL DIRECTOR Guy C. Page

ADDRESS 26 Elmwood Ave Providence R.I.

Received and filed 19

SEP 23 1944

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

RECEIVED

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief (the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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.

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it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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. **186**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. *Winthrop Com. Hospital* St.



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby Girl Palumbo*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. *255 Marion* 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 *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 *4* Hours Minutes

9 Occupation: Usual
10 or Business: Industry

11 Social Security No.

12 BIRTHPLACE (City or country) *Winthrop*

13 NAME OF FATHER *Edward Palumbo*

14 BIRTHPLACE OF FATHER (City) *Everett*
(State or country)

15 MAIDEN NAME OF MOTHER *Mary F. Palumbo*

16 BIRTHPLACE OF MOTHER (City) *Waltham*
(State or country)

17 Informant *Antonette Palumbo* Relation, if any *mother*
(Address) *225 Marion 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. S. Childress, Jr.
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) *9/30/44*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Sept. 29, 1944*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Sept. 25*, 19*44*, to *Sept. 29*, 19*44*.

I last saw her alive on *Sept. 29*, 19*44*; death is said to have occurred on the date stated above, at *5:12 a.m.*

Duration

Immediate cause of death.....

7 months premature

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Date of.....

Of autopsy

What test confirmed diagnosis?.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *P. F. Palumbo* M. D.

(Address) *225 Marion St. E.B.* Date *Sept. 30, 44*

21 Place of Burial, Cremation or Removal *St. Michael's Boston*
(City or Town)

DATE OF BURIAL *Sept. 30*, 19*44*

22 NAME OF FUNERAL DIRECTOR *Patsy Raposo*

ADDRESS *9 Chelsea St. E Boston*

Received and filed..... 19.....

Oct 2 1944

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 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 STATISTICS

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 187

1 PLACE OF DEATH
 Suffolk (County)
 Wintthrop (City or Town)
 No. Wintthrop Community Hall



2 FULL NAME Carmela Pasqua
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 49 Byron St East Boston St.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ~~XX~~ years X months 4 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

MEDICAL CERTIFICATE OF DEATH

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 Pasqua (Husband's name in full)

6 Age of husband or wife if alive 37 yrs. years

7 IF STILLBORN, enter that fact here.

8 AGE 33 Years Months Days If less than 1 day
 Hours Minutes

9 Occupation: Usual

10 Industry or Business: Home

11 Social Security No.

12 BIRTHPLACE (City) East Boston
 (State or country)

13 NAME OF FATHER Carmine Mesullo

14 BIRTHPLACE OF FATHER (City) Italy
 (State or country)

15 MAIDEN NAME OF MOTHER Angelina Fantasia

16 BIRTHPLACE OF MOTHER (City) Italy
 (State or country)

17 Informant John Pasqua Relation, if any
 (Address) 49 Byron St (Widow)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 9/30/44
 (Date of Issue of Permit)

18 DATE OF DEATH September 29 1944
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 May 1944 to Sept 19 1944

I last saw him alive on Sept 29, 1944, death is said to
 have occurred on the date stated above, at 12:15 a.m.

Immediate cause of death 12:15 a.m.

Due to Rheumatic heart disease
 mitral stenosis & regurgitation
 Due to 18 yrs

Other conditions pregnancy 8 + mos &
 (Include pregnancy within 3 months of death)
 mild toxemia of pregnancy

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) J. H. Mesullo M. D.
 (Address) 100M-6-2-42-8855 Date Sept 29 1944

21 Place of Burial, Cremation or Removal St. Michael's Cemetery Boston (City or Town)

DATE OF BURIAL Oct 2 1944

22 NAME OF FUNERAL DIRECTOR J. A. Langin

ADDRESS 41 Hawthill St.

Received and filed Oct 2 1944

(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

per hospital
PARENTS

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hosp.



The Commonwealth of Massachusetts
OFFICE 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

2 FULL NAME Baby Pasqua
(If deceased is a married, widowed or divorced woman, give also maiden name)
(a) Residence, No. 49 Lynn St. E. Boston
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 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:
10 Industry or Business:
11 Social Security No.
12 BIRTHPLACE (City) Winthrop Mass
(State or country)
13 NAME OF FATHER John Pasqua
14 BIRTHPLACE OF FATHER (City) Boston
(State or country)
15 MAIDEN NAME OF MOTHER Carmela Merullo
16 BIRTHPLACE OF MOTHER (City) East Boston Mass
(State or country)
17 Informant John Pasqua, Relation, if any
(Address) 49 Lynn St. E. Boston

18 DATE OF DEATH Sept 29 1944
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1944 to Sept 29, 1944
I last saw him alive on Sept 29, 1944, death is said to have occurred on the date stated above, at 12:20 A. M.
Immediate cause of death Maternal 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?
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) Dr. Amy L. Lipp M. D. (Address) 36 Green St. Boston Date Sept 29, 1944
21 Place of Burial, Cremation or Reception St. Michael's Church (City or Town) DATE OF BURIAL Oct 3 1944
22 NAME OF FUNERAL DIRECTOR For G. Langford ADDRESS 11 Hawthorne St. Received and filed Oct 2 1944 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. G. Cuddeback
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/30/44 (Date of Issue of Permit)

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.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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. . . . Cbap. 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, apophysis, 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 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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 189

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 Harold Vincent Bridgman
(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. 86 Sagamore ave Wentworth St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution X years X months 3 days. In this community 40 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
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of John Vincent (Tolton) Bridgman
(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 62 Years 7 Months 26 Days | If less than 1 day
Hours Minutes

9 Occupation: Retired

Industry
10 or Business: Passenger traffic agent of
Southwest Airlines

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Boston
Massachusetts

13 NAME OF
FATHER John Vincent Bridgman

14 BIRTHPLACE OF
FATHER (City) Hardwick
(State or country) Vermont

15 MAIDEN NAME
OF MOTHER Charlotte Juliet Morrill

16 BIRTHPLACE OF
MOTHER (City) Charlottesville
(State or country) Quebec Ontario

17 Informant Estelle E. Bridgman Relation, if any
(Address) 86 Sagamore ave, Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
Wm. D. O'Neil
(Signature of Agent of Board of Health or other)
Death Officer (Official Designation) 10/3/1944 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 30 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 24, 1944, to September 30, 1944.
I last saw him alive on September 30, 1944, death is said to
have occurred on the date stated above, at 1:45 P. m.

Immediate cause of death.

Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Hypertension

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

What test confirmed diagnosis? clinical & lab

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James M. D. M. D.
(Address) 502 Shirley St. Date Oct. 3 1944

21 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct 3, 1944 Wentworth

22 NAME OF
FUNERAL DIRECTOR Chas R. Bernison
ADDRESS Wentworth Mass

Received and filed. 19

OCT 4 1944 Registrar

X

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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD.—DO NOT WRITE IN MARGINS.—CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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, Sec. 10, requires physician to insert a recital to that effect.

100m (b)-1-41-4695

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE HEALTH DEPARTMENT
DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND INDEXING

16H-33M-70143

1944

Boro-Death

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(County)

(City or Town)

No.

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
MANHATTANThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 190

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PORTANT

Certificate of Death

Certificate No. 5398

1. NAME OF DECEASED

(Print or typewrite)

HELEN

First Name

MAY

Middle Name

WALTER

Last Name

Social Security Number

PERSONAL PARTICULARS
(To be filled in by Medical Examiner)

2. USUAL RESIDENCE

(a) State

(b) City, Town or Village

(c) No.

(d) Length of residence or stay in City of New York immediately prior to death

(e) If in rural area, give location

(f) SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

(g) WIFE HUSBAND of

(h) DATE OF BIRTH OF DECEDENT

(i) AGE

(j) YEARS

(k) MONTHS

(l) DAYS

(m) HRS. OR MIN.

(n) TRADE, PROFESSION, OR PARTICULAR LINE OF WORK DONE, AS STEWARD, SAWYER, BOOKKEEPER, ETC.

(o) INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILK, SEWAGE, BANK, OWN BUSINESS, ETC.

(p) BIRTHPLACE OF DECEDENT

(q) OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH?

(r) WAS DECEASED WAS VETERAN? IF SO, NAME WAR

(s) NAME OF FATHER OF DECEDENT

(t) BIRTHPLACE OF FATHER (State or Country)

(u) MAIDEN NAME OF MOTHER OF DECEDENT

(v) BIRTHPLACE OF MOTHER (State or Country)

(w) SIGNATURE OF INFORMANT

(x) PLACE OF BURIAL OR CREMATION

(y) FUNERAL DIRECTOR

(z) ADDRESS

(aa) PERMITS NUMBER

(ab) ADDRESS

(ac) PERMITS NUMBER

(ad) ADDRESS

(ae) PERMITS NUMBER

(af) ADDRESS

(ag) PERMITS NUMBER

(ah) ADDRESS

(ai) PERMITS NUMBER

(aj) ADDRESS

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(as) PERMITS NUMBER

(at) ADDRESS

MEDICAL CERTIFICATE OF DEATH
(To be filled in by Medical Examiner. See over.)

1A. PLACE OF DEATH

(a) NEW YORK CITY: (b) Borough

(c) Name of Hospital or Institution

(d) If elsewhere than in hospital or institution, give street and number

(e) If elsewhere than in hospital or institution, specify character of place of death, as hotel, office, store, street, taxi-cab, etc.

(f) DATE AND HOUR OF DEATH

(g) SEX

(h) COLOR OR RACE

(i) Approximate Age

(j) I hereby certify (a) that in accordance with Sections 878-2.0 and 878-3.0 of the Administrative Code for the City of New York, I went to, and took charge of the dead body

(k) of

(l) this

(m) day of

(n) 1944

(o) (b) that I examined the body and investigated the circumstances of this death, and

(p) I further certify from the investigation, (complete autopsy) (partial autopsy) (examination) and examination (c) that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes) (accident) (suicide) (homicide) (undetermined circumstances pending further investigation), and (d) that the causes of death were:

(e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

M. E. Case

Signed

No. 1110

Date

Approved

Chief Medical Examiner

Address

Permits Number

Address

Permits Number

Address

Permits Number

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Permits Number

BUREAU OF VITAL RECORDS AND STATISTICS—DEPARTMENT OF HEALTH—CITY OF NEW YORK

Received and filed

OCT 17 1944

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

(Registrar)

State)

days.

(Year)

deceased from

19

th is said to

Duration
Important

Important

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

M. D.

19

19

19

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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, this certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contain a recital, as required by section ten of chapter forty-

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.....

PLACE OF DEATH
1

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

No. Tewksbury State Hospital and Infirmary

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHTEWKSBURY STATE HOSPITAL
and INFIRMARY
TEWKSBURY, MASSACHUSETTS.
(City or town making return)

Registered No. 282 191

2 FULL NAME Theodore E. Crocker
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 10 Woodside Park
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death)

years

months 6 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 Not 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 AGE 72 Years 4 Months 24 Days | If less than 1 day Hours Minutes

Usual Occupation: Janitor

Industry or Business: National Fireworks, Boston, Mass.

11 Social Security No. 015-01-9580

12 BIRTHPLACE (City) Bridgewater
(State or country) Mass.

PARENTS

13 NAME OF FATHER Ebenezer S. Crocker

14 BIRTHPLACE OF FATHER (City) Not learned
(State or country) West Bridgewater

15 MAIDEN NAME OF MOTHER Mary Robinson

16 BIRTHPLACE OF MOTHER (City) Not learned
(State or country) West Bridgewater17 Informant Hospital Records (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: C. Winthrop Houghton M.D. Supt.
(Registrar of city or town where death occurred)

DATE FILED August 13 19 44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 13 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1944, to Aug. 13, 1944.
I last saw him alive on Aug. 13, 1944, death is said to have occurred on the date stated above, at 8 P. m. Duration

Immediate cause of death: Cerebral Thrombosis with Right Hemiplegia Unknown

Due to Arteriosclerosis Yrs.

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 Nils E. Svibergson M. D.
(Signed) T. S. H. and I. Tewksbury Date 8-13-44
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL Fairhaven, Fairhaven
(Cemetery) (City or Town) 44

DATE OF BURIAL August 16 19 44

22 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS 210 Winthrop St., Winthrop

Received and filed OCT. 23 1944 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.)

50m (e)-1-41-4067

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 192

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)

Anna M. Little

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. 117 Loring Road

(Usual place of abode)

St. Winthrop (If nonresident, give city or town and State)

Length of stay: In hospital or institution years 2 months 1 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 WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of cannot be married (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days if less than 1 day Hours Minutes

9 Occupation: Usual unable to work

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) May's Landing, N.J. (State or country)

13 NAME OF FATHER Benjamin Abbott

14 BIRTHPLACE OF FATHER (City) May's Landing, N.J. (State or country)

15 MAIDEN NAME OF MOTHER Harriet Blue

16 BIRTHPLACE OF MOTHER (City) Bridgeton, N.J. (State or country)

17 Informant M.K. McPhillips (Relation, if any) DSH (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 9/11/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sep. 2, 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1, 1944, to Sep. 2, 1944. I last saw her alive on Sep. 2, 1944 death is said to have occurred on the date stated above, at 11:35A m Duration

Immediate cause of death. Chronic myocarditis 2 yrs.

Due to Cerebral vascular accident 11 days

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Date of

Of autopsy. What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify. (Signed) Leo Maletz M. D.

(Address) DSH Date 9/8/44

21 PLACE OF BURIAL, Harleigh Camden, N.J. CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 9/5/44 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop

Received and filed. OCT 10 1944 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.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7765 193

1 PLACE OF DEATH

SUFFOLK
(County)



(City or Town)

No.

Evangeline Booth Hosp 202 W. Newton 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.)

Evelyn Gims

(If U. S. War Veteran, specify WAR) no

227 Shirley St. Winthrop

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

12 hrs 30 min

(Before death)

(Specify whether)

months

days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

Black

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Charles Gims (Husband's name in full)

(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 27

Years 5

Months 9

Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

None

11 Social Security No.

no

12 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

13 NAME OF

FATHER

John R. Sandiford

14 BIRTHPLACE OF

FATHER (City)

Barbadoes

(State or country)

British West Indies

15 MAIDEN NAME

OF MOTHER

Minnie E. Blair

16 BIRTHPLACE OF

MOTHER (City)

Antigna

(State or country)

British West Indies

17

Informant

(Address)

Relation, if any

(Husband)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept 7, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Sept 4, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 1944

19

to 9/4/44

19

I last saw h. er alive on 9/4/44

19

death is said to have occurred on the date stated above, at 1:15 p.

19

m. Duration

Immediate cause of death

Acute cardiac failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Pregnancy - full term

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. F. Deich

(Address) 475 Comm. Ave.

Date 9/4/44

M. D.

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Winthrop Cem. Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept 7, 1944

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Charles R. Bennison

Winthrop

Received and filed

OCT 10 1944

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

(City or town making return)

Registered No. 8133194

PLACE OF DEATH

SUFFOLK
BOSTON (County)

(City or Town)

No.

Infants Hospital

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Baby Girl Annis

(a) Residence. No.

(Usual place of abode)

9 Almont St.

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Hosp

years

months

10 hrs

In this community

yrs.

mos.

10 hrs.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

F

W

MARRIED
WIDOWED
or DIVORCED Single5a 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.....2 Days

If less than 1 day

.....Hours.....Minutes

Usual

9 Occupation:

None

Industry

10 or Business:

None

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Chelsea, Mass.

13 NAME OF

FATHER

Theodore Annis

14 BIRTHPLACE OF

FATHER (City)

S. Boston, Mass.

(State or country)

15 MAIDEN NAME

OF MOTHER

Josephine Horner

16 BIRTHPLACE OF

MOTHER (City)

E. Boston, Mass.

(State or country)

17

Informant.....
(Address)

(Relation, if any)

Father

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

CITY REGISTRAR

Sept 20, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Sept 16, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY

That I attended deceased from

Sept 16/44

19

to Sept 16/44

19

I last saw her alive on Sept 16/44, 19, death is said to have occurred on the date stated above, at 10:50 p.m.

Duration

Immediate cause of death

Intracranial hemorrhage

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed) D. H. Prugh

M. D.

(Address) 300 Longwood Ave.

Date 9/17/44

21 PLACE OF BURIAL, Winthrop, Winthrop, Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept 18, 1944

19

22 NAME OF

FUNERAL

DIRECTOR C. H. Treaner

ADDRESS

E. Boston, Mass.

Received and filed

OCT 10 1944

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-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 (h)-1-41-4667

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. 195

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ella May Thompson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 104 Highland Ave.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. 1 years 7 months 24 days.

(Before death)

(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

female white

1. Cannot be learned

5a If married, widowed, or divorced

HUSBAND of

2. Archibald Thompson

(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 91 AGE 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) cannot be learned

(State or country)

13 NAME OF

FATHER

cannot be learned

14 BIRTHPLACE OF

FATHER (City)

(State or country)

cannot be learned

15 MAIDEN NAME

OF MOTHER

cannot be learned

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

cannot be learned

17

Informant

Mary K. McPhillips

(Relation, if any)

(Address)

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

10/1/44

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Sep. 27, 1944

(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.)

Arteriosclerotic heart disease with myocardial failure. Senile psychosis. Fractured left hip

20 Accident, suicide, or homicide (specify) accident

Date of occurrence May 10, 1944

Where did

Injury occur?

Danvers State Hospital

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?

public place

(Specify type of place)

Manner of

Injury

Fell to floor

Nature of

Injury

Fracture of left hip

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) Ralph E. Foss

M. D.

(Address)

Peabody

Date 9/27, 1944

22 Oak Grove Medford

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

9/29/44

19

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS

Winthrop

Received and filed

OCT 10 1944

19

(Registrar of City or Town where deceased resided)



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. **196**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. **151- Shore Drive**St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Tillie Taith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(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

days

In this community **15** yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widower

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 **72** Years — Months — Days

If less than 1 day

Hours — Minutes

9 Usual
Occupation:

Housework

10 Industry
or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF

FATHER

Leo Taith (correct name)

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

15 MAIDEN NAME

OF MOTHER

Bessie Gidus

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

PARENTS

17

Informant
(Address)William Taith
151- Shore Drive

Relation, if any

(Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. Childers
(Signature of Agent of Board of Health or other)

Health Officer

10/3/44
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Oct

2

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan

1944, to

Oct 2

1944

I last saw him alive on Oct 2, 1944 death is said to

have occurred on the date stated above, at 2 P. m.

Immediate cause of death

Carcinoma of Rectum
metastatic to liver +

Duration

IMPORTANT

Due to

hemorrhage

Due to

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Df operations

Carcinoma

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)

New York City, M. D.

(Address)

245 York Ave Date 10-2-1944

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

October 3

1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Manuel Spytak
Winthrop

Received and filed

OCT 3 1944

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

PLACE OF DEATH

Worcester
(County)
Worcester
(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. *197*

No. *94 Somerset Ave Worcester* (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Hattie E. Gould*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *300 Pleasant Street Worcester Mass*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution *X* years *X* months *X* days. In this community *21* yrs. *X* mos. *X* 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 *John Gould*
(Give maiden name of wife in full)

(or) WIFE of *John Gould*
(Husband's name in full)

6 Age of husband or wife if alive *25* years

7 IF STILLBORN, enter that fact here.

8 AGE *75* Years Months Days If less than 1 day
Hours Minutes

9 Occupation: *Nurse*

10 Industry or Business:

11 Social Security No. *Worcester*

12 BIRTHPLACE (City) *Worcester*
(State or country) *Massachusetts*

13 NAME OF FATHER *John Gould*

14 BIRTHPLACE OF FATHER (City) *Worcester*
(State or country) *Massachusetts*

15 MAIDEN NAME OF MOTHER *Worcester*

16 BIRTHPLACE OF MOTHER (City) *Worcester*
(State or country) *Massachusetts*

17 Informant *Miss Ruth B. B. (Friend)* Relation, if any

(Address) *300 Pleasant St Worcester 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. Child
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *10/5/44* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *October 4 1944*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *October 1944* to *October 4 1944*
I last saw her alive on *Sept 26 1944*, death is said to have occurred on the date stated above, at *8 a. m.*
Immediate cause of death *Chronic myocarditis with left ventricular failure* Duration *10 years*
IMPORTANT

Due to

Due to

Other conditions *none*
(Include pregnancy within 3 months of death)

Major findings: *none*

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) *Edw. J. Robinson* M. D.
(Address) *111 North Main St Worcester Mass* Date *Oct 5 1944*

21 *Cavendish Funeral Home* (City or Town)
Place of Burial, Cremation or Removal *Worcester*
DATE OF BURIAL *October 6 1944*

22 NAME OF FUNERAL DIRECTOR *Charles R. Benjamin*
ADDRESS *Worcester*

Received and filed *OCT 9 1944* 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), but also 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.—Prize 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 disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by 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 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 hurried or the funeral is to be held, or from a person appointed 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

term, so 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-6-2-42-BB55

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. **199**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. **44 Fairview St**



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)
PHYSICIAN - IMPORTANT

2 FULL NAME

Delia G. Fitch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Connally)
(If deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

44 Fairview

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

15 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Female White

Married

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of

Albert W. Fitch
(Maiden name of wife in full)
(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

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

Housework

10 Industry

or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF

FATHER

Michael Connally

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Margaret O'Donnell

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

PARENTS

17

Informant

(Address)

Albert W. Fitch

(Relationship to deceased)

44 Fairview 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)

Health Officer

(Date of Issue of Permit)

10/17/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Oct

13

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 8, 19**44**, to **Oct 13**, 19**44**

I last saw her alive on **Oct 13**, 19**44**, death is said to

have occurred on the date stated above, at **11 P** m.

Immediate cause of death

**Chronic myocardial
degeneration**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Duration
IMPORTANT

1944

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?

If so, specify

(Signed)

(Address)

Paul J. [unclear]

M. D.
Date **Oct 16**, 19**44**

21 Place of Burial, Cremation or Removal.

DATE OF BURIAL

Winthrop

Winthrop
(City or Town)

Oct 17

19**44**

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Charles H. Treanor

East Boston

Received and filed

Oct 17, 19**44**

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, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

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. 10, requires physicians to insert a recital to that effect.

100M-E -2-4-2-BB55

The Commonwealth of Massachusetts
OFFICE 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**

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 90 Circuit Rd

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth L. Griffin Welch

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 90 Circuit Rd
(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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Thomas Welch
(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.

80 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) East Boston
(State or country) Mass

13 NAME OF
FATHER Thomas Griffin

14 BIRTHPLACE OF
FATHER (City) England
(State or country)

15 MAIDEN NAME
OF MOTHER Cannot be Learned

16 BIRTHPLACE OF
MOTHER (City) Ireland
(State or country)

17 Informant Rose Welch Daughter
(Address) 90 Circuit 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. Childers
(Signature of Agent of Board of Health or other)

Agent Oct 14/44
(Official designation) (Date of Issue of Permit)

18 DATE OF DEATH Oct 17 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 1, 1940, to Oct 17, 1944
Last saw him alive on Oct 12, 1944, death is said to
have occurred on the date stated above, at 7:30 A.M.

Immediate cause of death.

Sept 20th pneumonia
Hypertension

Due to Impaired heart

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Mahoney M. D.
(Address) 1024 19th St. W. Date 10-14-44

21 Holy Cross Maiden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct 16 1944

22 NAME OF FUNERAL DIRECTOR John A. Mahoney

ADDRESS Winthrop

Received and filed Oct 17 1944

(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).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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. 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.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4007

1 PLACE OF DEATH

Dea. Nk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Frank Hines
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 107 Winthrop St. Winthrop
(Usual place of abode)

Length of stay: In hospital or Institution (Before death) Hospital years months days. (Specify whether) 2 hr.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 201

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 or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Janie MacKenzie
(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 70 Years 8 Months 5 Days If less than 1 day Hours Minutes

9 Usual Occupation: Elevator Operator

10 Industry or Business: Passenger Elevator

11 Social Security No. 610-05-3689

12 BIRTHPLACE (City) New York City
(State or country) New York

13 NAME OF FATHER Timothy Hines

14 BIRTHPLACE OF FATHER (City) New York City
(State or country) New York

15 MAIDEN NAME OF MOTHER Barth

16 BIRTHPLACE OF MOTHER (City) New York City
(State or country) New York

17 Informant Janie P Hines (Wife, if any)
(Address) 167 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 10/18/44
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct - 17 - 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
acute cardiac dilatation
probably pneumonia R.T. & L.F.

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, or 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?

If so, specify (Signed) Hugh S. Brickley M. D.
(Address) Boston Date 17- 1944

22 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL October 20 19 44

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed OCT 23 1944 19

(Registrar)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registrar hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of 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

he has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

terms, so 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-E-2-4-2-BB55

The Commonwealth of Massachusetts
OFFICE 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.

202

1 PLACE OF DEATH
Suffolk
Winthrop
(County)
(City or Town)
No. 6 Court St
2 FULL NAME James E. Magee
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 6 Court St
(Usual place of abode)
Length of stay: In hospital or institution (Before death) years months days. In this community 17 yrs. mos. days.

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)

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 Frances Sampson
(or) WIFE of (Give maiden name of wife in full)
(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 Months Days If less than 1 day Hours Minutes

9 Occupation: None Chauffeur

10 or Business: None Undertaker

11 Social Security No. None

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER James Magee

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Mary Powers

16 BIRTHPLACE OF MOTHER (City) P. E. I.
(State or country)

17 Informant Frances Magee (Relationship, if any)
(Address) 6 Court St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

agent Oct-23-44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 20 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1944, to Oct. 20, 1944

I last saw him alive on Oct 19, 1944, death is said to have occurred on the date stated above, at P. A. m.

Immediate cause of death Acute Pulmonary edema Duration IMPORTANT 1 Day

Due to Coronary Thrombosis 1 Day

Due to Chronic Hypertension 1 yr

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
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George H. Schwartz M. D.
(Address) 19 Brimfield St. E. B. Date 10/22 1944

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct 23 1944

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor

ADDRESS East Boston

Received and filed OCT 23 1944

(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

Statement of Occupation.—Precise statement of occupation is very important, that the relative healthfulness of various pursuits can be known. Mark some entry in this section for each person aged 1 year or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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. 48, Sec. 10, requires physicians to insert a recital to that effect.

50m. (c) 6-43-12056

PLACE OF DEATH
 1 Suffolk (County)
Winthrop (City or Town)

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop (City or town making return)

STANDARD
CERTIFICATE OF DEATH

No. 161 Quincy Ave St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May Louise (Shaw) Rood { **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)

(a) Residence. No. 161 Quincy Ave St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution 740 years 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 Widow
 WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
 (or) WIFE of William Burton Rood (Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 4 Months 27 Days If less than 1 day
 Hours _____ Minutes _____

9 Occupation: at home

Industry _____

10 or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) Palmer
 (State or country) Mass

13 NAME OF FATHER Charles Shaw

14 BIRTHPLACE OF FATHER (City) Palmer
 (State or country) Mass

15 MAIDEN NAME OF MOTHER Abigail Holt

16 BIRTHPLACE OF MOTHER (City) Abington
 (State or country) Conn

17 Informant Hazel M. Rood Relation, if any daughter
 (Address) 161 Quincy Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
 (Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 10/23/44
 Official Designation (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 22 1944
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 19, 1944 to October 22, 1944
 I last saw him alive on October 22, 1944, death is said to have occurred on the date stated above, at 1:45 P.M.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Senility

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____ Date of _____

Of autopsy none

What test confirmed diagnosis? Clymeph & Laboratory

20 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ M. D.
 (Signed) Jacob Abrams (Address) 662 Stanley St. Winthrop Date 10/22/44

21 Springfield Crematory, Springfield
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct. 24 1944

22 NAME OF FUNERAL DIRECTOR Richard W. White
 ADDRESS Winthrop Mass

Received and filed _____ 19____
OCT 27 1944 (Registrar)

A TRUE COPY ATTEST:

PARENTS

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. 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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

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)	
1 PLACE OF DEATH <u>Suffolk</u> (County) <u>Shuttrapp</u> (City or town) No. <u>Shuttrapp Community Hospital</u> St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. <u>204</u>	
2 FULL NAME <u>Frank J. Judah</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>105</u> <u>Gravers Ave.</u> St. <u>Shuttrapp</u> (Usual place of abode)		(If nonresident, give city or town and state)	
Length of stay: In hospital or institution <u>2</u> years <u>1</u> months <u>7</u> days. (Specify whether)		In this community <u>2</u> yrs. - mos. days.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>M.</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) MARRIED <u>Widowed</u> WIDOWED OR DIVORCED	
5a If married, widowed, or divorced HUSBAND of <u>Anne G. McCann</u> (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>74</u> Years <u>11</u> Months <u>25</u> Days If less than 1 day Hours _____ Minutes			
9 Occupation: <u>Retired</u>			
10 Industry or Business: <u>Unable to obtain</u>			
11 Social Security No. _____			
12 BIRTHPLACE (City) <u>Memphis</u> (State or country) <u>Tennessee</u>			
13 NAME OF FATHER <u>Cannot be learned</u>			
14 BIRTHPLACE OF FATHER (City) <u>Cannot be learned</u> (State or country)			
15 MAIDEN NAME OF MOTHER <u>Jennie Mitchell</u>			
16 BIRTHPLACE OF MOTHER (City) <u>Cannot be learned</u> (State or country)			
17 Informant (Address) <u>Mrs. Arthur Taylor, (Daughter)</u> <u>110 So. Main St. Sharon</u>			
1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other Health Officer) <u>10/26/44</u> (Official Designation) (Date of Issue of Permit)			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH <u>October</u> <u>25</u> <u>1944</u> (Month) (Day) (Year)			
19 I HEREBY CERTIFY. That I attended deceased from <u>May 15</u> , 19 <u>44</u> , to <u>Oct 25</u> , 19 <u>44</u>			
I last saw him alive on <u>October 25</u> , 19 <u>44</u> , death is said to have occurred on the date stated above, at <u>6:45 P.</u> m. Duration			
Immediate cause of death <u>Adenocarcinoma of the body of the pancreas with metastasis to liver</u> <u>5 1/2 mos</u>			
Due to _____			
Due to _____			
Other conditions (Include pregnancy within 3 months of death)			
Major findings: Of operations _____			
Date of _____			
✓ Of autopsy <u>Adeno Carcin. of Pancreas</u>			
What test confirmed diagnosis? <u>Clinical + Lab + Autopsy</u>			
20 Was disease or injury in any way related to occupation of deceased? <u>No.</u>			
If so, specify _____			
(Signed) <u>Maurice Traustein, Jr. M.D. D.</u>			
(Address) <u>562 Shirley St.</u> Date <u>10/25/1944</u>			
21 <u>St. Mary's</u> <u>Canton</u> Place of Burial, Cremation or Removal (City or Town)			
DATE OF BURIAL <u>October 28</u> 19 <u>44</u>			
22 NAME OF FUNERAL DIRECTOR <u>Chas. J. Doherty, Inc.</u>			
ADDRESS <u>Canton Mass.</u>			
Received and filed <u>OCT 31 1944</u> 19 <u>44</u>			
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

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

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.

Registrar's No.

205

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. 48 Plummer Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME George E. Cashman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 48 Plummer 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 18 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 Married5a If married, widowed, or divorced
HUSBAND of Elsie Thompson Cashman
(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: Electrician

10 Industry or Business: B. El. R.R.

11 Social Security No. 021 X-07--1116

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER John Cashman

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Bridget Barry

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Elsie Cashman Relation, if any
(Address) 48 Plummer Ave (Wife)was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of deathWilliam D. Childers
(Signature of Agent of Board of Health or other)Agent Oct. 28/44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 27 1944
(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 12:30 AM.

Immediate cause of death

Coronary Embolism

Due to Dr. E. W. Ward
jurisdictionOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration
IMPORTANT

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?
If so, specify(Signed) W. D. Childers, M. D.
(Address) 48 Plummer Ave Date 10-27-194421 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct. 30 1944

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed OCT 31 1944

(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

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 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-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 (b)-1-41-4067

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8522 206

1 PLACE OF DEATH

(County)

SUFFOLK

(City or Town)

No. 414 Broadway, S. Boston

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James H. Porter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) no

(a) Residence, No.

211 Cliff Avenue

St.

Winthrop

(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.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

Widowed

or DIVORCED

5a If married, widowed, or divorced

Augusta Hellberg

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife If alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 65 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Leather merchant

Industry

10 or Business:

n

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

St. John's, N. B.

13 NAME OF

FATHER

Peter Porter

14 BIRTHPLACE OF

FATHER (City)

(State or country)

St. John's, N. B.

15 MAIDEN NAME

OF MOTHER

Ellen Monahan

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

St. Johns, N. B.

17

Informant
(Address)

A. A. Gallivan

Relation, if any

(Cousin)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct. 4, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

About Sept 25, 1944

(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.)

Left coronary sclerosis

Old cardiac infarct of lt ventricle

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 the home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Found dead in his office on Sept

Injury

28, 1944

Nature of

Injury

While at work?

?

Was there an autopsy? Yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. J. Brickley

M. D.

(Address)

Boston

Date 9/28/44

22 New Calvary Cem. Boston

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL Oct. 2, 1944

19

23 NAME OF
FUNERAL DIRECTOR

E. M. Fitzgibbon

ADDRESS

Dorchester

Received and filed

19

NOV 10 1944

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 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) 1-41-4667

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. 8646 207

No. St. Elizabeth's Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dante Bachini
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) no

(a) Residence, No. 162 Bowdoin St. St. Winthrop
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution years months 10 days. In this community 17 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced Teresa Castello
 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 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Gardner

10 Industry or Business: Landscape

11 Social Security No. none

12 BIRTHPLACE (City) Italy
 (State or country)

13 NAME OF FATHER Enrico Bachini

14 BIRTHPLACE OF FATHER (City) Italy
 (State or country)

15 MAIDEN NAME OF MOTHER Ortenza Bachini OK

16 BIRTHPLACE OF MOTHER (City) Italy
 (State or country)

17 Informant Enrico Bachini Relation, if any (Son, if any)
 (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct 9, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 10/5/44
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9/25/44, 19, to 10/5/44, 19
 I last saw him alive on 10/5/44, 19, death is said to have occurred on the date stated above, at 2:30 p.m. Duration

Immediate cause of death Myocardial infarction 3 days

Due to Coronary occlusion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Appendicitis
 Of operations Date of 9/25/44

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Joseph A. Dorgan M. D.
 (Address) St. Eliz. Hosp Date 10/5/44

21 PLACE OF BURIAL, Winthrop, Winthrop, Mass.
 CREMATION OR REMOVAL Cemetery (City or Town)
 DATE OF BURIAL Oct 9, 1944 19

22 NAME OF FUNERAL DIRECTOR J. F. O'Maley
 ADDRESS Winthrop

Received and filed 19
 (Registrar of City or Town where deceased resided)



MARGIN RESERVED FOR BINDING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

City or Town of Brattleboro during the month of October

1944

STANDARD CERTIFICATE OF DEATH
STATE OF VERMONT

State File No.

Registered No.

1. PLACE OF DEATH:

- (a) County Windham
(b) City or town Brattleboro
(c) Name of hospital or institution: Brattleboro Memorial
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mass. (b) County Suffolk
(c) City or town Winthrop
(d) Street No. 47 Cliff Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Charles Edward Magoon

- 3 (b) If veteran, name war none 3 (c) Social Security No. _____

4. Sex male 5. Color or race white 6 (a) Single, widowed, married, divorced single

- 6 (b) Name of husband or wife _____ 6 (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12th 1927 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 2 22 _____ hr. _____ min.

9. Birthplace Littleton, N. H. (City or town) (State or foreign country)

10. Usual occupation student

11. Industry or business school

- Mother Father { 12. Name C. Edward Magoon
13. Birthplace Manchester, N. H. (City or town) (State or foreign country)
14. Maiden name Gretrude T. Richardson
15. Birthplace Bethlehem, N. H. (City or town) (State or foreign country)
Mrs. C. F. Meacham

- 16 (a) Informant Mrs. C. F. Meacham
(b) Address Littleton, N. H.

- 17 (a) burial (b) Date thereof Oct. 9th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Littleton, N. H. Glenwood

- 18 (a) Signature of funeral director Arthur L. Rohde
(b) Address Brattleboro, Vermont

- 19 (a) Oct. 10 1944 (b) Jettie B. Tunper (Date received local registrar) (Registrar's signature)
Asst. Town Clerk

MEDICAL CERTIFICATION

20. Date of death: Month October day 7
year 1944 hour 5:45 A.M.

21. I hereby certify that I attended the deceased from Oct. 4, 1944, to Oct 7, 1944;
that I saw him alive on Oct 7, 1944;

and that death occurred on the date and hour stated above. Duration
Immediate cause of death _____

Hemorrhage from Rupture of Rt. Kidney 60 hrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Rupture Rt. Kidney with Hemorrhage

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident from football game
(b) Date of occurrence Oct 4, 1944
(c) Where did injury occur? Mt Hermon Franklin Mass

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Preparatory School
While at work? Play (Specify type of place)
(e) Means of injury Football game

23. Signature Philip H Wheeler (M.D. or other)
Address Brattleboro Vt Date signed Oct 7

OCT 25 1944

I hereby certify that the foregoing is a true copy.

November 1, 1944

W. H. Sumner

Town, City or County Clerk



NOV 24 1944 PM

Section 4074. *Non-Residents; Certified Copies.* On the first day of each month, he shall make a certified copy of all births, marriages and deaths filed in his office during the preceding month, except births of illegitimate children, whenever the parents of a child born, or a bride or a groom or a deceased person was a resident in any other town at the time of such birth, marriage or death, and shall transmit such certified copies to the clerk of the town in which such parents of a child born, the bride or the groom or the deceased was a resident at the time of such birth, marriage or death; and the clerk receiving such copies shall file the same.

These blanks may be obtained of the Secretary of the State Board of Health.

WRITE RETURNS, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 Copies of returns 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)-1-41-4667

Suffolk

The Commonwealth of Massachusetts

Chelsea

1 PLACE OF DEATH

Chelsea



OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

(City or town making return)

566

209

Registered No.

(City or Town) Soldiers' Home Hospital

No. Charles N. Nickerson St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) WW 1

2 FULL NAME (If deceased is a married woman, give also maiden name.) Winthrop, Mass.

(a) Residence, No. hospital 1 9 St. (If U. S. War Veteran, specify war)

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 Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married

5a If married, widowed, or divorced Grace C. Sheehan 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 46 0 14 If less than 1 day AGE Years Months Days Hours Minutes

Usual Occupation: Treasurer Electrical Business

10 Industry or Business: 11 Social Security No. Boston, Mass.

12 BIRTHPLACE (City) (State or country) Charles M.

13 NAME OF FATHER St. Johns, N.B.

14 BIRTHPLACE OF FATHER (City) (State or country) Annie Ruddy

15 MAIDEN NAME OF MOTHER Milford, Mass.

16 BIRTHPLACE OF MOTHER (City) (State or country) Hosp. Records

17 Informant (Address) (Relation, if any)

A TRUE COPY.

ATTEST: Joseph A. Tyrrell (Registrar of city or town where death occurred)

DATE FILED 10/9/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 7, 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, that attended deceased from Aug. 28 44 in 19 Oct. 7 44

I last saw him alive on 7:05 p. death is said to have occurred on the date stated above, at.

Immediate cause of death: Malignant hypertension Duration 3 das. 2 mos.

Due to

Due to Hypertensive heart

disease ? mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Underline the cause to which death should be charged statistically.

Date of clinical

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Paul Weinsaft

(Signed) Soldiers' Home 10/9 M. B.

(Address) Winthrop Gen. Winthrop, Mass.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oct. 10, 1944 (Cemetery) (City or Town)

DATE OF BURIAL John F. O'Malley 19

22 NAME OF FUNERAL DIRECTOR Winthrop, Mass.

ADDRESS

Received and filed. 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
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)-1-41-4667

1 PLACE OF DEATH

WOLF
CON
(County)

(City or Town)

No. Gallups Island



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8833 210

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Johnston

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 168 Brookfield Rd.

(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 12 yrs.

mos.

days.

(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced
HUSBAND of

Grace Cooper

(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 63

Years

5

Months

3

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Engineering officer

Industry

10 or Business:

U.S. Maritime Service

11 Social Security No. 012-18-5118

12 BIRTHPLACE (City)
(State or country)

St. John, N. B.

PARENTS

13 NAME OF
FATHER

James Johnston

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Martha -----

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Ireland

17

Informant
(Address)

Relation, if any

(Wife)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct 16, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Oct 11, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 1/43, 19 to Oct 11/44, 19I last saw him alive on Oct 11/44, 19, death is said to
have occurred on the date stated above, at 11:05 a.m.

Duration

Immediate cause of death

Coronary occlusion

Due to Coronary sclerosis

1 1/2 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

no

(Signed)

G. G. McAuley

M. D.

(Address)

Gallups Island

Date 10/11/44

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop, Winthrop, Mass.

(Cemetery)

(City or Town)

DATE OF BURIAL

Oct 14, 1944

19

22 NAME OF
FUNERAL DIRECTOR

H. S. Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

NOV 10 1944

19

(Registrar of City or Town where deceased resided)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 1355211

1 PLACE OF DEATH
Middlesex
(County)
Cambridge
(City or Town)
Holy Ghost Hospital
No. _____ St. _____

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary Caffrey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 158 Highland Ave.
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years 11 months 24 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes

Usual
9 Occupation: At home

Industry Housewife
10 or Business:

11 Social Security No. _____

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Thomas Caffery

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Galligan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Mrs Margaret Harty Relation, if any
Informant (Address) 504 Beacon St. Boston

A TRUE COPY.

ATTEST: Oct 14, 1944
(Registrar of city or town where death occurred)

DATE FILED Frederick H. Bunker 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 12, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 1, 1944, to Oct 12, 1944
I last saw her alive on Oct 12, 1944 death is said to
have occurred on the date stated above, at 7 20 P.m. Duration

Immediate cause of death
Cerebral Hemorrhage
Paralysis 1 yr

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? clinical no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. W. Dudley M. D.
(Address) Holy Ghost Hosp. 10/13, 44

21 PLACE OF BURIAL, St Mary Cem Canton
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Oct 16 1944 19

22 NAME OF FUNERAL DIRECTOR M. H. Dockray & Son
ADDRESS 44 High st Canton

Received and filed NOV 1 1944 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.)

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)

Registered No.

212

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)



2 FULL NAME Marguerita C. Baird

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR) }

(a) Residence. No. 82 Freemont
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 17 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 WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George R. Baird (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day Hours Minutes

Usual
9 Occupation: at home

Industry
10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Somerville
(State or country)

13 NAME OF FATHER Joseph H. Clarke

14 BIRTHPLACE OF FATHER (City) Malden
(State or country)

15 MAIDEN NAME OF MOTHER Mary F. Tibbets

16 BIRTHPLACE OF MOTHER (City) Augusta, Me.
(State or country)

17 Informant M.K. McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY.

ATTEST: *[Signature]*
(Registrar of city or town where death occurred)

DATE FILED 10/24/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 13, 1944

(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sep. 26, 1944 to Oct. 13, 1944
I last saw her alive on Oct. 13, 1944, death is said to have occurred on the date stated above, at 8:55P

Immediate cause of death: Acute myocardial failure 3 days

Due to:

Due to:

Due to:

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify: Flore M. Remillard

(Signed) DSH Date 10/20/44

(Address) Winthrop (City or Town)

21 PLACE OF BURIAL Winthrop Winthrop

CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 10/16/44 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

Walter S. Hill

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 28 Chester Ave.

(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 26 days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male white

4 COLOR OR RACE

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 79 years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation: Proof reader

Industry

10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country)13 NAME OF
FATHER

Amaziah N. Hill

14 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

15 MAIDEN NAME
OF MOTHER

Jemima Swim

16 BIRTHPLACE OF
MOTHER (City)

Boston

(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

10/24/44

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

213

St. (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)

St.

In this community

yrs.

mos.

days

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Oct. 14, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sep. 18, 1944, to Oct. 14, 1944

I last saw him alive on

Oct. 14, 1944

Death is said to have occurred on the date stated above, at 7:50P

Duration

Immediate cause of death

Bronchopneumonia "primary" 2 days

Due to arteriosclerotic heart disease

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? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Abraham Gardner

(Signed)

(Address) DSH

Date 10/20/44 M. D.

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

10/17

1944

22 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 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)-1-41-4667

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

COPY OF
 CERTIFICATE OF DEATH

BOSTON
(City or town making return)

214

Registered No. 9070

No. Carney Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward E. Adams
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Bellevue Ave. St. Winthrop
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp years months 17 days. In this community yrs. mos. 17 days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
 5a If married, widowed, or divorced HUSBAND of Mary E. Nelson (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)
 6 Age of husband or wife if alive 60 years
 7 IF STILLBORN, enter that fact here.
 8 AGE 63 Years Months Days If less than 1 day Hours Minutes
 9 Occupation: Usual Ticket agent Ret. 5 yrs.
 Industry Railroad
 10 or Business:
 11 Social Security No. 023-07-1623
 12 BIRTHPLACE (City) Hopedale, Mass.
 (State or country)

PARENTS

13 NAME OF FATHER Edward S. Adams
 14 BIRTHPLACE OF FATHER (City) Block Island, R. I.
 (State or country)
 15 MAIDEN NAME OF MOTHER Sarah J. Eldredge
 16 BIRTHPLACE OF MOTHER (City) Block Island, R. I.
 (State or country)

17 Informant (Address) (Relation, if any) Wife

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct 23, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 19, 1944
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from 10/2/44, 19 to 10/19/44, 19
 I last saw him alive on 10/19/44, 19, death is said to have occurred on the date stated above, at 8:30 a.m. Duration
 Immediate cause of death Bronchopneumonia Days
 Due to Post operative Bilateral inguinal hernia weeks
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations Bilateral strangulated hernia Date of 10/3/44
 Of autopsy
 What test confirmed diagnosis?
 20 Was disease or injury in any way related to occupation of deceased?
 If so, specify R.W. Magwood M. D.
 (Signed) (Address) Carney Hosp Date 10/19/44

21 PLACE OF BURIAL, Winthrop, Winthrop
 CREMATION OR REMOVAL (Cemetery) (City or Town)
 DATE OF BURIAL October 21, 1944 19

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
 ADDRESS Boston

Received and filed NOV 10 1944 19
 (Registrar of City or Town where deceased resided)

Copies of returns of deaths occurring 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

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

216

COPY OF
CERTIFICATE OF DEATH

Registered No. 9245

PLACE OF DEATH

SUFFOLK
BOSTON (County)

(City or Town)

No. U. S. Marine Hosp

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert G. Wyman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) no

(a) Residence, No. 156 Washington Ave.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months 6 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced Catherine C. Dyer
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 8 Months 28 Days If less than 1 day Hours Minutes

Usual Occupation: Master Mariner

Industry or Business: Merchant Marine

11 Social Security No. none

12 BIRTHPLACE (City) Mass.
(State or country)

13 NAME OF FATHER Jerome Wyman

14 BIRTHPLACE OF FATHER (City) E. Boston, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Eliza March

16 BIRTHPLACE OF MOTHER (City) Newburyport, Mass.
(State or country)

17 Informant Hosp Records (Address) (Relation, if any)

A TRUE COPY.

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED Oct 30, 1944

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 26, 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Oct 21/44, 19 to Oct 26/44, 19
I last saw him alive on Oct 26/44, 19, death is said to have occurred on the date stated above, at 1:20 a.m. Duration

Immediate cause of death.....

Pylonephritis bilateral chronic acute flareux yrs

Due to Generalized arteriosclerosis yrs

Hypertrophy benign prostate yrs

Due to Cystitis chronic yrs

Bronchitis yrs

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Underline
Of operations the cause to which death should be charged statistically.

Date of.....

Of autopsy.....

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) A. J. Lund M. D.

(Address) U. S. Marine Hosp Date 10/26/44

21 PLACE OF BURIAL, Winthrop Cem. Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Oct. 28, 1944 19

22 NAME OF FUNERAL DIRECTOR Horace A. Wile
ADDRESS Lowell

Received and filed NOV 10 1944 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.)

50m (e)-1-1-4-667

The Commonwealth of Massachusetts

Fall River

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 217

1 PLACE OF DEATH

Bristol

(County)

Fall River

(City or Town)

No. Rose Hawthorne Lathrop Home

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mildred M. Brandow

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 10 Revere

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Home

(Before death)

(Specify whether)

years

1 months

18 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

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 11 Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Waitress

Industry

10 or Business:

Restaurant

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Oneonta
New York

13 NAME OF
FATHER

John Adolphos

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Oneonta
N.Y.

15 MAIDEN NAME
OF MOTHER

Anna Gibson

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Kartright
N.Y.

17 Informant
(Address)

R.H.L. Home Records (relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

11/8/44

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

October 31, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19 Sept. 15, 1944 to Oct. 31, 1944

I last saw him alive on Oct. 31, 1944 death is said to have occurred on the date stated above, at 5:20 P.M.

Immediate cause of death

Carcinomatosis

Primary of ovaries

Duration

2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Cancer

Date of 3/3/44

Of autopsy

What test confirmed diagnosis?

Microscopic

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph G. Lorman

M. D.

(Address) 1676 So. Main St.

Date 10/31/44

21 PLACE OF BURIAL
CREMATION OR REMOVAL

New York

DATE OF BURIAL

Nov. 3, 1944

(City or Town)

22 NAME OF
FUNERAL DIRECTOR

D.D. Sullivan & Sons

ADDRESS

363 Spring St., Fall River

Received and filed

NOV 11 1944

19

(Registrar of City or Town where deceased resided)

PHYSICIANS should state EXACT ILL. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE 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**

1 PLACE OF DEATH **Suffolk** (County)
Winthrop (City or Town)
Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Paula Rose Polimeno** (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence No. **175** St. **E. B.** (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution **2** years months **1** days **4 1/2** In this community yrs. mos. days.
(Specify whether) **no.**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (write the word) **Single**
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.

8 AGE Years Months **1** Days If less than 1 day Hours Minutes
Usual Occupation:
Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) **Winthrop Mass**

PARENTS
13 NAME OF FATHER **Mattias Polimeno**
14 BIRTHPLACE OF FATHER (City) (State or country) **Italy**
15 MAIDEN NAME OF MOTHER **Lena Amato**
16 BIRTHPLACE OF MOTHER (City) (State or country) **Lourene Mass**

17 Informant **Mattias Polimeno** Relation, if any **Father**
(Address) **175 E. B.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/4/44** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov** **2** **1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **Nov 1**, 19**44**, to **Nov 2**, 19**44**.
I last saw him alive on **Nov 2**, 19**44** death is said to have occurred on the date stated above, at **4:03 P.** m.
Immediate cause of death **Asphyxiated Necrotic Anoxia** **1 day**
Due to **Cerebral Anoxia** **1 day**
Due to **Pulmonary Embolism** **1 day**
Other conditions **as above**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **Congenital Necrosis** Date of **11/3/44**
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) **D. J. M. Polito** M. D.
(Address) **222 E. B.** Date **11/2/44**

21 **St. Michael's** Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **November 2** 19**44**

22 NAME OF FUNERAL DIRECTOR **James J. Polito**
ADDRESS **247 Marlboro St. E. B.**

Received and filed **NOV 7 1944** 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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he 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, if there is an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 poisoning, 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. 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.

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(c)-3-43-11574

Consent of Howard S. Reynolds 1/16/43

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.

Registrar's No.

219

No. 122 Washington Ave.

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 Hattie Alma (Call) Morrison

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 122 Washington Ave.

(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 40 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 Married

13 DATE OF
DEATH

Nov

3

1944

(Month)

(Day)

(Year)

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Walter W Morrison

(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1944, to Nov 3, 1944

I last saw her alive on Nov 3, 1944, death is said to

have occurred on the date stated above, at 10:35 AM.

Immediate cause of death

Broncho pneumonia (Terminal)

Duration

IMPORTANT

4 days

Due to myocarditis chronic

yes

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations.

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

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. H. M. D.
(Address) 148 W. Winthrop St. Winthrop, Mass.

21 Woodlawn Crematory Everett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov. 6, 1944

22 NAME OF
FUNERAL DIRECTOR
ADDRESS

Received and filed NOV 1944

(Registrar)

PARENTS

13 NAME OF
FATHER

Otis Call

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Dresden

Maine

15 MAIDEN NAME
OF MOTHER

Harriet Pishon

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Pishon

Maine

17 Informant: Walter W Morrison Husband
(Address) 122 Washington Ave. Winthrop

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)

(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 countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

12/9/44

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. **220**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hosp.

2 FULL NAME Louis Dellazoppa
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 431 Bennington
(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, **NO**
if so specify WAR)

Length of stay: In hospital or institution Hosp. years months 7 days. In this community 49 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 Nora Schofield
(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 72 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Laborer

Industry Retired
10 or Business: None

11 Social Security No. Italy

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF FATHER Anthony Dellazoppa

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Domenica Pini

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant Nora Dellazoppa (Wife if any)
(Address) 431 Bennington 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 November 4, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
10/1, 1944, to 11/3, 1944

I last saw him alive on 11/3, 1944, death is said to

have occurred on the date stated above, at 1:30 A. m.

Immediate cause of death

Duration

IMPORTANT

Due to Chronic Myocarditis 2 yrs

Due to Hypertension 2 yrs

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

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A. Pini M. D.

(Address) 6205 Ave of St. M. D. 12/14/44

21 Place of Burial, Cremation or Removal Holy Cross Maiden (City or Town)
DATE OF BURIAL Nov. 6, 1944

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston

Received and filed NOV 7 1944 19

(Registrar)

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 exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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, 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

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 66 Waldemar 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.

Registrar's No. 221

2 FULL NAME Ann Tarone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 66 Waldemar ave
(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 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 63 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Beautician

10 Industry or Business: Beauty Parlor

11 Social Security No.

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER James Tarone

14 BIRTHPLACE OF FATHER (City) Scotland (State or country)

15 MAIDEN NAME OF MOTHER Catherine Swift

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Catherine Tarone (Address) 66 Waldemar Ave Sister

was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 11/6/44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 4 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1944 to Nov. 4, 1944

I last saw h. alive on Nov. 4, 1944, death is said to have occurred on the date stated above, at 2 P.M.

Immediate cause of death Coronary embolism

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. D.

(Address) Boston Date 11-5-44

21 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov. 7 1944

22 NAME OF FUNERAL DIRECTOR John H. Phaley

ADDRESS Winthrop

Received and filed

NOV 7 1944 (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-6-2-4-2-8855

The Commonwealth of Massachusetts
OFFICE 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
Suffolk
(County)
Winthrop
(City or Town)
No. 20 Shirley



2 FULL NAME **Konstancyja Dobek (Wietecka)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 20 Shirley
(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) **No**

Length of stay: in hospital or institution **—** years months days. In this community **3** 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 (Give maiden name of wife in full)
(or) WIFE of **John Dobek**
(Husband's name in full)

6 Age of husband or wife if alive **56** years

7 IF STILLBORN, enter that fact here.

8 AGE **56** Years Months Days If less than 1 day
Hours Minutes

9 Occupation: **Housekeeper**

Industry
10 or Business: **At Home**

11 Social Security No. **None**

12 BIRTHPLACE (City)
(State or country) **Poland**

13 NAME OF FATHER **Peter Wietecki**

14 BIRTHPLACE OF FATHER (City)
(State or country) **Poland**

15 MAIDEN NAME OF MOTHER **unable to obtain**

16 BIRTHPLACE OF MOTHER (City)
(State or country) **Poland**

17 Informant **Mrs. Mary D. Childress** (Relation, if any)
(Address) **20 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 **Nov. 11/44**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 10, 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov 8, 1944, to November 10, 1944
I last saw her alive on **November 9, 1944** death is said to
have occurred on the date stated above, at **8:00 A.M.**

Immediate cause of death **Angina Pectoris** Duration **IMPORTANT 2 yrs.**

Due to **Bronchopneumonia** **6 days**

Due to **Arteriosclerosis** **2 yrs.**

Other conditions **None** (Include pregnancy within 3 months of death) **IMPORTANT**

Major findings:
Of operations **None** Physician

Date of

Of autopsy **None** Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? **Clinical**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Maxwell Traustein, Jr.** M. D.
(Address) **562 Broadway St. New York 10, N. Y.** Date **Nov. 10, 1944**

21 **St. Michael's Rosindale**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Nov. 13** **1944**

22 NAME OF FUNERAL DIRECTOR **Joseph Polakowski**
ADDRESS **Cambridge Mass**

Received and filed **NOV 14 1944** (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

PLACE OF DEATH

Suffolk
(County)Wendell
(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. 223

No. 10 Prospect ave Wendell, Mass St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Carl Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 10 Prospect ave Wendell St.
(Usual place of abode) (If nonresident, give city or town and state)Length of stay: In hospital or institution — X years X months X days. In this community 12 yrs. mos. days.
(Specify whether)

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 WILHELMINA (LAURITZEN) (Give maiden name of wife in full) Anderson

(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 62 Years 4 Months - Days If less than 1 day Hours Minutes

9 Usual Occupation: Painter

10 Industry or Business:

11 Social Security No. 011-20-8496

12 BIRTHPLACE (City) Sweden (State or country)

13 NAME OF FATHER Carl. Anderson

14 BIRTHPLACE OF FATHER (City) Sweden (State or country)

15 MAIDEN NAME OF MOTHER Emma. Lostdaughter

16 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

17 Informant Carl W. Anderson (Son) Relation, if any

(Address) 10 Prospect ave Wendell

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Guilkey, Jr.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/16/44 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 14 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from Nov 1, 1944, to Nov 14, 1944
I last saw him alive on Nov 13, 1944 death is said to have occurred on the date stated above, at 3:20 P.m.
Immediate cause of death

Coronary Thrombosis 10 days

Due to Hypertension (Chronic) 5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none Date of

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) Dr. J. P. M. D. (Address) Wendell Mass Date Nov 16, 1944

21 Place of Burial, Cremation or Removal Wendell Mass (City or Town) DATE OF BURIAL November 1944 1944

22 NAME OF FUNERAL DIRECTOR C. R. Benson ADDRESS Wendell Mass

Received and filed 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

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 hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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*.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 263 Main



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registrar's No.

224

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME May Ada Perry (nee' Piggrem)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 263 Main
(Usual place of abode)

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community 2 yrs. 2 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 Married

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of Alton Leslie Perry
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 10 Months 26 Days If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: Housewife

10 Industry or Business: At home

11 Social Security No. _____

12 BIRTHPLACE (City) Framingham
(State or country) Mass.

13 NAME OF FATHER Roland Piggrem

14 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Ella Hetherington

16 BIRTHPLACE OF MOTHER (City) St John
(State or country) New Brunswick

17 Informant Alton L. Perry (husband)
(Address) 263 Main St., Winthrop, Mass.

was filed with me BEFORE the burial or transit permit was issued;
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)
Health Office

(Official Designation)

(Date of Issue of Permit) 11/16/44

18 DATE OF DEATH November 14 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
8 am, 1944 to Nov 14, 1944

I last saw her alive on Nov 14, 1944, death is said to
have occurred on the date stated above, at _____ M.

Immediate cause of death.

Dissected
Arteriosclerosis
Duration
IMPORTANT
1940
1942

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? Autopsy

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Charles McLane M. D.

(Address) 300 Hanover St., Boston Date 11/15/44

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL November 17, 1944

22 NAME OF FUNERAL DIRECTOR L. E. Parker

ADDRESS 300 Meridian St., E. Boston

Received and filed _____ 1944

(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

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)

Registrar's No.

225

The Commonwealth of Massachusetts

OFFICE 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 **Edith Eldridge (Ames) Bartlett**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **267 Bowdoin Street**

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution **Hospital**
(Before death) (Specify whether)

years months **1** days.

In this community **50** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Female

White

Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Harold C Bartlett

(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 **10** Months **14** Days

If less than 1 day

Hours. Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

At Home

11 Social Security No. **None**

12 BIRTHPLACE (City)

New York City

(State or country)

New York

13 NAME OF FATHER

Ames

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 **Russell F Bartlett**

Relation, if any

(Address)

267 Bowdoin St.

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November 15

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1

19 **44**

to

Nov. 15

19 **44**

I last saw him alive on **Nov. 15, 1944**, death is said to

have occurred on the date stated above, at **11:35 P. M.**

Immediate cause of death

Cerebral Thrombosis

Duration

IMPORTANT

36 hours.

Due to

Arterio-Sclerosis -

years.

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.

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. Prangey

M. D.

(Address)

See Washington Ave

Date

Nov. 17, 1944

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

November 18

19 **44**

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Howard S. Reynolds

Received and filed **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 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. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 226

1 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 Gertrude Sparer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 29 Tewksbury St. Winthrop
(Usual place of abode)

Length of stay: In hospital or institution hosp. years months 15 days In this community 25 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
DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Nathan Sparer
(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 48 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) Austria (State or country)

13 NAME OF FATHER Jacob Wolf Pearlmutter

14 BIRTHPLACE OF FATHER (City) Austria (State or country)

15 MAIDEN NAME OF MOTHER Natalie (Cannotto)

16 BIRTHPLACE OF MOTHER (City) Austria (State or country)

17 Informant Nathan Sparer, husband Relation, if any

(Address) 29 Tewksbury St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. D. Chafetz
(Signature of Agent of Board of Health or other)

Health Officer 11/16/44
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 15 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from November 1, 1944, to November 15, 1944
I last saw him alive on November 15, 1944, death is said to have occurred on the date stated above, at 12:30 p.m.

Immediate cause of death acute intestinal obstruction

Due to cancer of descending colon

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Growth in descending colon

Of operations abscess - Peritonitis Date of Nov. 9, 1944

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Franzen M. D.
(Address) 240 Washington St. Date Nov. 15, 1944

21 Place of Burial, Cremation or Removal (City or Town) Austrian Free Burial
DATE OF BURIAL November 16, 1944

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky

ADDRESS 104 Washington St. Dor.

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

SPACE FOR ADDITIONAL INFORMATION

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(e)-3-43-11574

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registrar's No. 227	
Suffolk (County)				STANDARD CERTIFICATE OF DEATH	
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)		PHYSICIAN-IMPORTANT	
2 FULL NAME Margaret E. Donovan (Sullivan)		(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. 6 Jefferson St.		St.		(If nonresident, give city or town and State)	
Length of stay: In hospital or Institution (Before death)		years months 1 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 Widowed or DIVORCED			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of David J. Donovan (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 _____ Hours _____ Minutes					
9 Usual Occupation: Housewife					
10 Industry or Business: Own Home					
11 Social Security No. _____					
12 BIRTHPLACE (City) Boston, Mass (State or country)					
13 NAME OF FATHER Michael Sullivan					
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)					
15 MAIDEN NAME OF MOTHER Bridget <i>unable to obtain</i>					
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)					
17 Informant Daniel J. Donovan (son) (Address) 6 Jefferson St Winthrop					
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death <i>Wm. S. Chickering</i> (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 11/18/44 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Nov. 17 1944 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1944, to Nov. 17, 1944 I last saw him alive on Nov. 17, 1944, death is said to have occurred on the date stated above, at 2:30 A.M. Immediate cause of death Cerebral hemorrhage, 2 hours Due to (M.E. based jurisdiction) Due to _____ Other conditions (Include pregnancy within 3 months of death) _____ Major findings: _____ Of operations: _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? _____ Duration IMPORTANT 2 hours Physician Underline the cause to which death should be charged statistically. IMPORTANT					
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Charles J. Mahoney, M. D. (Address) Winthrop, Mass. Date 11-17-44					
21 Winthrop Winthrop Mass Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL November 20 1944					
22 NAME OF FUNERAL DIRECTOR John H. O'Grady 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. 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

EOSTER NOTIFIED

12/9/44

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.

228

To be filed for burial permit
with Board of Health
or its Agent.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME Alice Mae Foster (nee! Fogg)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 32 Paris

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months / days. In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED MARRIED

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of Melvin M. Foster (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years 11 Months 20 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) Vassalboro
(State or country) Maine

13 NAME OF FATHER Benjamin Cobb Fogg

14 BIRTHPLACE OF FATHER (City) Waterville
(State or country) Maine

15 MAIDEN NAME OF MOTHER Ollie Anna Crummit

16 BIRTHPLACE OF MOTHER (City) Vassalboro
(State or country) Maine

17 Informant Alton L. Gurney (son) (Address) 32 Paris St., E. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/30/44

18 DATE OF DEATH November 19 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov-7, 1944, to Nov. 18, 1944

I last saw h. alive on Nov. 18, 1944, death is said to have occurred on the date stated above, at 5:00 p.m.

Immediate cause of death

Endocarditis

Duration

IMPORTANT

2-Mos.

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

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) Edward J. Hanger M. D.
(Address) 525 Washington St. Date Nov 20 194421 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 22, 194422 NAME OF FUNERAL DIRECTOR L. E. Parker
ADDRESS 300 Meridian St., E. Boston

Received and filed November 27 1944

(Registrar)

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 notation to that effect.

100M-E-2-4-2-BB55

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 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).

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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

Statement of 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. 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.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4607

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 19 Bellevue Ave



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.

229

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Alice Mary Nelson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

19 Bellevue Ave Winthrop 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

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 Widow
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

William Nelson

(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

91

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

At home

10 or Business:

None

11 Social Security No.

St. Johns

12 BIRTHPLACE (City)

Newfoundland

13 NAME OF

FATHER

John Hogan

14 BIRTHPLACE OF

FATHER (City)

St. Johns

(State or country)

Newfoundland

15 MAIDEN NAME

OF MOTHER

Mary Nolan

16 BIRTHPLACE OF

MOTHER (City)

St. Johns

(State or country)

Newfoundland

17

Informant

(Address)

Mary E. Adams

Daughter

19 Bellevue Ave.

Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

ADRIAN E. CRAMPTON

(Signature of Agent of Board of Health or other)

NOV 22 1944

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

November - 20 - 1944

(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.)

Brachial plexus nerve
fracture Right Humerus
Cardiac Decompensation

20 Accident, suicide, or homicide (specify)

accidental

Date of occurrence

Oct - 30 - 1944

Where did

Injury occur?

Winthrop

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?

(Specify type of place)

Manner of

Injury

Fell accidentally on stairs at

Nature of

Injury

home on Oct-30-1944

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)

John X. Brickley

M. D.

(Address)

Boston

Nov-20 1944

22 Winthrop

Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Nov. 24

1944

23 NAME OF

FUNERAL DIRECTOR

Richard C. Farley

ADDRESS

Boston

Received and filed

19

NOV 27 1944

(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.

...He shall in all cases certify to the town clerk or registrar in the place where 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

from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m.(c)-3-43-11574

Correction *W.S. O'Connell* 11/23/46

Suffolk
(County)

Winthrop
(City or Town)

No. **183 Lincoln Street**

2 FULL NAME **Francis George Brumby**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **183 Lincoln Street**
(Usual place of abode)

Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community **34 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 **Married**
or **DIVORCED**

5a If married, widowed, or divorced **Ethel C Williamson**
HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive **69** years

7 IF STILLBORN, enter that fact here.

8 AGE **69** Years **2** Months **27** Days If less than 1 day
Hours _____ Minutes _____

9 Occupation: **Stationary Engineer**

10 Industry or Business: **Theater**

11 Social Security No. **021-01 4796**

12 BIRTHPLACE (City) **Sheffield**
(State or country) **England**

13 NAME OF FATHER **Harry Brumby**

14 BIRTHPLACE OF FATHER (City) **England**
(State or country)

15 MAIDEN NAME OF MOTHER **Rebecca** *(unable to obtain)*

16 BIRTHPLACE OF MOTHER (City) **England**
(State or country)

17 Informant **Ethel C Brumby** Relationship if any **Wife**
(Address) **183 Lincoln St. Winthrop**

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)
W.S. O'Connell

(Official Designation) (Date of Issue of Permit) **11/24/46**

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registrar's No. **230**

To be filed for burial permit
with Board of Health
or its Agent.

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)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 22 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
1930 to **Oct 15 1944**
last saw him alive on **Oct 15 1944**, death is said to

have occurred on the date stated above, at **12:45 AM**.

Immediate cause of death

Coronary Embolism

Due to **Branchial Asthma**

Due to **(no E. wind jurisdiction)**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration
IMPORTANT

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?

If so, specify

(Signed) **W.S. O'Connell**, M. D.

(Address) **Winthrop** Date **11/24/46**

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Nov. 24,** 19 **44**

22 NAME OF FUNERAL DIRECTOR **Dawson S. O'Connell**
ADDRESS **Winthrop Mass.**

Received and filed **NOV 27 1944** 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

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. **231**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. **127 Bowdoin**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

Martha M. Killilea
(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. **127 Bowdoin**

(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 **15** yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

William E. Killilea
(Husband's name in full)

(or) WIFE of

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

Usual

9 Occupation:

Housework

Industry

10 or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

East Boston Mass

13 NAME OF
FATHER

John Sullivan

14 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass

15 MAIDEN NAME
OF MOTHER

Ellen Clancy

16 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

PARENTS

17 Informant
(Address)

Alice Killilea
127 Bowdoin

(Relation, if any)

(Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Muldrew
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/27/44
(Date of Issue of Permit)

18 DATE OF
DEATH

November 23

1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 11, 1939, to Nov. 23, 1944

I last saw him alive on **Nov. 23, 1944** death is said to

have occurred on the date stated above, at **11:30 p.m.**

Immediate cause of death

Cerebral Hemorrhage

Duration

3 days

Due to

**arterio-sclerosis &
hypertension**

5 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

Edward J. Treanor
(Signed) **200 W. Washington St.** M. D.

(Address) **Winthrop** Date **Nov. 23, 1944**

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Nov 27

1944

22 NAME OF

FUNERAL DIRECTOR

Charles H. Treanor

ADDRESS

East Boston

Received and filed

NOV 27 1944

19

(Registrar)

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.

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).

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) Meddost Examiners will investigate and certify to all deaths supposedly due to Injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, aphixia, 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

Registered No. 232

(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 notation 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. 233

1 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 Annie Small Gibbs
(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. 125 Cliff 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 20 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 (Give maiden name of wife in full)
(or) WIFE of Albert P. Gibbs
(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 28 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) Huntington
(State or country) N. Y.

PARENTS

13 NAME OF FATHER James B. Small

14 BIRTHPLACE OF FATHER (City) not known
(State or country)

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) not known
(State or country)

17 Informant Town Winthrop Welfare Dept. Relation, if any
(Address) records

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 28 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 15 1930, to Nov 27 1944
I last saw h. or alive on Nov 27 1944, death is said to
have occurred on the date stated above, at 7:30 P. m.

Immediate cause of death
Diabetic Coma

Duration
2 days
IMPORTANT

Due to Chronic Diabetes

15 years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

IMPORTANT
Physician

Date of

Of autopsy

What test confirmed diagnosis? Simon Signs

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) R. H. White M. D.
(Address) 147 Wintrop St., Wintrop Date Nov 29, 1944

21 Wintrop Wintrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 1, 1944 19

22 NAME OF FUNERAL DIRECTOR Richard D. White

ADDRESS 147 Wintrop St., Wintrop

Received and filed Dec 4 1944 19

(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.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

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(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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 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-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 (h)-1-1-41-4667

1 PLACE OF DEATH

(County) **SUFFOLK**
(City or Town) **BOSTON**



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return) **234**
Registered No. **9576**

No. **Peter Bent Brigham Hospital** death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME **Louis Marden** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. **246 River Rd.** St. **Winthrop** (If nonresident, give city or town and State)
Length of stay: In hospital or institution **Hosp** years months **3** days. In this community yrs. mos. **3** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (write the word) **Married**
5a If married, widowed, or divorced **Rose Ruskin** (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive **51** years
7 IF STILLBORN, enter that fact here.
8 AGE **56** Years Months Days If less than 1 day Hours Minutes
9 Usual Occupation: **Contractor**
Industry or Business: **Building**
11 Social Security No. **yes**
12 BIRTHPLACE (City) (State or country) **Russia**
13 NAME OF FATHER **Abraham Marden**
14 BIRTHPLACE OF FATHER (City) (State or country) **Russia**
15 MAIDEN NAME OF MOTHER **Fannie Liberman**
16 BIRTHPLACE OF MOTHER (City) (State or country) **Russia**

PARENTS

17 Informant **Harry Kaufman Bro-in-law** (Address)

A TRUE COPY. **Francis J. King**
ATTEST: (Registrar of city or town where death occurred)
DATE FILED **Nov. 8, 1944** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 4, 1944** (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.)
Syncope while under the influence of ether given as a surgical anesthetic for bilateral herniotomy: coronary sclerosis
20 Accident, suicide, or homicide (specify) **Accidental**
Date of occurrence **Nov. 4, 1944** 19
Where did Injury occur? **Boston** (City or town and State)
Did Injury occur in or about the home, on farm, in industrial place, or in public place? **Hospital** (Specify type of place)
Manner of Injury **As above**
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 **W. J. Brickley** (Signed) **Boston** (Address) Date **11/5/44** M. D.
22 **Pride of Boston, Montvale** (City or Town)
Place of Burial, Cremation or Removal
DATE OF BURIAL **Nov. 6, 1944** 19
23 NAME OF FUNERAL DIRECTOR **B. F. Solomon**
ADDRESS **Brookline**
Received and filed **DEC 12 1944** 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.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 9656 235

PLACE OF DEATH

SUFFOLK
BOSTON
(County)



(City or Town)

No. N.E. Baptist Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stephen Porter
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) no

(a) Residence, No. 27 Taft Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp years months 21 days. In this community yrs. mos. 21 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced Hattie M Jefferson
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 4 Months 8 Days If less than 1 day Hours Minutes

Usual Occupation: Carpenter

Industry or Business: Construction

11 Social Security No. 017-18-3351

12 BIRTHPLACE (City) Yarmouth County, N. S.
(State or country)

13 NAME OF FATHER Foreman Porter

14 BIRTHPLACE OF FATHER (City) Yarmouth County, N. S.
(State or country)

15 MAIDEN NAME OF MOTHER Anna LaBlanc

16 BIRTHPLACE OF MOTHER (City) Yarmouth County, N. S.
(State or country)

17 Informant Ronald Porter (Address) Son
(Address) Francis J. Fay

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov. 10, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 7, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 18/44, 19, to Nov. 7/44, 19, I last saw him on Nov. 7/44, 19, death is said to have occurred on the date stated above, at 5:30 p.m. Duration

Immediate cause of death: Carcinoma, gastric 3-6 mos

Due to Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Of operations. Underline the cause to which death should be charged statistically.

Of autopsy. What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify P. Burke M. D.
(Signed) (Address) Lahey Clinic, Boston Date 11/7/44

21 PLACE OF BURIAL, Oak Grove Cem. Medford
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Nov. 10, 1944 19

22 NAME OF FUNERAL DIRECTOR F. M. Wilson Inc.
ADDRESS Somerville

Received and filed DEC 12 1944 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACKINK - THIS IS A PERMANENT RECORD

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)-1-41-4607

SUFFOLK
BOSTON

(County)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 9727236

1 PLACE OF DEATH

No. Carney Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary C. Casey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 292 Winthrop St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp years months 1 days. In this community yrs. mos. 1 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Arthur Casey (Husband's name in full)

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: At home

Industry or Business: n

11 Social Security No. none

12 BIRTHPLACE (City) Boston, Mass.
(State or country)

13 NAME OF FATHER Augustus W. Norris

14 BIRTHPLACE OF FATHER (City) Halifax, N. S.
(State or country)

15 MAIDEN NAME OF MOTHER Ellen G. Lane

16 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)

17 Informant (Address) Francis J. Gay (Relation, if any) Husband

A TRUE COPY. ATTEST: (Registrar of city or town where death occurred) Francis J. Gay
DATE FILED Nov 13, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 8, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 8/44 to Nov. 8/44
I last saw her alive on Nov 8/44, 19, death is said to have occurred on the date stated above, at 8:35 p. m. Duration

Immediate cause of death Diabetes

Due to

Due to

Other conditions (Include pregnancy within 3 months of death).

Major findings: Of operations

Date of Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry L. Fulchino M. D.
(Address) Carney Hosp Date 11/8/44

21 PLACE OF BURIAL, St. Joseph, Boston
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Nov. 11, 1944 19

22 NAME OF FUNERAL DIRECTOR Edwin S. Lane
ADDRESS Dorchester

Received and filed DEC 12 1944 19

(Registrar of City or Town where deceased resided)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 237

1 PLACE OF DEATH
Suffolk
(County)
Revere
(City or Town)
No. 158 Prospect Avenue



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Carrie E. Kalbfleisch
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 185 Circuit Road Winthrop
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or Institution 1 years months 10 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 Single
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive --- years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 8 Months 22 Days | If less than 1 day
Hours Minutes

Usual Occupation: At home

Industry
10 or Business: - - - -

11 Social Security No. - - - -

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

13 NAME OF FATHER John Kalbfleisch

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Hannah Deusch

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

17 Informant John J. McCarthy (Attorney)
(Address) 16 Bowdoin St., Winthrop, Mass.

A TRUE COPY.
ATTEST: _____
(Registrar of city or town where death occurred)

DATE FILED November 21, 19 44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 10, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct. 8, 19 43 to Nov. 10, 19 44

I last saw her alive on Nov. 8, 19 44 Death is said to
have occurred on the date stated above, at 6 A. m.

Immediate cause of death. Myocarditis 1 yr

Due to arterio sclerosis 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) C. F. Mahoney M. D.
(Address) 4 Washington Ave. Date 11/10/44
Winthrop Everett

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery
(Cemetery) (City or Town)

DATE OF BURIAL November 13, 19 44

22 NAME OF FUNERAL DIRECTOR Chas. R. Bennison
ADDRESS 174 Winthrop St., Winthrop

Received and filed DEC 18 1944 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in which 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.)

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-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 (h)-1-41-4007

SUFFOLK
BOSTON

(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 10133238

1 PLACE OF DEATH

(City or Town)

No. 818 Harrison Ave.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Greathead

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) no

(a) Residence. No. 52 Washington 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 32 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced Ellen J. Conklin
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 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 11 Months 12 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Clothes

11 Social Security No. 030-01-6823

12 BIRTHPLACE (City) St. John, N. B.
(State or country)

PARENTS

13 NAME OF FATHER James Greathead

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Mary Collins

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant (Address) (Relation, if any) Wife

A TRUE COPY. Francis J. [Signature]
ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov 28, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 22, 1944
(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.)
Arteriosclerotic 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 the home, on farm, in industrial place, or in public place?
(Specify type of place)

Manner of Injury
Nature of Injury
While at work? Was there an autopsy? NO

21 Was disease or Injury in any way related to occupation of deceased? NO
If so, specify A. R. Moritz M. D.
(Signed) (Address) Boston Date 11/23/44

22 Winthrop, Winthrop, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 25, 1944 19

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed DEC 12 1944 19
(Registrar of City or Town where deceased resided)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 239

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Wheaton Home, 214 Endicott Avenue St.



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sophia Lewis (Maris)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 54 Quincy Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution. Conv. home years 6 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 WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Frank Thomas Lewis (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

Usual Occupation: Housewife

Industry or Business: At home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER George Maris

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Marie H. Terrille (Friend) (Address) 44 Quincy Ave., Winthrop

A TRUE COPY. Attest: Peta M. Bishop (Registrar of city or town where death occurred)

DATE FILED December 8, 1944

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 30, 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1944, to Nov. 30, 1944

I last saw her alive on Nov. 28, 1944 death is said to have occurred on the date stated above, at 3:30 P.M. Duration

Immediate cause of death

Myocarditis 8 mos. arterio sclerosis 8 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Mahoney M. D. (Address) 4 Washington Ave., Winthrop 12/1/44

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Medford (Cemetery) (City or Town)

DATE OF BURIAL December 2, 1944

22 NAME OF FUNERAL DIRECTOR Chas. R. Bennison Winthrop, Mass.

Received and filed DEC 18 1944 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
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

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **240**

1 PLACE OF DEATH
 Suffolk County
 Wrentham
 Wrentham Community Hospital



2 FULL NAME **Julia Kelly**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. **2 Swan Ct Dorchester Mass** St. **Dorchester**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or institution **2 1/2** years **1** months **21** days. In this community **15** yrs. mos. days.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
 MARRIED **Married**
 WIDOWED
 or DIVORCED
 5a If married, widowed, or divorced
 HUSBAND of (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 **75** Years - Months - Days | If less than 1 day
 Hours Minutes
 9 Occupation: **Housewife**
 10 Industry or Business: **at home**
 11 Social Security No. **-**
 12 BIRTHPLACE (City) **Boston**
 (State or country) **Mass**
 13 NAME OF FATHER **John Loring**
 14 BIRTHPLACE OF FATHER (City) **Ireland**
 (State or country)
 15 MAIDEN NAME OF MOTHER **Mary Kelly**
 16 BIRTHPLACE OF MOTHER (City) **Ireland**
 (State or country)
 17 Informant **Dr. Jack J. Kelly** (Relation, if any)
 (Address) **23 Swan Ct Dorchester Mass**

18 DATE OF DEATH **Dec 21 1944**
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from
Nov. 7, 1944, to Dec. 2, 1944
 I last saw her alive on **Dec. 2, 1944**, death is said to
 have occurred on the date stated above, at **1 P. M.**
 Immediate cause of death **Acute Pulmonary edema**
 Due to **Chronic Hypertension** **6th**
 Due to **Chronic Nephritis** **6th**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations: Date of: Underline the cause to which death should be charged statistically.
 Of autopsy: What test confirmed diagnosis?
 20 Was disease or injury in any way related to occupation of deceased?
 If so, specify **Chronic Hypertension** M. D. **1940**
 (Signed) **Dr. Jack J. Kelly** (Address) **23 Swan Ct Dorchester Mass** Date **12/21/44**
 21 Place of Burial, Cremation or Removal (City or Town) **Dorchester**
 DATE OF BURIAL **Dec 21 1944**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **12/25/44** (Date of Issue of Permit)

22 NAME OF FUNERAL DIRECTOR **Wm. S. Childress**
 ADDRESS **22 Swan Ct Dorchester Mass**
 Received and filed **DEC 7 1944** **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 Chinese 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of 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

North Adams

(City or town making return)

Registered No.

241

PLACE OF DEATH

Berkshire

(County)

North Adams

(City or Town)

No. North Adams Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(Infant Son) Drury Breed Sayre

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR) no(a) Residence. No. 105 Triton Ave.
(Usual place of abode)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.
(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 or DIVORCED X

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

Usual Occupation: none

Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) North Adams Hospital
(State or country) North Adams, Mass.

13 NAME OF FATHER David Austin Sayre

14 BIRTHPLACE OF FATHER (City) Brooklyn
(State or country) New York

15 MAIDEN NAME OF MOTHER Ruth Shaw Breed

16 BIRTHPLACE OF MOTHER (City) Williamstown
(State or country) Mass17 Informant Davis Austin Sayre (Relation, if any) Father
(Address) Winthrop Mass

A TRUE COPY.

ATTEST: Albert F. Fuller
(Registrar of city or town where death occurred)

DATE FILED Dec. 8, 1944 19

18 DATE OF DEATH Dec 3 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him alive on 19, death is said to have occurred on the date stated above, at 11:00 P. M.

Immediate cause of death still born

Due to Miscarriage produced by attending Physician because of Pernicious vomiting and Insane Period of Mother.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm A. Nelson M. D.
(Address) Williamstown, Mass. Date Dec. 5, 194421 PLACE OF BURIAL, Cremation or Removal Williamstown, Mass.
(Cemetery) (City or Town)

DATE OF BURIAL Dec. 6, 1944

22 NAME OF FUNERAL DIRECTOR Frank B. McBride for Geo. M. Hopkins Co.
ADDRESS 68 Spring St. Williamstown, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 117 Buchanan St. Winthrop St.

2 FULL NAME Mary Anderson (Cresser) Ellis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 117 Buchanan St. Winthrop St.
(Usual place of abode)Length of stay: In hospital or institution _____
(Specify whether)

years months days.

In this community 30 yrs. mos. days.

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. 242

(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 Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of George Harvey Ellis
(Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years 6 Months 11 Days If less than 1 day
Hours Minutes

9 Occupation: At Home

10 Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Scotland

13 NAME OF FATHER John Cresser

14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

15 MAIDEN NAME OF MOTHER Margaret Sinclair

16 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland17 Informant George H Ellis (Address) (Relation, if any)
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 8 1944
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____.I last saw him alive on _____, 19____, death is said to
have occurred on the date stated above, at _____ m.

Immediate cause of death

Cranial Embolism

Due to M.E. Vascular
Junction

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) M. D.
(Address) Date 12-10-4421 Place of Burial, Cremation or Removal (City or Town) Cemetery
DATE OF BURIAL Dec 11 Winthrop 194422 NAME OF FUNERAL DIRECTOR Chas R. Bannister
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 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.....

REGISTERED

JAN 10 1945

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.

Registrar's No.

243

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

2 FULL NAME Baby Roy D. Placido
(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. 232 Chelsea St
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution 7 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

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.

12 BIRTHPLACE (City) Winthrop, Mass
(State or country)

13 NAME OF FATHER Pietro D. Placido

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Elisabetta De Vingo

16 BIRTHPLACE OF MOTHER Boston, Mass
(State or country)

17 Informant Pietro D. Placido, Relation, Father
(Address) 232 Chelsea St, E. Boston

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 10, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Dec 10, 1944 to Dec 10, 1944

I last saw him alive on Dec 10, 1944, death is said to
have occurred on the date stated above, at 2:45 P. M.

Immediate cause of death

Duration
IMPORTANT

Stillborn

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.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) (Address) 232 Chelsea St, E. Boston Date 12/11/44

21 St. Michael, Boston

Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 12, 1944

22 NAME OF FUNERAL DIRECTOR Ciro Cimicotti

ADDRESS 3 North Sq. Boston

Received and filed 15 1944

(Registrar)

per hosp.

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

PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **1 Burrill Terrace**
 St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH
 Registrar's No. **244**

To be filed for burial permit with Board of Health or its Agent.

2 FULL NAME **Gusta A Larsen**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 1 Burrill Terrace
 (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 15 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 **Soren Larsen**
 (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 **83** Years **1** Months **5** 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) **Norway**
 (State or country)

13 NAME OF FATHER **Stole Gundersen**

14 BIRTHPLACE OF FATHER (City) **Norway**
 (State or country)

15 MAIDEN NAME OF MOTHER **Anna ?**

16 BIRTHPLACE OF MOTHER (City) **Norway**
 (State or country)

17 Informant **Anna Gustavason** **Daughter**
 (Address) **1 Burrill Terr. Winthrop**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec 10 1944**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 1, 1944, to Dec 10, 1944
I last saw **her** **alive on Dec 8, 1944** **death is said to**
have occurred on the date stated above, at 1 A. M.
Immediate cause of death: **myocarditis**
Duration IMPORTANT 5 hrs

Due to: **arteriosclerosis** **Swiss**

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 **Chronic** _____, M. D.
 (Signed) **Winthrop** _____
 (Address) **Winthrop** _____ Date **12-11-1944**

21 Winthrop **Winthrop**
 Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **December 13** **1944**

22 NAME OF FUNERAL DIRECTOR **Howard S. Reynolds**
ADDRESS **Winthrop**

Received and filed **15 1944** **19**
 (Registrar)

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death
Health Officer **12/12/44**
 (Signature of Agent of Board of Health or other)
 (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 countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

PLACE OF DEATH

Suffolk.

(County)

Winthrop

(City or Town)

No. 30 Woodside ave.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ethel Matulsky

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No.

30 Woodside ave

(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

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

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Charles Matulsky

(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

at home

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF

FATHER

Nathan Goldstein

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

15 MAIDEN NAME

OF MOTHER

Hannah (Unknown)

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

17

Informant

(Address)

Ruth Matulsky

Relation, if any

30 Woodside ave.

Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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.

245

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

December 10 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 9, 1944, to Dec 10, 1944

I last saw her alive on Dec 9, 1944, death is said to

have occurred on the date stated above, at 5:30 A. M.

Immediate cause of death

Diabetes

Duration

IMPORTANT

54 years

2 months

Due to gangrene of foot

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 Signs

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

No

(Signed)

(Address)

Date

21 aqueduct street

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL Dec 10 1944

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 470 Harvard St. Brookline

Received and filed

DEC 15 1944

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).

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.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
		STANDARD CERTIFICATE OF DEATH		246 Registrar's No.	
1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town)		No. 12 Prescott 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 William Stephan Saunders (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 12 Prescott 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 19 yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed		18 DATE OF DEATH Dec 13, 1944 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of Grace Wedger Saunders (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 him alive on _____, 19____, death is said to have occurred on the date stated above, at 11:30 AM. Immediate cause of death: Coronary Embolism Due to My E. Waived Jurisdiction Due to		
6 Age of husband or wife if alive _____ years			Duration IMPORTANT Physician Underline the cause to which death should be charged statistically.		
7 IF STILLBORN, enter that fact here.					
8 AGE 64 Years Months Days If less than 1 day Hours Minutes			Other conditions. (Include pregnancy within 3 months of death) IMPORTANT		
9 Usual Occupation: Measurer			Major findings: Of operations. Date of.		
10 Industry or Business: Leather			Of autopsy. What test confirmed diagnosis?		
11 Social Security No. _____			20 Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) Charles J. Mahoney, M. D. (Address) Brookline Date 12-14-1944		
12 BIRTHPLACE (City) (State or country) East Boston Mass			21 Holy Hood Brookline Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Dec. 16 1944		
13 NAME OF FATHER James P. Saunders			22 NAME OF FUNERAL DIRECTOR John H. Moley ADDRESS Winthrop		
14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass			Received and filed _____ 19____		
15 MAIDEN NAME OF MOTHER Maragret C. Dalton			(Registrar)		
16 BIRTHPLACE OF MOTHER (City) (State or country) South Boston Mass					
17 Informant Mrs. John J. Hobbs Sister (Address) 12 Prescott St Winthrop was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death (Signature of Agent of Board of Health or other) Health Office 12/15/44 (Official Designation) (Date of Issue of Permit)					

PARENTS

17

Informant Mrs. John J. Hobbs Sister
(Address) 12 Prescott St Winthrop
was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death
(Signature of Agent of Board of Health or other)
Health Office 12/15/44
(Official Designation) (Date of Issue of Permit)

21

Holy Hood Brookline
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 16 1944
22 NAME OF FUNERAL DIRECTOR John H. Moley
ADDRESS Winthrop
Received and filed _____ 19____
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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 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 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).

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

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(c)-3-43-11574

77 postal call me Shirley & David ext.

1 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.	
				Registrar's No. 247	
2 FULL NAME Baby Callahan (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) PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)			
(a) Residence. No. 1020 Winthrop Ave (Usual place of abode)		St. REVERE (If nonresident, give city or town and State)			
Length of stay: In hospital or Institution 2 1/2 days (Before death) (Specify whether)		5 hours 9 min. In this community 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	18 DATE OF DEATH Dec. 14 1944 (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 Dec 14, 1944 to Dec 14, 1944 I last saw him alive on Dec 14, 1944 death is said to have occurred on the date stated above, at 11:50 A.M. Immediate cause of death: Congenital Malformation Diaphragmatic Hernia		
6 Age of husband or wife if alive _____ years 7 IF STILLBORN, enter that fact here.			Duration IMPORTANT } 50		
8 AGE Years Months 5 Hours 9 Minutes Usual Occupation: _____ Industry or Business: _____			Due to _____ Due to _____		
11 Social Security No. _____			Other conditions. (Include pregnancy within 3 months of death)		
12 BIRTHPLACE (City) Winthrop Mass (State or country)			IMPORTANT		
13 NAME OF FATHER Francis Callahan			Physician Underline the cause to which death should be charged statistically.		
14 BIRTHPLACE OF FATHER (City) Revere Mass (State or country)			Major findings: Of operations. _____ Date of _____ Of autopsy refuse! X-ray What test confirmed diagnosis?		
15 MAIDEN NAME OF MOTHER Mrs. Margaret Ann Dwyer			20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify John T. Williams M. D. (Signed) 429 Beacon St. Dec 15 1944 (Address)		
16 BIRTHPLACE OF MOTHER (City) Oranville Egypt (State or country)			21 Place of Burial, Cremation or Removal. _____ (City or Town) DATE OF BURIAL Dec 15 1944		
17 Informant Francis Callahan Relation, if any Father (Address)			22 NAME OF FUNERAL DIRECTOR F. J. Mc Guire ADDRESS Chelsea Mass		
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death (Signature of Agent of Board of Health or other) H.D. Ware Dec 15/44 (Official Designation) (Date of Issue of Permit)			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

SUFFOLK
BOSTON
(County)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATHRegistered No. 10858 **248**

1 PLACE OF DEATH

(City or Town)

No. Mass. Gen. Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Edith Frith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) no

(a) Residence, No. 74 Bowdoin St.
(Usual place of abode)

(If nonresident, give city or town and State) Winthrop

Length of stay: In hospital or Institution Hosp years 2 months 5 days.
(Before death) (Specify whether)

In this community yrs. 2 mos. 5 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Married
or WIDOWED or DIVORCED5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Harry Frith
(Husband's name in full)

6 Age of husband or wife If alive 30 years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Housewife

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) E. Boston, Mass.
(State or country)

13 NAME OF FATHER Peter Christopher

14 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)

15 MAIDEN NAME OF MOTHER Bridget Fitzgibbons

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant (Address) (Relation, if any) Husband

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 19, 1944 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 14, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1944, to Dec. 14, 1944

I last saw her alive on Dec. 14, 1944, death is said to have occurred on the date stated above, at 7:25 p.m.

Immediate cause of death.

Brain tumor, metastatic, from Carcinoma of the lung 5 mos plus

Due to 5 mos plus

Due to plus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of none

Of autopsy Autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify C.L. Clay (Signed) Mass. Gen. Hosp Date 12/15/44 M. D.

21 PLACE OF BURIAL Winthrop, Winthrop, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Dec. 18, 1944 19

22 NAME OF FUNERAL DIRECTOR J.F.O'Maley
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JAN-9 1945 AM

Handwritten:
JAN 10 1945

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-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.)

26m (b)-1-41-4067

1 PLACE OF DEATH

SUFFOLK

BOSTON

(City or Town) 18 Tremont St., Room 1102

No.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10850 249

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

James Stanley Pratt

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) no

(a) Residence, No.

90 Putnam St.

(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

days.

In this community

yrs.

mos.

1 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced HUSBAND of Florence G. Lucas

(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 63 Years 5 Months 20 Days | If less than 1 day

Hours Minutes

Usual

9 Occupation:

Manager

Industry

10 or Business:

Gilman Nicoll Ruthman

11 Social Security No.

00

12 BIRTHPLACE (City)

Wollaston, Mass.

(State or country)

13 NAME OF

FATHER

Wm. B. Pratt

14 BIRTHPLACE OF

FATHER (City)

-- Mass.

(State or country)

15 MAIDEN NAME

OF MOTHER

Anna Stanley

16 BIRTHPLACE OF

MOTHER (City)

Attleboro, Mass.

(State or country)

PARENTS

17

Informant

(Address)

Relation

Wife

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec. 18, 1944

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec. 14, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Bullet wound thru skull

Internal & external hemorrhage

20 Accident, suicide, or homicide (specify) Suicidal

Date of occurrence

Dec. 14, 1944

19

Where did

Injury occur?

Boston

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? his office

(Specify type of place)

Manner of

Injury

Found dead in his office

Nature of

Injury

in Boston

While at work?

?

Was there an autopsy?

yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W.J. Brickley

M. D.

(Address)

Boston Date 12/14/44

22

Mt. Auburn Crematory

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Dec. 16, 1944

19

23 NAME OF

FUNERAL DIRECTOR

J.S. Waterman & Sons

ADDRESS

Boston

Received and filed

Dec. 18, 1944

19

(Registrar of City or Town where deceased resided)

RECEIVED



JAN-9 1945 AM

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.
		Winthrop (City or Town)		Registrar's No. 250		
		No. <u>831 Shirley St</u>	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 <u>Thomas Edward Tobin</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)						
(a) Residence. No. <u>831 Shirley St</u>		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 <u>20</u> yrs.		mos. _____
				days _____		

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX <u>Male</u> 4 COLOR OR RACE <u>White</u> 5 SINGLE (write the word) <u>Married</u> MARRIED WIDOWED or DIVORCED	18 DATE OF DEATH <u>Dec 15 1944</u> (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of <u>Frances McCormack</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> , 19 <u>44</u> , to <u>Dec 15</u> , 19 <u>44</u> , last saw him alive on <u>Dec 15</u> , 19 <u>44</u> , death is said to have occurred on the date stated above, at <u>6:30 P.</u> Immediate cause of death <u>Coronary embolism</u>
6 Age of husband or wife if alive <u>75</u> years 7 IF STILLBORN, enter that fact here. _____ 8 <u>85</u> AGE _____ Years _____ Months _____ Days _____ Hours _____ Minutes _____ Usual Occupation: <u>Retired Letter Carrier</u> Industry or Business: <u>U. S. Postal Dept</u> 11 Social Security No. _____ 12 BIRTHPLACE (City) <u>Jamaica Plain</u> (State or country) <u>Massachusetts</u>	Due to <u>myocarditis</u> <u>8 yrs.</u> Due to <u>arteriosclerosis</u> <u>1 yr.</u> Other conditions (Include pregnancy within 3 months of death) _____ Major findings: _____ Of operations: _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? _____
13 NAME OF FATHER <u>Laurence Tobin</u> 14 BIRTHPLACE OF FATHER (City) _____ (State or country) <u>Ireland</u> 15 MAIDEN NAME OF MOTHER <u>Julia Crowley</u> 16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>Ireland</u>	20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>C. J. Mahoney</u> , M. D. (Address) <u>1276 _____</u> Date <u>12-16-1944</u> 21 Place of Burial, Cremation or Removal. <u>Holy Cross</u> <u>Malden</u> (City or Town) _____ DATE OF BURIAL <u>December 18</u> , 19 <u>44</u>
17 Informant <u>William McCormack</u> brother if any (Address) <u>59 Malden St Medford</u> was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death <u>William McCormack</u> (Signature of Agent of Board of Health or other) <u>Agent</u> (Official Designation)	22 NAME OF FUNERAL DIRECTOR <u>John F. O'Malley</u> ADDRESS <u>Winthrop, Massachusetts</u> Received and filed _____ 19_____ (Registrar)
12/17/44 (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 countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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

from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 43, Sec. 10, requires physicians to insert a recital to that effect.

50m-(c)-3-43-11574

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 19 Jefferson St		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
1		2 FULL NAME Catherine F. Dailey (Gagan)		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 19 Jefferson St		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 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 Thomas J. Dailey (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: Housewife									
10 Industry or Business: Own Home									
11 Social Security No.									
12 BIRTHPLACE (City) East Boston (State or country) Massachusetts									
13 NAME OF FATHER Michael Gagan									
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts									
15 MAIDEN NAME OF MOTHER Mary Anderson									
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Massachusetts									
17 Informant George Dailey (Address) 19 Jefferson St Winthrop Relation, if any son									
was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William D. Childress (Signature of Agent of Board of Health or other) Agent 12/17/44 (Official Designation) (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH Dec 16 1944 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from Feb 15 1944, to Dec 16 1944 I last saw h alive on Dec 16 1944 death is said to have occurred on the date stated above, at 12:55 A.M. Immediate cause of death Pulmonary Edema Duration IMPORTANT 4 yrs									
Due to Broader Compensation ? Rheumatic origin									
Due to Cardiac origin									
Other conditions Hypertensive Cardiac Disease (Include pregnancy within 3 months of death) Duration IMPORTANT 4 yrs									
Major findings: Of operations Date of Of autopsy What test confirmed diagnosis? Clinical Physician Underline the cause to which death should be charged statistically.									
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Richard P. O'Malley, M. D. (Address) 148 W. Winthrop St. Date 12/16/1944									
21 Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL December 19 1944									
22 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop Massachusetts									
Received and filed Dec 18 1944 (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 huried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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-E-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 252

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 117 Court Rd Winthrop

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth A. Glassett
(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. 117 Court Rd., Winthrop
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution none years months days. In this community 75 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 (Give maiden name of wife in full)

(or) WIFE of Thomas A. Glassett
(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 3 Months 24 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: Housewife

11 Social Security No. none

12 BIRTHPLACE (City) Parkgate
(State or country) England

PARENTS

13 NAME OF FATHER Stephen J. Whelan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Dorber

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Albert E. Glassett (son)
(Address) 117 Court Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 16, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 4, 1944, to December 16, 1944

I last saw her alive on December 16, 1944, death is said to have occurred on the date stated above, at 4:30 P.M.

Immediate cause of death Chronic Glomerulonephritis
Arteriosclerosis
Due to 6 days

Due to Arteriosclerotic heart
Disease with decompensation 1 month
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: 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

(Signed) Maurice Traustein M.D.
(Address) 562 Shirley St. Date December 15, 1944

21 Holy Cross, Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 19, 1944 19

22 NAME OF FUNERAL DIRECTOR R.C. Kirby
ADDRESS Boston

Received and filed December 18, 1944 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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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

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)-1-41-4667

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. 10917253

1 PLACE OF DEATH

No. Melville Nursing Home

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Berlow
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence, No. 237 Shirley St. Winthrop
(Usual place of abode) Nursing Home (If nonresident, give city or town and State)

Length of stay: In hospital or institution years 7 months days. In this community yrs. 7 mos. days.
(Before death) (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 Max Berlow (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: None

Industry or Business: --

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Joseph Josephson

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Freda ---

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Freda Tabachnik (Address) (Relation, if any) (Daughter)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred) Dec. 26, 1944

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 18, 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/13/44, 19, to 12/18/44, 19
I last saw her alive on 12/17/44, 19, death is said to have occurred on the date stated above, at 4:20 a.m.

Immediate cause of death
Coronary occlusion with cardiac decompensation
Due to Generalized advanced arteriosclerosis

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis Clin. findings

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) R. J. Sherman M. D.
(Address) Boston Date 12/18/44

21 PLACE OF BURIAL, Har Morish, W. Roxbury
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Dec. 19, 1944 19

22 NAME OF FUNERAL DIRECTOR B. F. Solomon
ADDRESS Brookline

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JAN-9 1945 AM

terms, so 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. 255

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 125 Cliff Ave., Winthrop



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Nathaniel Edwin Lewis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 125 Cliff 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 yrs. 3 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
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Susie Whitecomb
(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 3 Months 25 Days | If less than 1 day
Hours _____ Minutes _____

Usual
9 Occupation: Owner

10 Industry or Business: Gift Shop

11 Social Security No. 027-20-3048

12 BIRTHPLACE (City) Provincetown
(State or country) Mass.

13 NAME OF
FATHER Isaac Lewis

14 BIRTHPLACE OF
FATHER (City) not known
(State or country) Maine

15 MAIDEN NAME
OF MOTHER Laura Freeman

16 BIRTHPLACE OF
MOTHER (City) Provincetown
(State or country) Mass.

17 Informant Marion Powers
(Address) 97 Johnson Ave., Winthrop
(Relation, if any) (Friend)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 20 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 8, 1944, to Dec 20, 1944

I last saw him alive on Dec 20, 1944, death is said to

have occurred on the date stated above, at 9:28 P. m.

Immediate cause of death: Coronary Thrombosis

Duration
8 days

IMPORTANT

Due to Coronary Disease

4 yrs

Due to Hypertensive Heart Disease

4 yrs

Other conditions: Diabetes Mell. Controlled 6 yrs
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations _____

Physician

Date of _____

Of autopsy _____

What test confirmed diagnosis? Cholesterol

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? Not
If so, specify _____

(Signed) _____ M. D.

(Address) 148 Winthrop St., Winthrop Date Dec 23, 1944

21 Provincetown Provincetown

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 23, 1944

19

22 NAME OF FUNERAL DIRECTOR Richard H. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed _____ 19

DEC 26 1944

(Registrar)

(Regional or 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.)

50m (e) 1-1-41-4607

**SUFFOLK
BOSTON**

(County)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

**COPY OF
CERTIFICATE OF DEATH**

Registered No. **11219256**

1 PLACE OF DEATH

No. **Carney Hospital** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Baby Boy St. Onge**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **Fort Banks** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (write the word) **Single**
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. ☒

8 AGE..... Years..... Months..... Days..... If less than 1 day
19 Hours..... Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) **Boston, Mass.**
(State or country)

13 NAME OF FATHER **Norman E. St. Onge**

14 BIRTHPLACE OF FATHER (City) **Marlboro, Mass.**
(State or country)

15 MAIDEN NAME OF MOTHER **Ruth Bolton**

16 BIRTHPLACE OF MOTHER (City) **Pelham, N.H.**
(State or country)

17 Informant (Address) **Father** (Relation, if any)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED **Jan 2, 1945** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec. 22, 1944**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **12/22/44**, 19 to **12/22/44**, 19
I last saw him alive on **12/22/44**, 19, death is said to have occurred on the date stated above, at **7:45 p.m.** Duration

Immediate cause of death. **Respiratory & cardiac failure** 19 hrs.

Due to **Prematurity**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of **12/23/44** M. D.
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **Robert Gorfine**
(Signed) **Carney Hosp** Date **12/23/44** M. D.
(Address)

21 PLACE OF BURIAL **Winthrop Cem., Winthrop**
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL **Dec. 28, 1944** 19

22 NAME OF FUNERAL DIRECTOR **Kirby Bros.**
ADDRESS **Winthrop**

Received and filed **Jan 2, 1945** 19
(Registrar of City or Town where deceased resided)

RECEIVED



JAN-9 1945 AM

NOTED

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registrar's No.

257

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

2 FULL NAME Fiorita Possetti

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 50 Prince

(Usual place of abode)

St. Boston, Mass

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) 4 days - months / days. (Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widd

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Michael Rossetti (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: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Italy (State or country)

13 NAME OF FATHER Angelo Tecco

14 BIRTHPLACE OF FATHER (City) Italy (State or country)

15 MAIDEN NAME OF MOTHER Emilia Dotolo

16 BIRTHPLACE OF MOTHER (City) Italy (State or country)

17 Informant Lina Fuccillo (Address) 50 Prince St Boston (Relationship) Daughter

was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 12/22/44

18 DATE OF DEATH Dec 22 1944 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1944, to Dec 22, 1944

I last saw her alive on Dec 21, 1944, death is said to have occurred on the date stated above, at 5:02 AM.

Immediate cause of death

Lobar Pneumonia Ac. hepatitis & Uremia

Due to Hypertension Hypertensive ht. disease

Due to

Other conditions Diabetes (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) D. J. Potito, M. D.

(Address) 2 Central St Boston Date 12/22 1944

21 St Michael Boston

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec 26 1944

22 NAME OF FUNERAL DIRECTOR Lino Cincoth

ADDRESS 3 North Sq, Boston

Received and filed

DEC 26 1944

(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

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)

258

Registered No.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 96 Bartlett Rd., St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William B. Sturtevant
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 96 Bartlett Road
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and state)

length of stay: In hospital or institution
(Specify whether)

years months days. In this community 25 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 Helen Wentworth
(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 76 years 0 Months 22 Days If less than 1 day Hours Minutes

9 Occupation: Ins. Broker

10 Industry or Business: W. B. Sturtevant & Co.

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER Walter H. Sturtevant

14 BIRTHPLACE OF FATHER (City) Dexter
(State or country) Maine

15 MAIDEN NAME OF MOTHER Elizabeth Knowlton

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) New Hampshire

17 Informant Helen Sturtevant Relation, if any (wife)
(Address) 96 Bartlett Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. D. Childers
(Signature of Agent of Board of Health or other)
Health Off.
(Official Designation)
12/27/44
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 23 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec 16 1944 to Dec 23 1944

I last saw him alive on Dec 22 1944, death is said to have occurred on the date stated above, at 1:30 p.m.

Immediate cause of death. Coronary Thrombosis

Duration 8 days

Due to ?

Due to

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

4 years

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?

If so, specify

(Signed) Sydney W. Perkins M. D.
(Address) Winthrop Mass Date 12/24/44

21 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 27 1944

22 NAME OF FUNERAL DIRECTOR J. E. Parker
ADDRESS 300 Meridian St., E. Boston

Received and filed DEC 28 1944 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:

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

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SPACE FOR ADDITIONAL INFORMATION

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)

Registrar's No.

260

To be filed for burial permit
with Board of Health
or its Agent.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH2 FULL NAME Maria Lennon Molloy
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 465 Winthrop St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) 24 - years - months 6 days.
(Specify whether)

In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Christopher Molloy
(Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER John Lennon

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Anne Heavey

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Mrs. F. Shea (Daughter)
(Address) 63 Paine St. Winthropwas filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 26 1944
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1944 to Jan 26, 1944

I last saw him alive on Jan 26, 1944 death is said to have occurred on the date stated above, at 4:45 P.M.

Immediate cause of death Acute Obliteration heart 10 days
Duration IMPORTANT

Due to Broncho-pneumonia 6 days

Other conditions Subacute Endocarditis
(Include pregnancy within 3 months of death) Arteriosclerosis

Major findings: Of operations Physician

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) J. J. Mahoney, M. D.
(Address) Winthrop, Mass. Date 12-27-4421 Place of Burial, Cremation or Removal (City or Town) St. Joseph's Brother
DATE OF BURIAL Dec. 29 194422 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed DEC 29 1944

(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
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 2610

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 25 Woodside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Florence Pitts (Bonin)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 25 Woodside Ave. 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 / 8 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

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 Married	18 DATE OF DEATH December 29, 1944 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of John A. Pitts (Give maiden name of wife in full) (or) WIFE of John A. Pitts (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to December 29, 1944. I last saw her alive on December 27, 1944, death is said to have occurred on the date stated above, at 7:30 A. M.		
6 Age of husband or wife if alive 75 years			Immediate cause of death Widespread metastatic Carcinoma to all bones - origin undetermined. IMPORTANT 6 months		
7 IF STILLBORN, enter that fact here.			Due to Arteriosclerotic Heart disease 2 months		
8 AGE Years Months Days If less than 1 day Hours Minutes 56			Other conditions None		
9 Occupation: Housewife Industry: At home			Major findings: None		
11 Social Security No. None			Date of		
12 BIRTHPLACE (City) Nova Scotia (State or country)			Of autopsy None		
13 NAME OF FATHER Thomas Bonin			What test confirmed diagnosis? X-ray, Clinical + Pathology		
14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)			20 Was disease or injury in any way related to occupation of deceased? No		
15 MAIDEN NAME OF MOTHER Isabella Richards			If so, specify Maurice Trautman, M.D. (Signed) 502 S. 1st St. Date December 29, 1944		
16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)			21 Winthrop Cemetery Winthrop Place of Burial, Cremation or Removal (City or town) DATE OF BURIAL Jan. 2, 1945		
17 Informant John A. Pitts (Husband) (Address) 25 Woodside Ave Winthrop			22 NAME OF FUNERAL DIRECTOR Kirby Bros. & Kirby ADDRESS 210 Winthrop St. W. Mass.		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) Health Officer 1/3/45 (Official Designation) (Date of Issue of Permit)			Received and filed 1945 (Registrar)		

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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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.)

50m (c)-1-41-4067

Suffolk

The Commonwealth of Massachusetts

Chelsea

262

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

PLACE OF DEATH

(County)
Chelsea



COPY OF
CERTIFICATE OF DEATH

Registered No.

661

No. **Soldiers' Home Hospital**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Emil J. Schmitz

{ (If U. S. War Veteran, specify WAR) **Spanish**

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.) **Winthrop, Ess.**

(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) (Specify whether) **hospital** **7** years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (write the word) **Married**
MARRIED
WIDOWED
or DIVORCED

18 DATE OF DEATH **Dec. 1, 1944**
(Month) (Day) (Year)

5a If married, widowed, or divorced **Widowed**
HUSBAND of **Mary Jane Lynch**
(Give maiden name of wife in full)
(or) WIFE of **60**
(Husband's name in full)

19 I HEREBY CERTIFY, that I attended deceased from **Nov. 24** 19 **44** to **Dec. 1** 19 **44**
I last saw him alive on **Dec. 1** 19 **44** death is said to have occurred on the date stated above, at **10:25 A.M.** Duration

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

Uremia
Pneumonia **5 days**

8 **68** **5** **4**
AGE Years Months Days | If less than 1 day
Hours Minutes

Due to **Cerebrovascular accident** **1 mo.**

Usual Occupation: **Drop man**

Due to

Industry Railroad

Other conditions (Include pregnancy within 3 months of death)

11 Social Security No.
12 BIRTHPLACE (City) **New York**
(State or country)

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? **clinical**

13 NAME OF FATHER **Emil**
14 BIRTHPLACE OF FATHER (City) **Germany**
(State or country)

20 Was disease or injury in any way related to occupation of deceased?

15 MAIDEN NAME OF MOTHER **Elizabeth Springer**

If so, specify **A. Roubley** M. D.
(Signed) **Soldiers' Home** Date **12/1** 19 **44**
(Address) **Winthrop Com. Winthrop, Mass.**

16 BIRTHPLACE OF MOTHER (City) **Germany**
(State or country) **Hospital Records**

21 PLACE OF BURIAL **Dec. 4, 1944** (City or Town)

17 Informant (Address) (Relation, if any)

DATE OF BURIAL **19**

A TRUE COPY.

ATTEST: **Joseph A. Tyrrell**
(Registrar of city or town where death occurred)

22 NAME OF FUNERAL DIRECTOR **John P. O'Keefe**
ADDRESS **79 Atlantic St. Winthrop**

DATE FILED **12/1/44** **19**

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 DEATHLanvers
(City or town making return)

Registered No. 263

PLACE OF DEATH

Essex
(County)Lanvers
(City or Town)

No.

Lanvers

State Hospital, Hathorne St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Madeleine Claire Shaw

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

161 Quincy Ave.

Winthrop Mass.

(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 8 days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Female White

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

70 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Unable to work

Industry

10 or Business:

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Springfield Mass.

13 NAME OF

FATHER

Charles Shaw

14 BIRTHPLACE OF

FATHER (City)

Palmer Mass.

(State or country)

15 MAIDEN NAME

OF MOTHER

Alegail Holt

16 BIRTHPLACE OF

MOTHER (City)

Aubington, Conn.

(State or country)

17 Informant

(Address)

Mary K. M. Phillips

Relation, if any

Hathorne Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

January 2

1945

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

December 23, 1944

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 15, 1944, to Dec. 23, 1944

I last saw him alive on Dec. 23, 1944

death is said to have occurred on the date stated above, at 4:40 p. m.

Duration

Immediate cause of death

Arteriosclerotic heart

disease

2 yrs

Due to

Broncho pneumonia

6 days

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)

Les. Malety

M. D.

(Address)

Hathorne Mass.

Date 17/29/1944

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Aspen Grove, Ware

(Cemetery)

(City or Town)

DATE OF BURIAL

December 27, 1944

22 NAME OF

FUNERAL DIRECTOR

J. Richard Walker

ADDRESS

Ware, Mass.

Received and filed

JAN 17 1945

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-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 (h)-1-41-4667

PLACE OF DEATH
1

SUFFOLK

(County)

BOSTON



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

9834

Registered No.

No. 818 Harrison Ave. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J Wood (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 49 Lewis Ave St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 16 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 Mary E Harrigan (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: Supervisor

10 Industry or Business: N E Tel and Tel

11 Social Security No. 011-07-5504

12 BIRTHPLACE (City) Brookline Mass. (State or country)

13 NAME OF FATHER William J Wood

14 BIRTHPLACE OF FATHER (City) Maine (State or country)

15 MAIDEN NAME OF MOTHER Margaret Hurley

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Wife (Address) (Relation, if any)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov 13/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 13/44 (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 circulatory failure
Chronic cardiac disease with
auricular fibrillation

20 Accident, suicide, or homicide (specify) 19

Date of occurrence 19

Where did Injury occur? (City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy? no

21 Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) W H Watters M. D.

(Address) Date 11/13/44

22 Winthrop Winthrop Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov 16/44 19

23 NAME OF FUNERAL DIRECTOR J F O'Malley

ADDRESS Winthrop

Received and filed 19

OCT 5 1945 (Registrar of City or Town where deceased resided)



